**Anthropology of Health and Illness**

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| **Fall 2020**  T/Th 1:45-3:30 CT (synchronous virtual) **Meeting ID: 943 6672 9666**  **Passcode: 319652** | **Pamela Feldman-Savelsberg**  Remote office via Zoom or phone, 651-644-6971 Non-Pandemic: Leighton 233, x4113  Email: pfeldman@carleton.edu |
| **Office Hours:** My office hours will be held by **Zoom** on Mondays 12:00-1:30pm CT (Passcode: 310702), and on Fridays 10:30am-12:00 noon CT (Passcode: 207590). Please email me for a special appointment if these times absolutely do not work for you. Please sign up for 15-minute time slots via Google calendar. Click here to sign up for OFFICE HOURS My office hours will be a Zoom room with a waiting room. Please wait patiently while I finish up with my previous appointment. Thank you! | |
| **ACE TA: Jill Yanai (she/her)**  TA Office Hours: Monday/Wednesday 1:00-3:00pm CT, and by appointment.  TA email: yanaij@carleton.edu TA Office Hour Zoom **Meeting ID: 370 295 1060; Passcode: 692420 CCCE Associate Director for Academic Civic Engagement and Scholarship**: Emily Oliver **Academic Civic Engagement and Scholarship Coordinator**: Ellie Garan | |

**I. ESSENTIAL SHORT-FORM COURSE DESCRIPTION**

**In this course**, you will learn to think like a medical anthropologist by:

✓ Reading research articles and blog posts

✓ Discussing and debating with your colleagues, in written discussion forums and in our synchronous class sessions

✓ Engaging in an Academic Civic Engagement project with one of our community partners and collaborating courses

✓ Writing and presenting a term paper based on your ACE project

**Moodle** will be our central hub for communication, readings, assignments, turn-ins. Please check Moodle and your email daily. I will return papers to you via e-mail, using Track Changes to give you comments. (Thus, please write your papers in MS Word if at all possible!) I can also do this in Google Docs, but I prefer to have a downloadable record of your work and my comments.

**In this syllabus**, course requirements and (lots of!) additional information and resources are listed after the day by day, week by week readings.

**Learning in a pandemic** is a challenge and an opportunity. Together, we will be active participants in an intellectual adventure, approaching course materials with curiosity. Focus can give us a break from unrelenting news regarding the pandemic, struggle for racial justice, and political upheaval. In our discussions, let's generate compassion for one another. None of us can anticipate all that will happen during this term; we will have to be flexible—and keep communicating to maintain our classroom community.

 

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**II. LONG-FORM COURSE DESCRIPTION**

*Disease* may appear to be a simple matter of biological states and symptoms, but *health and illness* are culturally defined and socially conditioned. As such, they are vital to anthropological attempts to understand the human condition. In what ways are health, illness, and healing matters of interpretation and belief? How are ideas about well-being and affliction connected with other ideas in a meaningful cultural matrix? In what ways are health, illness and healing also matters of social relations and social organization? How do they involve social interactions among individuals and groups? How do they reflect and/or influence political and economic relations?

To answer such questions, this course takes an ethnographic approach to beliefs and practices regarding health and illness in numerous societies worldwide. Through a comparison of cases from the U.S. and other locales, we will reach a deeper understanding of the North American version of allopathic medicine ("biomedicine") as well as other forms of medical knowledge. By examining patients, practitioners, and the social networks and contexts through which therapies are selected and applied, we aim to better understand medical systems as systems of thought and practice. We also aim to uncover the intellectual and practical significance of the anthropological study of misfortune. A theme tying together the diverse topics of the course is the production of medical knowledge in various settings-- as well as the production of anthropological knowledge about health, illness, and medicine. To understand best the production of knowledge and the production of health and illness in our own backyard, very early in the term we examine health and healthcare of un/under-insured as well as issues surrounding health and wellness on college campuses. You will have a chance to produce knowledge about health and illness through ACE partnerships on and beyond the Carleton campus. We end the term with an examination of the ethics and social structuring of omissions, indirection, and secrets affecting HIV and cancer risk—in other words, with the production of “not knowing” about the *social* determinants of health.

**III. TERM-AT-A-GLANCE**

**A. Topics**

**1. Medical Anthropology and Civic Engagement** (9/15-9/29)

**2. Birth, Death, Body and Mind** (10/1-10/13)

**3. Therapy Management, Medical Pluralism, and Cross-Cultural Medical Ethics** (10/15-10/22)

**4. Pathologies of Power: Social Risk, Social Management, Social Silence, Social Ethics** (10/27-11/5)

**5. Student Presentations** (11/10-11/17)

**B. Due Dates**

Applications for final projects: September 18, 5:00 p.m.

Preliminary annotated bibliographies: October 4, 11:59 p.m.

Term paper proposals and expanded bibliographies: October 16, 11:59 p.m.

Final term papers: November 18, 11:59 p.m.

