

BOOK REVIEWS



Margaret Lock & Vinh-Kim Nguyen 2018. *An Anthropology of Biomedicine. Second Edition.*
Oxford: Wiley & Blackwell, 545 pp.

The first edition (2010) of this exhaustive anthropological work on biomedical technologies in practice has become a classic in medical anthropology and beyond. In his review of that first version, AMIT PRASAD (2012) detected two main approaches: 1) Foucauldian analytics exploring how biomedicine represents regimes of truths, technologies of self, and biopolitical strategies, and 2) anthropological perspectives on local social and biological variables significant for health and illness (*ibid.* 194). He further declared that LOCK's and NGUYEN's concern for entanglements of human activity in connection with biomedical technologies would not simply address physical embodiments of biomedicine and its technologies but explore biomedicine as a technology that objectifies humans and their afflictions and, even though based on science, as a site of struggle about control and truth claims (*ibid.* 193f.).

Medical anthropologists have long criticized the global biomedical hegemony over divergent health practices as a means of (post)colonial control and pursuing capitalist economic interests (cf. FARMER 2005; BAER *et al.* 2013). However, in times of the Covid-19-pandemic and contested decisions, measurements, and related human rights violations at the intersection of health politics, biomedical discourse, and the impact of pharmaceutical industries (cf. WEINGARTNER 2021 for the case of Malaria), the critical investigation of biomedical discourse, practice, and technology appears to be more urgent than ever. Even though the second edition of LOCK's and NGUYEN's *Anthropology of Biomedicine* was published in 2018 and thus long before the public awareness of an upcoming pandemic, this volume may help understand the mechanisms behind contemporary

developments. The strength of this re-edited volume is that its analysis and criticism of biomedical practice can be transferred to comparable (and contemporary) negotiations over space and time.

The re-edition only slightly differs from its predecessor in content and form: some chapters have been reworked and retitled and/or changed their position in the order. Two new chapters were added at the end of the volume, and a certain discomfort arises when discussing Genomics, Epigenomics and Uncertain Futures (chapter 15), and Molecularizing Racial Difference (chapter 16). However, LOCK and NGUYEN state that they intend to address a fundamental shift (the "postgenomic era"): the human genome is no longer recognized as the origin and driving force of life but rather as reactive to environments external and internal to the body:

In other words, the very nature of what it is to be human has been revised, and environments both macro and micro are bringing about dramatic changes, amongst them increased inequalities and, for many, intensified misery and ill health. These epochal transformations make the research of anthropologists of greater significance than ever before. If people everywhere are to benefit from the findings emerging in the postgenomic era, then close cooperation with local communities is essential, as is an intimate acquaintance with local environments and new global and local forces are altering them. A bottom-up approach to health care, informed local knowledge, experience and aspirations must be prioritized and embedded in specific contexts. (387)

A related interesting observation that may be paradigmatic is the aesthetic design of the book: whereas the first edition displays cellular struc-

tures on the front cover, the second edition is covered by handprints reminding me of paleolithic cave art and bringing up associations that acknowledge the historicity, diversity, and contextuality of local therapeutic practices as divergent from an alleged universal validity of biomedical knowledge and intervention. In the acknowledgments, the authors clarify its origin from an exhibition addressing refugees' health and resilience and related questions on human rights, which does not neglect but, on the contrary, enrich my first association.

In their introduction of this second edition that constitutes a continuous effort to review and discuss medical anthropologists' accounts on biomedicine and its implementation in different settings, LOCK and NGUYEN acknowledge the value of biomedicine as a powerful human health resource but stress its quality as a sociotechnical arrangement cobbled together steadily since the end of the nineteenth century, and resting on biological and scientific standards, protocols and algorithms that enable a certain production of knowledge and practices to treat ailing individuals and improve the health of populations around the globe:

Biomedicine, in theory then, is based on an assumption of the universality of human bodies that everywhere are biologically equivalent (1).

Alongside their discussion of biomedical discourse and technology as socio-cultural practice and its impact on human beings, they illustrate that a religious-like belief in universal validity neglects the facts of divergent explanatory models, concepts of self, and, moreover, that bodies are always "natural" and "cultural", that is, they are social and attune to their environments particularly in states of suffering (cf. SCHEPER-HUGHES 1994). Biomedical technologies broadly neglect socio-cultural aspects of health and illness and ignore the estrangement they produce in their objects, that is, patients: technologies are unapt to address human beings as bio-psycho-social-spiritual beings.

