Medical Anthropology
Publication details, including instructions for authors and subscription information:
http://www.informaworld.com/smpp/title~content=t713644313

Making Medical Anthropology Matter
Lenore Manderson
* School of Psychology and Psychiatry, Faculty of Medicine, Nursing and Health Sciences, and School of Political and Social Inquiry, Faculty of Arts, Monash University, Australia

Online publication date: 05 February 2010

To cite this Article Manderson, Lenore(2010) 'Making Medical Anthropology Matter', Medical Anthropology, 29: 1, 1 — 5
To link to this Article DOI: 10.1080/01459740903517238
URL: http://dx.doi.org/10.1080/01459740903517238

PLEASE SCROLL DOWN FOR ARTICLE

Full terms and conditions of use: http://www.informaworld.com/terms-and-conditions-of-access.pdf

This article may be used for research, teaching and private study purposes. Any substantial or systematic reproduction, re-distribution, re-selling, loan or sub-licensing, systematic supply or distribution in any form to anyone is expressly forbidden.

The publisher does not give any warranty express or implied or make any representation that the contents will be complete or accurate or up to date. The accuracy of any instructions, formulae and drug doses should be independently verified with primary sources. The publisher shall not be liable for any loss, actions, claims, proceedings, demand or costs or damages whatsoever or howsoever caused arising directly or indirectly in connection with or arising out of the use of this material.
Making Medical Anthropology Matter

Lenore Manderson

It is both an honor and a challenge to take on the role of editor of Medical Anthropology: Cross-Cultural Studies in Health and Illness. This journal is strong and still growing in strength; it has gained much in stature and distinctiveness in recent years. And so I feel, as did Steven Ferzacca when he took over from Stacy Leigh Pigg in 2007, disinclined to “tinker” with what has worked so well. Medical Anthropology has consistently encouraged and carried the work of social science and health researchers from diverse settings, within and beyond the discipline of anthropology; it has nurtured a wide scope in theoretic direction and subject material, scholarly and literary style, epistemology and method.

I anticipate continuing diversity among research articles, in terms of their geographic focus and topics. My own experience as a researcher and educator is broad. I have worked individually and with research teams in Australia with immigrant, indigenous, and majority communities and in Southeast Asia and East Asia, South Africa, and Ghana. My graduate students have further extended my knowledge and interest in medical anthropology and cognate areas: infectious and non-communicable disease; disability and lifelong conditions; sexuality, gender, sexual, and reproductive health; medical history and public health; social inequalities and social justice. My pleasure in editing this journal has been influenced in part by the willingness of authors to submit and past editors to embrace an equally broad definition of our discipline; the journal is one that reflects my own eclectic interests. Medical Anthropology provides a place to publish work that captures the insights and intersections of anthropology and other disciplines and concerns of public health, medicine, science and technology, social theory, and social science. Its articles will continue to reflect the richness of ethnography, the critical attention to context, the uniqueness
of the local, and our capacity to shed light on global health and human problems.

With enthusiasm, I will continue the op-eds (opinion-editorials). This was Dr. Ferzacca’s particular innovation to further the distinctiveness of *Medical Anthropology* and to encourage its wide readership; it was an innovation welcomed by those of us who were associate editors or board members, and it has become a hallmark of the journal. These pieces, written by members of the editorial board and by others, have provided important commentary on a range of contemporary issues that are broadly related to health and medical systems but that are equally related to the politics of health, structural violence and suffering, and the political economy of global relations. We have, through this vehicle, written on disability and identity, health expenditure, medical interventions, medical travel, global warming, and infectious disease and the panics in their wake. The op-eds have enabled us, as anthropologists, to revive the essay, a form more authoritative than a blog or newsletter item, yet with the freedom and opportunity to step outside the evidential conventions of scholarly discourse.

With and through this mechanism, we have an opportunity to increase our voice in international debates and to argue our need to be so engaged. Anthropology is not conventionally regarded as a policy science, but it should be, given the scope of our research, our affiliation with and ethical stance in relation to people who are disempowered, and our emphasis on context and systems. Our voice needs to be considerably louder so that the op-eds begin to lead rather than trail after contemporary debates, and to shape future scholarship, anticipating changes in the political economy and ensuring our increasing presence at policy tables, nationally, internationally, and locally.

Let me elaborate. The World Health Organization (WHO) established the Commission on the Social Determinants of Health in 2005; its report was released 12 months ago. Steps are now being taken globally to act on these findings. Within the report, however, anthropology as a discipline, and the significance of culture as a variable in health, have all but been ignored. Although the report is concerned with the inequalities that lie behind the epidemiological picture, the political economic context of these inequalities and the imbalances of power that shape inequity are largely overlooked.

As a professional group, we were perhaps surprisingly passive about the work of the Commission. Pushed to speak of it, we might have acknowledged the value of epidemiologists and other public health professionals gaining an understanding of the distribution and effects of poor health that harmonized with our own view. Social, economic, political, and environmental factors combine and interact in complex ways to produce inequalities that are, in
turn, reflected by differential health outcomes within and between countries. But the cost of our lack of involvement in the deliberations of the Commission is reflected in the lack of attention to cultural issues in the report. There is also little attention to the interactions of globalization, the state, power, knowledge, and social relationships, core concerns for anthropologists. Publishing now in this area, after the fact, in response to the Commission’s report, positions us on familiar ground—marginal to the central practical business of addressing health inequities.