Plus... one ARK paper (response to readings and alumni mini-video) due at 11:59 pm the day of the class on your “unit” (sign up)

**C. Grading**

Class Participation—Synchronous & Discussion Forum 20%

ARK Paper, Linking Reading with Alumni Video 15%

Preliminary Annotated Bibliography 10%

Term Paper Proposal 15%

Final Term Paper 30%

Oral Presentation of Term Paper 10%

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**D. Student Learning Outcomes**

The **Sociology and Anthropology Department** aims for students to acquire six **student learning outcomes** (SLOs). In this course, we focus on the following:

✓ *Articulate* the complexity of contemporary socio-cultural phenomenon in their many dimensions (e.g. temporal, structural, spatial and symbolic);

✓ *Formulate* appropriate sociological and/or anthropological research questions about socio-cultural phenomena;

✓ *Apply* sociological and anthropological theory to analyze socio-cultural phenomena; ✓ *Select* appropriate sociological and/or anthropological research methods to study socio-cultural phenomena;

✓ *Engage* the world by drawing upon your understanding of historical and contemporary socio-cultural phenomena.

In addition, we will pursue the following **ACE-specific learning objectives**:

✓ *Understanding* issues in their real world complexity

✓ *Recognizing* and honoring different forms of knowledge that may reside in/with community partners ✓ *Enhancing* awareness of your positionality, or who you are as you seek to do civic engagement efforts (such as gender, race, and/or socioeconomic background)

✓ *Doing* something with your course content beyond the classroom while learning in the process ✓ *Developing* leadership skills, for example within your ACE team

✓ *Nurturing* a commitment to life-long civic engagement

 





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**IV. CLASS SCHEDULE: TOPICS AND ASSIGNMENTS**

**Part One: Medical Anthropology and Civic Engagement**

**WEEK I: THE PHYSICAL, THE SOCIAL, AND THE CULTURAL IN HEALTH REVEALED THROUGH ENGAGED MEDICAL ANTHROPOLOGY**

**T 9-15 Introduction**

Hirsch, J. 2003. “Anthropologists, migrants, and health research: Confronting cultural appropriateness.” In *American Arrivals: Anthropology Engages the New Immigration*. Edited by N. Foner, 229-257. Santa Fe: School of American Research Press.

Bandele, M. 2020. “sample collected from a superfund site.” Originally published in Poem-a Day on August 19, 2020, by the Academy of American Poets. Listen to the poem, too. *Please also read:* the entire **course syllabus**, including the sheets on “Key Concepts,” “What is medical anthropology?” and the **ACE project descriptions**.

*Please watch:* the first video from the Alumni Video Project, by Margot Radding, DKI **Student Interest Survey due (no later than 5:00pm; before class if you can, please!)**

**Th 9-17Medical Humanitarianism and Engaged Medical Anthropology**

**Guest speakers: Debby Walser-Kuntz** (Biology), **Cathy Osterman (**Executive Director of the Northfield Historical Society), **Abdullahi Farah Abdigaani** (Community Health Coordinator, HealthFinders Collaborative), **Scott Wopata** (Executive Director, Community Action Center of Northfield)**, Emily Oliver** (Associate Director for ACE), **Ellie Garan** (ACE Coordinator), **Jill Yanai** (ACE TA)

***(N.B.*** *Read the Dilger et al. article to discern themes in ethical considerations of practicing “engaged medical anthropology.” You can skip the “contributions” section on pp. 6-7. Read the Tiedje/Plevak article as a case study in engaged medical anthropology. Read the Carney article to think about the effect “projects” [such as CAC’s food shelf] can have on health care access.)*

**Re-read the ACE project descriptions** (end of syllabus, and on Moodle) and come to class prepared with questions for the community partners.

Dilger, H., S. Huschke, and D. Mattes. 2015. “Ethics, Epistemology, and Engagement: Encountering Values in Medical Anthropology.” *Medical Anthropology* 34(1):1-10. Accessed 24 November 2014. doi: 10.1080/01459740.2014.960565.

Tiedje, K. and D.J. Plevak. 2014. “Medical Humanitarianism in the United States: Alternative Healthcare, Spirituality, and Political Advocacy in the Case of Our Lady Guadalupe Free Clinic.” *Social Science and Medicine* 120: 360-367.

Carney, Megan A. 2015. “Eating and Feeding at the Margins of the State: Barriers to Health Care for Undocumented Migrant Women and the ‘Clinical’ Aspects of Food Assistance.” *Medical Anthropology Quarterly* 29(2):196-215.

*Please watch:* video from the Alumni Video Project, by Phoebe Chastain, WellShare International and RPCV

**F 9-18 Final Project Applications Due, 5:00 p.m.** Please send simultaneously to Pamela Feldman Savelsberg (pfeldman@carleton.edu), Ellie Garan (egarran@carleton.edu), and Jill Yanai (yanaij@carleton.edu).

