Body and Soul: The Blank Panther Party and the Fight against Medical Discrimination by Alondra Nelson

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When reading the book I also found myself more accepting than Montoya of the utilization of race and ethnicity in genetics research, imperfect as he rightly argues that it is. Montoya notes that while geneticists and other scientists do frame diabetes as a racial and ethnic disease (due to the disproportionate burden of diabetes among selected racial and ethnic groups), no scientists he interacted with argued that their data and use of ethnic labels reflected biological distinctions between groups. While acknowledging that racial and ethnic labels are not ideal for the task, geneticists explained that they used such labels to construct data sets that are as homogeneous as possible, as “the use of racial or ethnic populations is explained as a means to control for the vast genetic variation that exists between and within human populations. Using populations, and, still better, members of the same families within these populations, reduces the number of variations that geneticists must contend with” (p. 46). Like researchers in many different disciplines, including sociology, scholars often employ techniques designed to reduce unobserved difference in our samples as a way to reduce bias and improve the precision of our estimates. Montoya, and the scientists he studies, see their work as partial and imperfect—but this claim can be made about the work done in all disciplines of science. Quantitative analysis is rightly criticized for the manner in which complex states of being are often simplistically represented, which is why mixed-method interdisciplinary research is always preferred since it reduces the risk of misspecification and misinterpretation in scientific research.

Montoya does a good job of emphasizing the social nature of racial and ethnic identity, arguing that “social epidemiological evidence points to radical lifestyle disruptions, dispossession, poverty, and other hardships particular to minority groups as strongly linked to their diabetes. . . . In spite of this, genetic epidemiologists argue that genetic differences, not lifestyle, explain rates of diabetes among different global population” (p. 49). In discussing the political, economic, and social circumstances of Sun County residents, his critique that race and ethnicity are socially constructed is well taken, if not new. Genetic researchers may search for the gene that “causes” diabetes, but this work will only be meaningful in combination with and in relation to other science that examines this disease with different methods and perspectives.


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In Body and Soul Alondra Nelson advances the sociologies of health/medicine, race, and social movements. The Black Panther Party sprang into full force in Oakland, California, in 1966, when its founders organized armed pa-
trols to defend African-Americans against police brutality and harassment in working- and lower-class black neighborhoods. The group produced a national organization with a radical critique of American racism and set off some spectacular fireworks, including militant protest of public institutions and violent confrontations with police, resulting in killings of party members and police officers. There was an additional facet to the party—its “serve the people” community program. In 1970, the party leadership ordered chapters to redirect their militant energies toward the service component. Nelson hones in on the effort to provide medical services, health counseling, and health advocacy for African-Americans. This campaign and its associated politics developed significantly, although scholarship and the media, focused on the sensational events of the Panther story, failed to recognize it.

Nelson begins with the question of whether and how African-Americans had included in their storied protest tradition a challenge to black inequality in the provision of medical services or a critique of “biomedical racialization,” the medical profession’s ideology of scientific racism. Chapter 1 shows that the party’s health project was preceded by a legacy of attention to black health, a fact that has been marginalized in the standard histories of the black struggle for freedom and equality. The “long medical civil rights movement” (p. 24) from the Progressive Era to the civil rights movement ran on three general strategies: institution building (carving out alternative, parallel, or autonomous health organizations in the era of Jim Crow), integrationism (viewing inclusion in the dominant medical provision and in the core health professional organizations as the viable response to medical discrimination), and the politics of knowledge (challenging the science that deemed blacks physically inferior and therefore susceptible to serious health problems).

Chapter 2 looks at the genesis of the party’s health program. The party rejected the federal War on Poverty programs, for which founders Huey Newton and Bobby Seale had worked, in favor of African-American “self-determination,” revolution, and socialism. The Panthers also faced the criticisms of black nationalists who considered community service nonrevolutionary. Newton, Seale, David Hilliard, and Elaine Brown critiqued American medicine based on the writings of Mao Zedong, Che Guevara, and Frantz Fanon, the latter two physicians themselves, challenging medical professionals to be at one with “the people” rather than building personal careers. The shift from self-defense to self-help occurred against law enforcement’s repression of the party, but opened the way to a definite health movement based on community outreach, screening, preventive care, and challenges to biomedical authority.

In 1970, the party directed chapters to establish free medical clinics. The network of clinics became the principal infrastructure for the party’s health initiative. The Panthers’ radical culture of health provision sought to provide reliable, affordable, and respectful medical attention; valorized the people’s knowledge and experience as the wisdom of the nonexpert; called on professionally trained volunteers to transfer technical skills to activists; worked to demystify medical knowledge; and indoctrinated volunteer ex-
perts in health principles considered radical, such as improving levels of
care and trust between doctors and their black patients and rejecting main-
stream medical authority.