Applying such a perspective to contemporary experiences of health-political interventions in the pandemic may serve as an example when considering the effects of medical and non-medical interventions on the mental health and emotional

well-being of many human beings, let alone questions of human rights such as self-determination and physical integrity, and (partly totalitarian) discourse on "public health", LOCK and NGUYEN do not explicitly address this topic, but they discuss comparable examples of norms, values, and practices in several chapters, e.g., *The Normal Body* (chapter 2), *The Right Population* (chapter 6), and *Molecularizing Racial Difference* (chapter 16).

LOCK and NGUYEN conclude that "[b]iomedicine as an ever-changing assemblage of technologies" (385) continuously takes place in a translocal space:

[...] assemblages of 'big data' have the potential to bring about massive changes in global health care, and with ever-increasing speed; but such assemblages are unstable, associated with uncertainty, and are frequently subject to variations in global markets (385f.).

A significant shortcoming would be that it is "focused almost exclusively on pharmaceutical research and disease eradication. Other approaches to health care, notably preventive medicine, are often poorly supported" (386). This criticism also applies to local infrastructures, and the authors link limits to "political, economic and social conditions contributing to disease prevalence and incidence" (386). They further argue that for

[...] more than six decades medical anthropologists [...] have been arguing against top-down technological fixes, and [...] documented a trail of such failed programmes. These researchers argue that what is needed above all else are comprehensive programmes designed first and foremost to improve public health and primary health care. This call for change has gone largely unheeded to date by actors that have a vested interest in technological solutions, such as the Gates Foundation. The promise of technology is indeed widely shared across the world, and subscribes to a broader narrative of progress worth conserving. (386)

They postulate radically new approaches that transcend "disciplinary and factional boundaries" and "drastically reduce inequalities" (388). This approach appears to be of increasing relevance due to reissued attempts of global health agencies to delimit biomedicine from religious and Indigenous institutions. The recent experience of the Co-

vid-19 pandemic further illustrates that biomedical lobby groups neglect alternative approaches to condition and discipline humanity for their alleged benefit (cf. LEMONDE 2021), while at the same time, global health inconsistencies and injustices increase (cf. MANDERSON *et al.* 2021). In this regard, patients, therapists, and medical anthropologists demand more complementary engagement and agency in care and the integration of related approaches with healthcare systems framed by policies of inequality and impossibilities (cf. KURZ 2022).

HELMAR KURZ, Münster

References

- BAER, HANS A.; MERRILL SINGER & IDA SUSSE 2013. *Medical Anthropology and the World System. Critical Perspectives*. 3rd edition. Santa Barbara: Praeger: 359–394.
- FARMER, PAUL 2005. *Pathologies of Power. Health, Human Rights, and the New War on the Poor*. Berkeley: University of California Press.
- KURZ, HELMAR 2022. Politics and Aesthetics of Care. Chronic Affliction and Spiritual Healing in Brazilian Kardecism. In ANDREW R. HATALA & KERSTIN ROGER (eds) *Spiritual, Religious, and Faith-Based Practices in Chronicity. An Exploration of Mental Wellness in Global Context*. London: Routledge: 76–99.
- LEMONDE, JULIA 2021. Exploring Regimes of “Truth” during COVID-19. *Curare* 44, 1–4: 95–106.
- MANDERSON, LENORE; NANCY J. BURKE & AYO WAHLBERG (eds) 2021. *Viral Loads. Anthropologies of Urgency in the Time of Covid-19*. London: UCL.
- PRASAD, AMIT 2012. Book Review. An Anthropology of Biomedicine by Margaret Lock and Vinh-Kim Nguyen. *Body & Society* 18, 3+4: 193–197.
- SCHEPER-HUGHES, NANCY 1994. Embodied Knowledge. Thinking with the Body in Critical Medical Anthropology. In ROBERT BOROFKY (ed) *Assessing Cultural Anthropology*. New York: McGraw-Hill: 229–242.
- WEINGARTNER, KATHARINA 2019. *The Fever*. Documentary Film. Germany.