**WEEK II: FROM SOCIAL DETERMINANTS TO SOCIAL CONSEQUENCES**

**T 9-22 COVID-19 and HIV: Pandemic Case Studies of the Social Determinants of Health Guest speakers: Ryan Barland (Minnesota Historical Society) and Eric Hilleman (Carleton College Archivist)**

Bosire, Edna, Emily Mendenhall, Gregory B. Omondi, and David Ndetei. 2018. “When Diabetes Confronts HIV: Biological Sub-citizenship at a Public Hospital in Nairobi, Kenya.” *Medical Anthropological Quarterly* 32(4):574-592.

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Bosire, Edna. 2020. “Kenya Can’t Afford to Neglect People with Underlying Conditions During COVID-19.” *The Conversation* (blog), May 6, 2020. https://theconversation.com/kenya-cant-afford-to neglect-people-with-underlying-conditions-during-covid-19-137095 Retrieved 9/5/20

Shaffer, Katie, ed. 2020. “Module 3: Health Disparities, Policy Changes, and Socioeconomic Effects in the U.S.” *Harvard Medical School COVID-19 Curriculum*.

https://curriculum.covidstudentresponse.org/module-3-disparities-policy-socioeconomic-effects Retrieved 9/10/2020.

Yong, Ed. 2020. “How the Pandemic Defeated America.” *The Atlantic*, September 2020. https://www.theatlantic.com/magazine/archive/2020/09/coronavirus-american-failure/614191/ Retrieved 9/7/2020.

Hurley, Martha. 2020. “Why Prisoners are at Higher Risk for the Coronavirus: 5 Questions Answered.” *The Conversation* (blog), April 17, 2020. https://theconversation.com/why-prisoners-are-at higher-risk-for-the-coronavirus-5-questions-answered-136111 Retrieved 9/5/2020

Metcalf, Jerry. 2020. “No, Your Coronavirus Quarantine Is Not Just Like Being in Prison.” *The Marshall Project* (blog), March 25, 2020. Retrieved 9/5/20.

*Please watch:* video from the Alumni Video Project, by Oumar Diallo, MPH, DPH student

**Th 9-24 Access Denied: Portals into Health Inequalities**

Sered, S.S. and R. Fernandopulle. 2007. *Uninsured in America: Life and Death in the Land of Opportunity*. Berkeley: University of California Press. Read: Prologue, Introduction, Chapter 1 (From Working Class to Working Poor), pp. xv-xxiii, 1-39.

Sered, Susan. 2018. “Uninsured in America: Before and After the ACA.” In *Unequal Coverage: The Experience of Health Care Reform in the United States*, Edited by Jessica M. Mulligan and Heide Castañeda, 156-176. New York: NYU Press.

Wilkerson, Isabel. 2020. “America’s Enduring Caste System.” *New York Times Magazine,* July 1, 2020. https://www.nytimes.com/2020/07/01/magazine/isabel-wilkerson-caste.html Retrieved 9/2/2020. *Please watch:* video from the Alumni Video Project, by Ebun. O. Ebunlomo, PhD, MPH, MCHES (2) 5:58, ***or*** Ebun O. Ebunlomo, PhD, MPH, MCHES (3) 8:09.

**WEEK III: FROM ACCESS DENIED TO GIVING BIRTH**

**T 9-29 Contexts and Consequences of Access Denied**

**Guest speaker: Kristin Partlo, Liaison Librarian for Social Science, STEM & Data** Sered, S.S. and R. Fernandopulle. 2007. *Uninsured in America: Life and Death in the Land of Opportunity*. Berkeley: University of California Press. Read: Chapters 2 through 9, Afterword (pp. 40- 162, 195-216). *(I recommend reading as many of these chapters as you have time for and are interested in, but here is your must-read assignment:* ***Ch 2--Kano and Jakob; Ch 3--Marte and Anna; Ch 4--Alle and Maddie; Ch 5--Clarissa and Nate; Ch 6--Marcella and Alec; Ch 7--Grace and Zoe; Ch 8--Joe and Maya; Ch 9--Cas and Abbey****).*

*Please watch:* video from the Alumni Video Project, by Dawn Thomas, Community Health Caseworker.

**Part Two: Birth, Death, Body and Mind**

**Th 10-1 Authoritative Knowledge and Birth**

**Guest speaker: Phoebe Chastain ’14, RPCV, Program Manager, WellShare International** Jordan, B. 1997. “Authoritative Knowledge and its Construction.” In *Childbirth and Authoritative Knowledge: Cross-Cultural Perspectives*. Edited by R. Davis-Floyd and C. Sargent, 55-79. Berkeley: University of California Press.

Andaya, Elise. 2018. “Stratification through Medicaid: Public Prenatal Care in New York City.” In *Unequal Coverage: The Experience of Health Care Reform in the United States*, edited by Jessica M. Mulligan and Heide Castañeda, 102-125. New York: New York University Press.

Davis-Floyd, Robbie, Kim Gutschow, and David A. Schwartz. 2020. “Pregnancy, Birth and the COVID-19 Pandemic in the United States.” *Medical Anthropology*, 1-15.

https://doi.org/10.1080/01459740.2020.1761804

*If you have time, for an international view regarding obstetric choice, relevant to our guest speaker:*

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Feldman-Savelsberg, Pamela. 2019. “Strange Expectations: Cameroonian Migrants and their German Healthcare Providers debate Obstetric Choices.” *Global Public Health*, https://doi.org/10.1080/17441692.2019.1584228.