The party became engaged in two major health controversies. Sickle-cell
anemia mushroomed into a national debate following the publication of a
1970 article in the Journal of the American Medical Association, “Health
Care Priority and Sickle Cell Anemia” by physician Robert B. Scott, that in-
dicted the federal government for not providing financial support for treat-
ment of the disease and calling for a coordinated effort to address the prob-
lem. The party took on a major role among a host of stakeholders, even as
Richard Nixon’s counterintelligence program (COINTELPRO) worked to
sabotage and shut down Panther clinics. As Nixon signed the 1972 National
Sickle-Cell Anemia Control Act, the Panther’s power to lead in this impor-
tant area of health for the African-American community was effectively un-
dercut. Better results came out of the protest against a planned institute
for the study and reduction of human violence by academics at UCLA,
which was predicated on the biomedical theory that violence was commit-
ted by people afflicted with brain disease and proposed psychological sur-
gery for reducing violence. As principal funding would come from the state
of California, Newton worked closely with a lawyer at the forefront of the
opposition, which, after a protracted struggle, finally forced the demise of
the center.

A novel portrait emerges in Body and Soul. For one, the party was tightly
embedded in the greater political complex of the times. The community
clinic concept originated among medical specialists who had participated in
Freedom Summer. The Panthers were supported by the “medical arms of the
New Left,” including the Medical Committee for Human Rights (p. 83). Staff
borrowed strategies from feminist health collectives. Churches, the Whole
Earth Catalog, and pharmaceutical companies formed part of a dense net-
work of clinic supporters. The party “held a pivotal place in the radical
health community, linking the medically underserved and the wider health
movement” (p. 87).

Moreover, Panther politics included a demand for inclusion in the Amer-
ican social system. Despite their oppositional stance, party leaders consis-
tently emphasized the rights of citizenship for African-Americans, including
the need for economic citizenship and social rights. The notion of “biologi-
cal citizenship” lay in their critique of the discriminatory medical system.
Participation in the establishment figured in. The party’s challenge to the
UCLA center “proceeded from [the] perspective of a robust citizenship; in-
deed its opposition . . . centrally involved an engagement with legislative de-
liberation” (p. 167). Interestingly, the party received funding from such
agencies as the Law Enforcement Assistance Administration, which had
planned to support the violence center. Grant writing became de rigueur.
The Portland chapter met with success in proposals to municipal, state, and
federal agencies; the one in Seattle garnered funds from Boeing; the Boston
chapter benefitted from the Office of Economic Opportunity.
At its historical juncture, the party sustained the movement on behalf of human rights under the health rubric and it contributed to the inclusion of African-Americans as patient-citizens. The struggle for health and medical rights continues in the post–civil rights era. After a history of protest against the idea of an idiosyncratic physiology of black people, mainstream African-American leaders have come to advocate for access to a drug specifically applicable to the genetics of African-Americans, reopening from a politics of opposition the whole issue of race essentialism. Nelson concludes with a brief but brilliant discussion of the complexities of moral discourse springing from the human need for healthy bodies.


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In Understanding Autism, Chloe Silverman provides an authoritative history of how autism has been conceptualized and treated over the past 60 years. Not only does the book fulfill a need for an account of how understandings of autism have transformed across the decades, but by focusing on parental love as a unifying theoretical framework, it also affords a valuable lens for understanding the history of autism. Parents have been central in the evolution of autism from a disorder thought to be psychogenic in origin to more recent conceptualizations of it as a neurodevelopmental disorder with genetic origins. They have been the subject of theories about its origins as well as consumers of and contributors to research, and they have also been instrumental in shaping understandings of what autism is, what causes it, and how and if it should be treated. According to Silverman, by shaping conceptions of personhood, providing intimate and practical knowledge, and shaping moral understandings, parental love has been fundamental in shaping perceptions of autism. While at times her argument seems forced and her conceptualization of love unclear, she convincingly demonstrates that parental love has shaped how autism is understood and treated. In doing so, she challenges existing theories of the foundations of expertise and highlights the importance of incorporating affective commitments into biosocial frameworks.

When Leo Kanner first established autism as a distinct diagnostic category in 1943, he did not explicitly state what he believed caused the condition. In later years, however, his case descriptions have been invoked to support every theory of causation, from parental disposition to hereditary foundations. Mirroring the dominance of psychoanalysis in the 1940s and drawing on Kanner’s depictions of parents as aloof, autism was initially framed in the popular press as being psychogenic in origin. By the mid-