As I write now, scientists and politicians worldwide are preparing for the United Nations Climate Change Conference in Copenhagen (in December 2009). I have no doubt that anthropologists are involved in political debates, activism, and advocacy, as well as scholarly research and discourse, on climate change, extreme weather events, and global warming. Many of us work with people whose homelands and livelihoods are fragile for these reasons. Many of us also work at national and multilateral levels, influencing policies related to climate change. But few of us have been involved in shaping the debate rather than in reacting to it. There may be anthropologists among the authors and reviewers of the Intergovernmental Panel on Climate Change (IPCC), but if so, they are few, despite the focus on anthropogenic causes of global warming and questions on vulnerability and adaptation, human settlement, and health. There are no anthropologists within the Technical Support Unit to Working Group II, even though its particular remit is to assess, among other matters, the economic and social aspects of the vulnerability, and the impact of this. Of the hundreds of international experts who met at preparatory meetings for Copenhagen, in Venice and Bali for instance, no anthropologists—social, medical, or other—appear to have been involved. While it might be expected that these meetings were dominated by meteorologists, climate scientists, ecologists, biologists, and geophysicists, the lack of social science expertise outside economics should be of genuine concern.

From the late 1980s, the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases—now badged as TDR “for research on diseases of poverty”—tackled the need for social research, with Patricia Rosenfield and then Carol Vlassoff working with steering committees and working groups on social and economic research in relation to the target diseases. Two decades later, the importance of social and specifically gendered dimensions of health, illness behavior, and disease is well understood; research in these areas is ongoing. TDR attends to diseases of poverty, including both infectious diseases and the culture and environment that contribute to their prevalence and control. But TDR’s mandate and budget allow pursuit only in limited areas of culture, the environment, and global health, and without the tenacity of its social
researchers, it might have been easy to have lost sight of human endeavors in the enthusiasm for genetic modification of vectors, drug developments, and new diagnostic tools.

The presence of medical anthropological and cognate insight in shaping TDR’s agenda, as well as the role of anthropologists as advisors and as technical staff, illustrate the need for our sustained involvement at a global level in multiple domains; hence my commitment to ensuring, through this journal, that as medical anthropologists, we establish and maintain our presence in various global public health debates.

The op-eds allow personal contributions on contemporary matters. But my aim is not only to encourage measured reflection on contemporary health matters but also to trouble conservatism and convention, stimulate debate, and insist on anthropological visibility. By building on the tradition of the op-ed, we ensure that the journal builds a reputation for edginess and provocation.

I hope that this edginess will also be reflected in research articles that foreshadow or are at the forefront of debates of theory and representation, highlight contemporary political and scholarly concerns, experiment with style, and engage critically and controversially with the literature and received wisdom. My aim is for a lively journal that will increasingly be a reference point for public health and other professionals, for policymakers and public writers, and will be used in classrooms and by colleagues within and beyond anthropology. The implicit contradiction between edginess and authority is one we will have to test in print. Above all, I want to see Medical Anthropology grow as a journal that we want to read, talk about, and share.

The role of a journal is to disseminate knowledge, but publishing an article is only one part of this. To increase our visibility and help ensure that our voices are heard at critical moments, I will be working with authors and with the managing editor of this journal, Melissa Smith, to produce press releases of particular op-eds and other articles.

I hope to increase the international reach of the journal, attracting more submissions of manuscripts from overseas and encouraging debates about the nature of the discipline across continents (a topic for an op-ed piece, at least). Because it is independent, this journal has an especially international character, and I will nurture this. In supporting me, I have appointed a diverse team of associate editors and editorial board members from varied settings and environments. I am delighted to have a team of energetic and committed people.

I do not propose changing the look of the journal—the present design was introduced only in 2007. I like the cover design, and I see no value in changing the journal’s appearance simply because of a new editor. There are administrative changes, however. With this volume and issue, Medical
Anthropology is operating online through ScholarOne Manuscripts. You will be very familiar with this platform, as Taylor & Francis is one of a number of publishing houses using it, and of course almost all journals now use an online system for the submission, reviewing, and tracking of manuscripts. Author and reviewer guidelines, as well as issues of the journal with the capacity for downloading articles of interest, are all available at the website (http://www.tandf.co.uk/journals).

I am indebted to Lisa Kozleski, Managing Editor at The University of Lethbridge, and to Steve Ferzacca, for the smooth transition across continents and management systems, and to their advice, support, and generosity. Although this journal appears as if it is my first, it is published only because of Steve and Lisa’s hard work. I will be working with Melissa Smith and her colleagues at the Taylor & Francis office in Philadelphia, through electronic communication primarily; I thank them all, already, for their interest in the journal, and their practical assistance and good ideas.

In Australia, Dr. Victoria Team will work with me as an editorial assistant, and both of us will communicate directly and through ScholarOne with authors and reviewers. I hope to speed up the turnaround time from submission to publication, but this depends primarily on the speed of reviews. Many of you who read this editorial will have already reviewed for this journal, and your contribution is critical to its continued success and high caliber. So, too, is the work of the associate editors and the editorial board. We aim to meet annually, but perhaps we will never all meet together as a group. Again, we will maintain our communication online.

I want to give the last word to one member of the editorial board, Annemarie Mol; in so doing, I endorse her aim of “welcoming experimental, daring, may I say wild, work in the journal” (e-mail, November 6, 2009). My hope is that we can realize this bold vision.

Lenore Manderson, PhD, FASSA, FWAAS
Professor of Medical Anthropology
School of Psychology and Psychiatry, Faculty of Medicine, Nursing and Health Sciences, and School of Political and Social Inquiry, Faculty of Arts, Monash University, Australia
E-mail: lenore.manderson@med.monash.edu.au