*Please watch:* video from the Alumni Video Project, by Gwendolyn Neumeister, CNM

**WEEK IV: DEATH AND THE BODY**

**Su 10-4Annotated Bibliography due 11:59 p.m.**

**T 10-6 Aging and Death: Social Determinants and Medical/Ritual Management** Solomon, Harris. 2020. “Living on Borrowed Breath: Respiratory Distress, Social Breathing, and the Vital Movement of Ventilators.” *Medical Anthropology Quarterly* [Online early view, pp. 1-18.] DOI: 10.1111/maq.12603.

Solomon, Harris and Mara Buchbinder. 2020. "Lonely Death in Pandemic Times." Covid 19, *Fieldsights* (blog), April 22. https://culanth.org/fieldsights/lonely-death-in-pandemic-times. Retrieved 9/5/2020.

Graham, Judith. 2020. “Why Black Aging Matters, Too.” *Kaiser Health News*, September 3, 2020.

Shepard, G.H. 2002. “Three days for Weeping: Dreams, Emotions, and Death in the Peruvian Amazon.” *Medical Anthropology Quarterly* 16(2):200-229.

Culhane-Pera, K. et al. 2003. “Part IV. End-of-Life Care: Case Stories and Commentaries.” In *Healing by Heart: Clinical and Ethical Case Stories of Hmong Families and Western Providers*, 253-294. Nashville: Vanderbilt University Press (*cases will be split up among class members; assignment TBA*).

*Please watch:* video from the Alumni Video Project, by Emily Brosius, LSW, gerontology (*you may also want to view the three videos by Shayna Gleason, Gerontology PhD Student— listed below under our unit on therapy management groups/processes).*

**Th 10-8 The Sentient Body**

Scheper-Hughes, N. and M. Lock. 1987. “The Mindful Body: A Prolegomenon to Future Work in Medical Anthropology.” *Medical Anthropology Quarterly* (N.S.) 1(1):6-41.

Chao, Sophie. 2020. “How COVID-19 Makes Us Use Our Bodies Differently.” *The Familiar Strange* (blog), May 11, 2020. https://thefamiliarstrange.com/2020/05/11/covid-body-use/ Retrieved 9/5/20.

Geurts, K.L. 2015. “Senses.” In *Keywords in Disability Studies.* Edited by David Serlin, Rachel Adams, and Benjamin Reiss, 161-163. New York: NYU Press.

Okanlami, Oluwaferanmi, with Hari Sreenivasan. 2020. “30 Years after ADA, Inaccessibility Persists for the Disabled. *PBS News Hour*, interview transcript. July 26, 2020.

https://www.pbs.org/newshour/show/30-years-after-ada-inaccessibility-persists-for-the-disabled Retrieved 9/8/2020.

Anonymous. 2020. “The Structural Silencing of Disabled Children and their Parents: A Reflection on who is Absent in Discussions about the Toll of Coronavirus.” *Somatosphere* (blog), April 25, 2020. http://somatosphere.net/2020/structural-silencing.html/ Retrieved 9/5/2020.

Rabin, Roni Caryn. 2020. “Dermatology Has a Problem with Skin Color.” *New York Times*, August 30, 2020. https://www.nytimes.com/2020/08/30/health/skin-diseases-black hispanic.html#:~:text=Dermatology%2C%20the%20medical%20specialty%20devoted,appear%20on%20 people%20of%20color. Retrieved 9/8/2020.

*Please watch:* video from the Alumni Video Project, by Hannah Aylward ’19 and Shane Burcaw, Disability and Inter-abled Activists.

**WEEK V: THE EMBODIED MIND AND THERAPY MANAGEMENT**

**T 10-13 The Embodied Mind: “Somatization” and Trauma**

Hinton, D.E., A.L. Hinton, K-T. Eng, and S. Choung. 2012. “PTSD and Key Somatic Complaints and Cultural Syndromes among Rural Cambodians: The Results of a Needs Assessment Survey.” *Medical Anthropology Quarterly* 26(3):383-407.

Culhane-Pera, K.A., D.E. Vawter, P. Xiong, B. Babbitt, and M.M. Solberg, eds. 2003. *Healing by Heart: Clinical and Ethical Case Stories of Hmong Families and Western Providers*. Nashville:

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Vanderbilt University Press, pp. 207-221 (Chapter 10-War Veteran with Depression and Post-Traumatic Stress Disorder: A Case Story *[with commentaries]*).

