Learning Our Bodies, Healing Our Selves

WILLIAM SCHLESINGER

Historically, biological science has been employed to buttress the notion that women are physically and mentally inferior to men, that people of color are of subordinate intelligence and disposed to criminality and poverty, that gender nonnormativity is a psychological disorder, and that same-sex desire is rooted in genetic aberration. Sexism, racism, transphobia, and homophobia have found in science an all-too-willing lackey. When called on to protect and validate the dominance of straight, white, cisgender men, science has demonstrated its capacity to make oppression and injustice appear justifiable, and even worse, natural. The fact that the medical and scientific communities in the United States have been traditionally composed of white men of privilege should come as no surprise.

And because science is in the business of making

sense, we can easily become convinced that the pursuit of scientific knowledge will lead us to gradually uncover naturally existing, unifying truths about the world. We can easily forget that scientists do not simply uncover truths—they are complicit in creating truths.

Medicine involves the translation of these situated scientific principles into the care and treatment of our bodies. The conclusions drawn from science are implemented through medical discourse and practice in ways that exert a very material impact. But if we were able to fully appreciate that knowledge produced in the biological sciences is not only about chromosomes and hormones but also about identities and subjectivities, the field of medicine would be transformed.

What would health care look like if the practice of medicine were vocally and unequivocally oriented toward the fulfillment of feminist goals? My experience as a premedical student has convinced me that for access to this reality, we'd need to start over with the education of future physicians.

How might the premedical classroom—an early and formative station in the development of the next generation of physicians—serve as a staging ground for a significant shift toward feminist politics in the principles, priorities, and practices associated with health care and healing?

A trip to a premed biology course illustrates a major hurdle. Biology as is currently taught to premeds is

deeply invested in the doctrine of sexual dimorphism—the identification of phenotypic differences between "biological males" and "biological females"—as an explanatory framework. At every step, students are taught how male and female bodies are different, from bones down to hormones. Stereotypes about masculinity and femininity permeate the messaging of biology so thoroughly, that, as anthropologist Emily Martin famously pointed out, we internalize the narrative of the intrepid, active sperm engaged in heroic competition to penetrate the dormant, docile egg.

Passing this fixation down to the next generation of medical practitioners only serves to anchor the continual reinscription of a dichotomy between "men" and "women," propping up sexism and patriarchy. The naturalization of sexual difference through medical discourse continues to represent inequality as inborn fact.

In my feminist utopia, we've stopped searching for the translocated chromosomal region that may or may not help answer some part of the question, "What's the relationship between biology and sexual desire or gender identity?" We've stopped not only because we understand how flawed the question is, but also because our scientific focus has shifted entirely. In my feminist utopia, we're searching for the best ways to care for those whose identities have been pathologized, and whose health and life quality has been systematically undervalued. Science will not focus on explaining away

our questions, but rather push us to ask the most pressing ones at the forefront of care, beginning with: "Where are we needed?"

This attitude certainly exists among individual physicians, medical anthropologists, public health professionals, social workers, health advocates, and activists of many stripes. This kind of thinking is already reflected to varying degrees in the missions of certain health-focused organizations. But what would happen if using health care as a vehicle for social justice were to be adopted as *the core* commitment of premedical and medical education?

In my feminist utopia, premedical education would be designed to instill an understanding that health care inequality and the unequal distribution of life chances are not genetically programmed inevitabilities, but rather the result of structural oppression. The history and legacy of sexist, racist, homophobic, and colonial medicine would necessarily be a centerpiece of this curriculum. The doctors trained in these programs would learn to recognize their own careers as opportunities to work toward keeping these circumstances in the pre-utopian past. But they would also be taught that efforts made with ostensibly good intentions don't always necessarily translate into an unambiguously positive result. To achieve this understanding, medical education would be far more interdisciplinary, with students taking courses that expose them to critiques of medicine as a

site of violence. Classes in medical anthropology would demonstrate the reality that medical knowledge can pathologize, and that ignorant interventions can kill. Work in gender studies and comparative ethnic studies would help connect the social and biological dimensions of health.

As doctors trained in these programs started to populate hospitals and clinics across the country, the practice of medicine would open itself up increasingly to knowledges that are currently considered tangential or out of scope. The borders that medicine has constructed around the body as its sole domain would start to dissolve. Differing knowledges around health and the body would not compete for legitimacy, but would rather reinforce one another. The gap between "modern" biomedicine and traditional or folk remedies would be bridged in the effort to create a multivocal, diverse body of healers.

These changes would, of course, be precipitated by a sweeping change in the economics behind medical training and health care in general. Premedical education would be free, so that graduating students would be able to select their specialty without consideration for how to most expediently repay hundreds of thousands of dollars of accrued debt. This alone might make the shortage in primary care practitioners disappear, and would also radically change the demographics in the field.

Without financial barriers to a medical education,

the profile of the typical medical student would change drastically. Currently, even the application process can be prohibitively expensive. According to statistics released by the Association of American Medical Colleges (AAMC), the average medical school hopeful submits fourteen applications in a given admissions cycle, which, with application and MCAT fees alone, easily costs upwards of $2,000. Those who are lucky enough to win a coveted interview spot can expect to pay their own travel and lodging expenses —if they can take the time off from work for multiple, short-notice trips! In a feminist utopia, these financial barriers to a medical education would be unthinkable. As a result, the next generation of physicians would include significantly more doctors who had experienced living in medically underserved areas themselves, which would help keep the priorities of the entire medical community in line with material reality.

Access to health care would be considered a fundamental right. Nothing could help bring us closer to our utopian goal than the guaranteed provision of quality health care to all, regardless of gender identity, race, sexuality, income, or citizenship status. Part of maintaining the unequal power relationships that underpin oppression is that certain bodies are allowed to die, while others are kept alive. In a context permeated with violence against nonnormative bodies, survival is political, but it shouldn't be. To reach and protect a feminist utopia, medical education would be geared toward preparing students to best address the needs of those who

suffer most: if our doctors always rush to pick up those most in need, we won't leave anyone behind. To preserve the equality achieved in that utopia, doctors would have to keep this priority central to their practice. We'll need to work actively to make sure we don't slip back.

In a future where every medical student in the country receiving their diplomas is entering the field with a commitment to doing that work, the power of science and medicine will be channeled toward liberation.

William Schlesinger *completed a Fulbright fellowship in the politics of HIV/AIDS, immigration, and integration in Germany. In the future, he hopes to pursue an MD/PhD in medical anthropology to combine practicing medicine as a primary care physician while conducting ethnographic research on health inequalities.*