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COLLEGE OF
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THE UNIVERSITY OF IOWA

Private Bodies, Public Texts: Race, Gender, and a Cultural Bioethics by Karla F. C. Holloway. Duke U. Press, 2011. Pp. xxiii + 225. Cloth \$79.95, paper \$22.95.

As I finished Karla Holloway's latest book, the vulnerable subjects it aims to protect were under threat in Mississippi. Antiabortion advocates were pursuing a new strategy for circumventing *Roe v. Wade*: a state constitutional amendment that would have given fertilized eggs full protection under the law. For some, this "personhood amendment" promised refuge for human lives at their earliest stages, but as *Private Bodies, Public Texts* suggests, that seeming gain would have radically reduced the rights of two other groups, women and ethnic minorities. Had 58 percent of voters not rejected the proposal, blacks and women would likely have suffered disproportionately from an end to abortion rights as well as access to IVF treatments and some forms of contraception.

Holloway's book suggests that such biomedical power grabs reflect a dangerous cultural tendency to treat bioethics in a vacuum, so that the privacy of some groups can be readily sacrificed for the very public morals of others. Her short but poignant volume is divided into four chapters, each of which may be taken as a stand-alone essay, but which collectively build considerable momentum. The first, "Bloodchild," takes its name from an Octavia Butler short story of the same title, while also engaging Kate Chopin's "Désirée's Baby." In these pages, Holloway introduces her chief contention that the privacy of blacks and women has been disproportionately sacrificed at the altars of reproductive medicine and biomedical testing. Chapter 2 turns to genomic science and its legal consequences, this time focusing upon Kazuo Ishiguro's 2005 Booker Award finalist, *Never Let Me Go*. Summarizing that alternate-history novel, which imagines the lives of clones born for the express purpose of donating their vital organs, Holloway juxtaposes its injustices with the more immediate realities of the National Geographic Society's Genographic Project, emerging practices of involuntary DNA sampling during criminal investigations, and the growing use of genomic rhetoric in marketing race-based pharmaceuticals.

In chapter 3, we move to the laboratory settings that enable such applications, as Holloway uses Jodi Picoult's novel *My Sister's Keeper* to critique the ethical standards of historical and recent clinical trials and especially their reliance upon vulnerable, under-informed populations. Whether considering the infamous Tuskegee syphilis study or an early-1990s investigation of lead poisoning at Johns Hopkins, Holloway movingly exposes the subtle, systematic persistence of biocultural racism. Chapter 4 concludes Holloway's volume, appropriately, with an examination of contemporary Ameri-

can death and dying. Adapting for its title a phrase from Margaret Edson's recently revived play *Wit*, "Immortality in Cultures," this chapter also considers Abraham's near-sacrifice of Isaac in Genesis, and Ernest Gaines's *A Lesson Before Dying*. Holloway utilizes these literary illustrations to reconceive bioethics as a subject that also includes the gendered and racial valences of biocultural traumas like Terri Schiavo's highly litigated dying process, and the too-easily-forgotten horrors of post-Katrina New Orleans.

My summary has already hinted at the argument's greatest strength: the overwhelming poignancy of its narratives about biomedical injustices visited upon the bodies of women and blacks. In some cases, these reach back more than a century, as in the story that Holloway recounts of the first recorded artificial insemination in the United States. In 1884, she explains, a physician named William Pancoast "procured a semen sample from the 'best-looking' of the class of medical students who were observing his examination of an anesthetized patient" (55), then used a syringe to insert the semen into the woman's uterus, resulting in a pregnancy whose origins the woman would not discover for twenty-five years. Most of the violations conveyed in *Private Bodies, Public Texts* are relatively contemporary, though, such as the mid-2000s case of the PolyHeme artificial blood substitute research trial carried out across eighteen states. The outrage here was the effectively involuntary participation of those in need of emergency blood transfusions, which because of the participating trauma centers' locations, were overwhelmingly "minority city dwellers" (131). The absurdly unlikely "opt-out feature" for those living near these centers required calling a local hospital and acquiring a bracelet—to be worn full time, of course—that would prevent paramedics from using the experimental blood substitute.

For those unfamiliar with race's role in the history of medicine, Holloway's book should prove compelling for these anecdotes alone. Even more innovative, however, are its two main methodological interventions, its marshaling of a "cultural ethics" and its reliance upon literary criticism. Both of these techniques are largely successful, although they may also prompt certain reservations. In her utilization of a cultural ethics—a doggedly historicized variety that demands constant attention to the inequities of particular cultural contexts—Holloway very effectively de-objectifies the many human lives that have been and are being reshaped by new biomedical technologies. Yet she is not content merely to reveal injustice. In examining Jewish nursing home residents who were intentionally given cancer or inner-city Baltimore children knowingly allowed to live in dangerous public housing, Holloway asks "what it is about the constitution of those subjects and the patterns and cultures of medicine that make it possible,

even predictable, to repeat these kinds of ethical failure” (xvi–xvii). She is quite rightly suspicious of institutional medicine’s claims of neutrality, insisting that “social judgments and social systems are critical dimensions of science and medicine” (6). Beyond an ethics that would determine what counts as right and wrong, Holloway pursues one that repeatedly steps back to ask how the construction of right and wrong are culturally mediated.