Moua, Chue, with Kao Kalia Yang. 2019. “Either Side.” In *What God Is Honored Here?: Writings on Miscarriage and Infant Loss by and for Native Women and Women of Color*, edited by Shannon Gibney and Kao Kalia Yang, 247-258. Minneapolis: University of Minnesota Press. *[Content Warning: This memoir of loss in Ban Vinai refugee camp and MN includes a description of attempted suicide.]*

Shaffer, Katie et al. 2020. “Module 4: Mental Health—One-Page Summary.” *Harvard Medical School COVID-19 Curriculum*, April 27, 2020. https://docs.google.com/document/d/1jxKDUbcL1w Tl9HaY2nYQDNx3XLaEhKjo0PtBBkCeNQ/edit

*Please listen:* audio-recording from the Alumni Video Project, by Elizabeth Durham, psychiatric anthropologist (on Moodle).

**Part Three: Therapy Management, Medical Pluralism, and Cross-Cultural Medical Ethics Th 10-15 Managing Therapies and Medical Pluralism**

Janzen, J. 1987. “Therapy Management: Concept, Reality, Process.” *Medical Anthropology Quarterly* (N.S.) 1(1):68-84.

Bossart, R. 2003. “‘In the city, everybody only cares for himself’: Social Relations and Illness in Abidjan, Côte d’Ivoire.” *Anthropology and Medicine* 10(3):343-360.

Krause, K. 2008. “Transnational Therapy Networks among Ghanaians in London.” *Journal of Ethnic and Migration Studies* 34(2): 235-251.

Sangaramoorthy, Thurka. 2020. “Unintended Impacts of COVID-19 Social Distancing. *BMJ Medical Humanities Blog*, March 27, 2020. https://blogs.bmj.com/medical

humanities/2020/03/27/unintendedimpacts-of-covid19-social-distancing/ Retrieved 9/5/2020. *Please watch:* video from the Alumni Video Project, by Shayna Gleason, Gerontology PhD Student—three videos featuring Shayna, her Aunt Tricia (a caregiver), and her friend Rose (resident of an independent living facility for elderly).

**F 10-16 HAND IN PAPER PROPOSAL (1 page text + 1 page bibliography) due 11:59 p.m. Midterm Break**

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**WEEK VI: CROSS-CULTURAL MEDICAL ETHICS**

**T 10-20 Hmong Metaphors and Medical Metaphors: Explanatory Models and Ethics** Culhane-Pera, K.A., D.E. Vawter, P. Xiong, B. Babbitt, and M.M. Solberg, eds. 2003. *Healing by Heart: Clinical and Ethical Case Stories of Hmong Families and Western Providers*. Nashville: Vanderbilt University Press, pp. 1-68 (Introduction and Part I). **\*\*Read ahead if you can!\*\*** *Film: Split Horn*

**Th 10-22 Cross-Cultural Medical Ethics: Hmong Models and Metaphors**

Culhane-Pera, K.A., D.E. Vawter, P. Xiong, B. Babbitt, and M.M. Solberg, eds. 2003. *Healing by Heart: Clinical and Ethical Case Stories of Hmong Families and Western Providers*. Nashville: Vanderbilt University Press, pp. 71-204, 222--252; 297-356 (**Parts II [Abbey, Grace, Maddie Kano], III [Cas, Alec, Alle], IV Maya, Marcella, Anna], V [Joe, Nate, Marte], & VII [Zoe, Clarissa, Jakob]**--Women’s Health, Children’s Health, Chronic Disease, Mental Illness). **Everyone** should read the section "**Culturally Responsive Health Care**").

*Please watch:* video from the Alumni Video Project, by Katie Shaffer, MD-MPH student on social construction, explanatory models, and ethics.

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**Part Four: Pathologies of Power: Social Risk, Social Management, Social Silence, Social Ethics WEEK VII: HIV/AIDS—SOCIAL RISK, OPPORTUNITY STRUCTURES AND PUBLIC SECRETS T 10-27Loud Silences: Pathologies of Power from Health Policy to Whispered Explanations and Polite Indirection: Haiti, Cuba, Nigeria, and South Africa**

**Guest Speaker: Drewallyn Riley (’05), Performance Measure and Continuous Quality Improvement Technical Assistance Specialist, Education Development Center (EDC)** Farmer, P. 2003. *Pathologies of Power: Health, Human Rights, and the New War on the Poor*. Berkeley: University of California Press. Read: Ch 8 (New Malaise: Medical Ethics…), pp. 196-212. Smith, D.J. 2014. “’Feeding Fat on AIDS’: NGOs, Inequality, and Corruption.” Chapter 4 in *AIDS Doesn’t Show Its Face: Inequality, Morality, and Social Change in Nigeria*. Chicago: University of Chicago Press, pp. 103-120.

Wood, K. and H. Lambert. 2008. “Coded Talk, Scripted Omissions: The Micropolitics of AIDS Talk in an Affected Community in South Africa.” *Medical Anthropology Quarterly* 22(3):213-233.



**Th 10-29 Marriage And HIV Transmission: Keeping and Exposing “The Secret”** Block, Ellen and Will McGrath. 2019. *Infected Kin: Orphan Care and AIDS in Lesotho*. New Brunswick: Rutgers University Press. (*selections, all in one pdf with green and red start and stop arrows*) Hirsch et al. 2010. *The Secret: Love, Marriage, and HIV*. Nashville: Vanderbilt University Press, front matter through Chapter 1.

**WEEK VIII: ETHICS OF APPLIED MEDICAL ANTHROPOLOGY**

**T 11-3 Concepts and Comparative Projects in new HIV Research**

Hirsch et al. 2010. *The Secret: Love, Marriage, and HIV*, Chapter 2 to end.

**Th 11-5 Ethics of Applied Anthropology: Cancer, Health Education, and Cultural Appropriateness**

Balshem, M. 1993. *Cancer in the Community: Class and Medical Authority*. Washington: Smithsonian Institution Press, pp. 125-147 (Chapters 5 & 6, Meaning for the Anthropologist, & Changing the Victim).

Livingston, J. 2012. “Amputation Day at Princess Marina Hospital,” In *Improvising Medicine: An African Oncology Ward in an Emerging Cancer Epidemic*, 85-92. Durham: Duke University Press. Crenshaw, Kimberlé Williams. 2020. “When Blackness is a Preexisting Condition: How Modern Disaster Relief has Hurt African American Communities.” *The New Republic*, May 4, 2020. https://newrepublic.com/article/157537/blackness-preexisting-condition-coronavirus-katrina-disaster relief Retrieved 9/5/2020.

*Revisit*: Hirsch, J. 2003. “Anthropologists, Migrants, and Health Research: Confronting Cultural Appropriateness.” In *American Arrivals: Anthropology Engages the New Immigration*. Edited by N. Foner, 229-257. Santa Fe: School of American Research Press.

**Part Five: Collaborative Medical Anthropology: Engaging Our Community Partners WEEK IX: CARLETON SOCIETY FOR MEDICAL ANTHROPOLOGY**

**T 11-10 Student presentations**: Annual Meeting of the Carleton Society for Medical Anthropology **N.B.: Incarceration & COVID Public Health Lunch: A Collaboration between IDSC 135 and SoAn 262, 12:15, Zoom link to be announced**

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**Th 11-12 Student presentations**: Annual Meeting of the Carleton Society for Medical Anthropology N.B.: Professor away at advisory board meeting; presentations will be recorded.

**WEEK X: CARLETON SOCIETY FOR MEDICAL ANTHROPOLOGY**

**T 11-17 Student presentations**: Annual Meeting of the Carleton Society for Medical Anthropology **W 11-18 TERM PAPERS DUE no later than 11:59 p.m.**

***Enjoy your winter break!***

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**IMPORTANT INFORMATION (lots of it!)**

**V. COURSE REQUIREMENTS IN OVERVIEW—PRINCIPLES**

The requirements for this course include completion of reading assignments by the class meeting for which they are assigned, class attendance and participation, one four page response paper on a topical set of readings from the syllabus, leading discussion on a day's readings as part of a team, and a final research paper (including proposal, bibliography, and oral presentation). There are two options for the final paper: a paper linked to several academic civic engagement opportunities (the default), and a library research paper on a topic of your choice. To make this class successful, there are some **principles of positive behavior** we must follow:

**A. Attendance** is important because your presence adds something to class. While not everyone can make it to class for every session, frequent absences will count against you. As a courtesy, please tell me why you were absent; for an “excused” absence, you must give me a legitimate and trustworthy reason *before* class. I will ask the class for permission to record Zoom sessions for people who need to be absent; to respect everyone’s privacy, remember that what is said in our Zoom room stays in our Zoom room. **B. Listening:** I assume and expect that we will all be enthusiastic and respectful participants in class, which means that we learn from our readings and from each other in courteous, constructive debate. We can only do this if we listen to each other.

**C. There are many ways of participating**: questioning, commenting, listening carefully when other students ask questions or propose a new or different way to think about the materials we are studying, eye contact, nodding, active note-taking. Remember to ask questions, email me, or come to my office hours if anything is unclear to you or if you want to discuss something related to this class. **D. Respect, including pronouns**: I am dedicated to making our classroom a respectful environment where everyone can participate comfortably. One part of this is that we should all refer to everyone by their chosen name, the correct pronunciation of their name, and their chosen pronouns. Another aspect of respect is recognizing that this course necessarily deals with difficult topics, and that what might be an obvious trigger for you may not be so for others, and vice versa.

**E. Punctuality**: Please hand in assignments and be prepared for oral presentations on time. *Deadlines are deadlines*. Nonetheless, if you talk to me *beforehand* about extenuating circumstances, I am not an ogre and will accommodate your needs within the realm of fairness. ***Departmental policy is to subtract***

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***one letter grade for each day an assignment is late****.* Final papers more than 3 days late will be accepted only if you have been granted an "EXT" by the Dean of Students Office (your class dean). **F. Academic honesty**: Cite correctly and do not plagiarize. Please consult the College's policy on Academic Integrity, which can be found here.

**G. Citation norms**: The American Anthropological Association decided in September 2015 to move to the Chicago Manual of Style (CMOS)’s author-date option. A brief description of this citation style is found at the end of this syllabus. A more extensive style sheet is found on our departmental website at: http://apps.carleton.edu/curricular/soan/resources/citation/. **You are required to follow CMOS author date citation style.** This is part of practicing writing like an anthropologist.