At the same time, some readers may wonder in what measure Holloway’s many examples of ethical abuses might be balanced by greater attention to the positive goals and methodological integrity of more admirable research. Alongside the book’s needed critiques of overgeneralizations about cystic fibrosis among whites, ovarian cancer in Ashkenazi Jews, or sickle-cell anemia for blacks, it is worth emphasizing that genomic researchers are not necessarily racists simply because they find statistically significant correlations between given afflictions and racial groups. Many genomicists and other biomedical researchers are quite careful to point out distinctions between individual persons and aggregate trends and to remain cautious about the popular uptake of their findings. For example, in a correspondence piece titled “Race and Ancestry in Biomedical Research: Exploring the Challenges” (*Genome Medicine* 1.8 [2009]), Timothy Caulfield and a large group of coauthors conclude, “although the recognition that certain susceptibility variants are more prevalent in certain groups can have health benefits, such observations should not validate the politically and historically charged concept of race or support assumptions that the entire range of attributes ascribed to race have a biological basis.” To read Holloway, though—particularly in the section of chapter 2 entitled “Blood Brothers”—one could conclude that race’s use as a genomic category is inherently discriminatory. “Although the kinds of analyses that reify biologies of difference might produce a romantic human family narrative,” she argues, “the technology transfers that inevitably come with scientific innovation produce utilities that are not quite so benign and that quickly separate privacy from a social good” (85). Part of this claim is incontestable: pharmaceutical companies have repeatedly defended medications like BiDil (a drug marketed to blacks with congestive heart failure that merely combined two already-available medications) even though its clinical trials were completed in an egregiously irresponsible manner (only African Americans were studied and no control group was utilized). Such absurdities, however, do not make race a *necessarily* exploitative category for genomics.

A second very welcome method of *Private Bodies, Public Texts* is its literary criticism and enthusiasm for charting a symbiotic relationship between literary and bioethical studies. Her rationale is worth quoting at length:

there is an inherent tension between the goal of accuracy and the landscape of complexity. Fiction is made up of complexity. It gains its substance from engaging multiple, even contradictory meanings. Accuracy—the absolutely appropriate goal of law and medicine—is challenged in the fictive environment, and it is the judgment of this book that this challenge is reasonable precisely because of the facts that compose a fictive imagination. The interest of this book is to shift the direction of narrative bioethics away from the disciplinary boundaries that receive a patient's story. . . . This book suggests that fiction's sometimes incoherent, messy solutions (if there are solutions at all) and its general tolerance for complexity constitute a narrative that actually fits the rest of the text that a medical professional, no matter how patient a listener or how close a reader, will not be likely to hear from a patient—especially as the questions asked are so strictly regimented. (12–13)

Complexity, multiple meanings, messiness, and yet sometimes out of all this, solutions: this is the stuff of life, the badly needed counterargument to the delusions of invulnerable mastery afflicting researchers like the fictional characters of Drs. Kelekian and Posner in *Wit*, and unfortunately some of their real-world counterparts. Holloway makes a sustained, illuminating case that fiction and literary criticism can help bioethics to diversify the shapes of its narratives, to rediscover the multiplicity she exhorts us to take seriously.

Indeed the conversation between science and literature may have even greater potential than *Private Bodies, Public Texts* has space to consider. While Holloway's book powerfully demonstrates the capacity of literature to illuminate bioethics, the relationship may prove to be two-way. What if we asked, in other words, what biomedical discoveries and the ethical quandaries they raise can teach us about *literature*, whether in terms of particular texts or literary form more broadly? This is a question Holloway's approach to literary texts as illustrative thought experiments does not yet engage. Analyzing *Never Let Me Go*, she observes, "If, for example, Ishiguro's Hailsham clones had neither character nor desire and had been simple containers of matching organs, it might not have been as unethical to use them for transplants" (94). This is of course true, but it does not help us to better understand the novel itself. What if we also asked, though, in what measure this alternative history is truly interested in the actual possibilities of biological clones? Upon learning more about the laboratory procedures of cloning, it might become apparent that in reality, Ishiguro is actually only using clones as allegories for his "ordinary" readers, people who are likewise surrounded by apparent sameness, and just as desperately longing for a sense of individual uniqueness.

Such quibbles aside, this tight argument will benefit scholars across a wide range of disciplines, and well beyond literary and biocultural studies. It sometimes relies upon stylistic abstractions that could limit its

audience—with sentences such as “Race problematizes concealment as a thoroughly pejorative space” (29)—but these are infrequent. They do not overshadow the volume’s impassioned exposé of the continuum between “ordinary” and “extraordinary” medical interventions. Surveying debates about futuristic biomedical technologies, *Private Bodies, Public Texts* soberly demands the same urgency in attending to bioethical injustices already playing out upon female and black bodies. It shows that we must meditate on scenes like those left behind by Hurricane Katrina, realizing that “the bodies that suffered the fleshly indignities in the New Orleans convention center or death due to toxic injections, or that were abandoned on rooftops or found floating on air mattresses through the foul waters of the flood were pitifully recognizable as belonging to the same bodily categories of vulnerability that bioethics claims is its consistent interest” (170). Or, in the case of even more recent developments such as Mississippi’s personhood amendment proposal, we need to think hard not only about the multicellular blastocysts that develop over the weeks after egg fertilization, but also about the women and ethnic minorities whose rights would be most constrained should those cell clusters be suddenly granted the full legal rights of human individuals.

Western Illinois University

Everett Hamner