**H. Writing portfolio**: You may find one or more of the writing assignments in this course to be appropriate for your writing portfolio, which is due at the end of your sixth term. I will work with you to revise, if necessary. For more information on the portfolio, consult the folder you received as a first-year student, talk with your advisor, or read about it on the web at: http://www.acad.carleton.edu/campus/wp/. Please see the “Helpful Information” section below to find out about the Writing Center and Writing Assistance for Multilingual Writers.

**I. Accommodations/Special Needs**: Please see the “Helpful Information” section for a statement about accommodations for students with disabilities and how to contact Chris Dallager, Director of Disability Services (507-222-5250; cdallager@carleton.edu) to arrange a confidential discussion regarding equitable access and reasonable accommodations. Carleton faculty are strongly encouraged to wait for official notification of accommodations before modifying course requirements for students. I appreciate it if you seek accommodations so I can be notified *early in the term*. Students with any other concerns needing special consideration should also bring this to my attention *early in the term*.

These **principles of positive behavior** are strategies to help you learn and to help you do what anthropologists do: participate, observe, discuss, analyze, write, learn details, contextualize in the big picture, and make sense of things.

**VI. COURSE REQUIREMENTS IN DETAIL**

**A. Required Reading**

Readings should be completed before the class session for which they are assigned. Think about the issues raised, how they relate to issues in previous readings, to your own life, and to the lives of those you know and care about. Jot down your questions and confusions, and use these to contribute to class discussions. See the "General guide to reading" at the end of this syllabus for a useful reading strategy. Readings consist of book length ethnographic monographs (available in the bookstore), and scholarly articles. All assigned **articles** will be uploaded to or linked through **Moodle**.

**Required texts** (available through the bookstore) are as follows:

Culhane-Pera, K., et al. 2003. *Healing by Heart: Clinical and Ethical Case Stories of Hmong Families and Western Providers*. Nashville: Vanderbilt U Pr. (Also available online, as a series of pdf files, at Project Muse)

Hirsch, J. et al. 2010. *The Secret: Love, Marriage, and HIV*. Nashville:Vanderbilt U Pr. (also Available online, as a series of pdf files, at Project Muse)

Sered, S. and R. Fernandopulle. 2007. *Uninsured in America: Life and Death in the Land of Opportunity*. Berkeley: U of California Pr (updated with a new afterword). ISBN: 9780520250062

**Further &/or Recommended readings** are supplemental texts for those of you with special interest in a particular subject, to use in papers and/or class presentations, or for future perusal. Some are entire books, and some are articles. I do not expect you to read them for class. The references are for you to look up if you are interested.

**B. Class Participation, Discussion Forum, and Discussion Starting (20% of grade)** This is a primarily discussion-based focused around discussion of readings, films or slides, and concepts. Part of each **synchronous class session** will involve some brief lecture material, to provide background information or clarify terms, and part will be discussion “sparked” by Discussion Starters and guided by the professor.

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Once a week, prior to your designated class session, you will post a response to the readings— approximately 150 words—on our Moodle Discussion Forum. If I have posted a prompt to guide your reading and discussion, please let that guide your response. Everyone will have to read ahead to do this in a timely fashion, no later than 9:00am on the day of the class session, but preferably the evening before. *If your last name begins with the letter A-K, you must post for Tuesday’s classes; if your last name begins with the letter L-Z, you must post for Thursday’s classes.* (You are welcome to post more frequently if you are so moved!)

As Discussion Starters, you will curate the Discussion Forum for your assigned day, drawing out the main points. During our synchronous class session, you will share a brief summary of these main points. Based on your curation of your peers’ comments, reading of assigned texts, and the way you relate these to other readings or issues, prepare a small set of questions, comments, and/or activities to start our synchronous class discussion for a day. Each student will do this at least two times. Sometimes you will do this with a partner.

Student participation in *all* discussions is essential both for your own learning and for that of the other students in class. This requires that you have read and thought about the readings for the day, and that you listen carefully when other students ask questions or propose a new or different way to think about the materials we are studying. In **grading** class participation, I will take into consideration class attendance, and most importantly, discussing readings and issues in a thoughtful and prepared way.

**C. ARK Paper (15% of grade)**

Write a one-page single-space ARK (**a**bstract-**r**esponse-**k**eywords) paper on *one class topic’s set of readings*, relating at least one from that set of readings to a corresponding alumni mini-video. You will sign up for a particular topic/date. ARK papers include: 1) a 200 word **abstract** of the reading(s); 2) your 200-250 word intellectual **response**, that also **draws connections** between the reading and a **corresponding mini-video** from an alum explain the effect of COVID and/or the current struggle for racial justice to their current work; and 3) four or five **keywords**. ARK papers are always due at 11:59 on the last day of your assigned unit (for example, if we finish discussing the topic on a Thursday, your paper is due 11:59 Thursday night). Please upload your paper onto Moodle as an MS-Word e-mail attachment, ***including your name in the document filename*** (e.g. pfeldmanARKpaper.docx)*.* Please also remember to **cite your sources, using anthropological (*Chicago Manual of Style AUTHOR-DATE*) citation style.**

**D. Final Term Project (total of four components: 65% of grade)**

For the final term project, you may choose between two options: Option A consists of a paper linked to one of the academic civic engagement (ACE) opportunities, and Option B is a library research paper on a topic of your choice. **All options require an application**, due early in the term. Option A, participation in one of several ACE projects, is the “default” option, meaning that I assume and greatly encourage students to take one of the ACE options. For Option B, you must have a specific topic in mind that you are burning to investigate. I encourage everyone to come to office hours (of the prof as well as of the ACE TA) to explore their interests and the various final project options with us. Our ACE TA, Jill Yanai, is happy to consult with you about the application process and about conceiving and carrying to fruition a successful ACE project. A further explanation of ACE Option A is attached to this syllabus. Both of these options consist of four components: 1) A **Preliminary Annotated Bibliography (10% of grade)**; 2) a **Term Paper Proposal (15% of grade);** 3) a **Final Term Paper (30% of grade);** and 4) an **Oral Presentation (10% of grade).**

**Final Project Options A1, A2, A3 & A4** will result in a ten-page paper and oral-presentation based upon an academic civic engagement project with a variety of community partners (Northfield Historical Society [in collaboration with members of HIST 200, the Northfield Community Action Center, HealthFinders Collaborative, and the CCCE with members of IDSC 235). You can find descriptions of each project at the end of this syllabus. Most of these projects ask that you prepare some sort of write-up or project summary for the community partners in addition to the more academic term paper employing medical anthropological concepts that you will turn in for this class. The summary and/or any other materials made for the community partners will be considered in the grade of the final paper.

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**Final Project Option B** is a ten-page library research paper on a topic of your choice within the area of medical anthropology. You should clear your topic with me (don’t forget office hours!), and should have a good reason to choose this option over one of the many ACE options. The topic should allow you to refer to concepts and readings we will have discussed in class in your final paper and presentation. **The four components of the final project:**

By Friday **September 18, 5:00 pm** (Week I) *all* students should hand in their application indicating their preferences for final project options. Please hand your applications in ***electronically*** via Moodle (or mail to pfeldman@carleton.edu, yanaij@carleton.edu, and eoliver@carleton.edu). By Sunday night, **October 4, 11:59 pm** (Week IV)] *all* students should hand in a preliminary *annotated* bibliography of 5 to 10 anthropological sources. In your bibliography, be sure to include *articles* from scholarly journals as well as *books*, cited in *the CMOS author-date citation style* now used by professional anthropologists. Annotations should be about two sentences long, indicating what the article or book is about and how it will contribute to your final project. For example, does it explore or illustrate a concept that you might use to interpret your findings, does it serve as a model for the type of work you plan to do, or does it give background data necessary for understanding the social and/or historical context of your topic? This annotated bibliography counts for 10% of your final grade. Please hand your bibliographies in ***electronically*** via Moodle (or mail to pfeldman@carleton.edu and yanaij@carleton.edu). By Friday **October 16, 11:59 pm** (Week V) *all* students, regardless of final term project option, should hand in a one-page topic proposal and an additional page with a list of at least ten bibliographic sources (no need for annotations for this assignment). Paper proposals should include a description of your topic, its substantive significance for medical anthropology, its significance in terms of applying or developing medical anthropological theory, and some sense of how you plan to structure your argument. Because many paper topics will require you to use Minitex or other interlibrary loan services, I expect you to get started *weeks* before the proposal deadline. Use this proposal as a tool to sharpen the focus of your research projects and link them to medical anthropological concepts and literature. This proposal counts for 10% of your final grade. Please hand your topic proposals in ***electronically*** via Moodle (or mail to pfeldman@carleton.edu and yanaij@carleton.edu).

**All Final Papers** are due Wednesday **November 18** by **11:59 pm.** (*plan ahead: see conditions for lates above*). Please save a copy for yourself for paper presentations, which will occur during the last two class meetings of term. These presentations will be conducted like presentations at professional academic meetings. We will organize a series of panels for the Carleton Society for Medical Anthropology, with time to discuss at the end of each panel. Presentations (which are graded) will be strictly timed; they may be read, but are much more effective when freely spoken from an organized outline. Refreshments included!

**VII. HELPFUL INFORMATION and FREE RESOURCES FOR STUDENTS**

**A. Office Hours**

Please make use of my scheduled office hours. I’m there for you! Please sign up for 15-minute time slots via Google calendar. Click here to sign up for OFFICE HOURS. My office hours will be held by **Zoom** on Mondays 12:00-1:30pm CT (Passcode: 310702), and on Fridays 10:30am-12:00 noon CT (Passcode: 207590). My office hours will be a Zoom room with a waiting room. Please wait patiently while I finish up with my previous appointment. If you can't meet during my normal office hours, e-mail me about scheduling another time.

**B. Inclusion and Course Materials Assistance**

I strive to create an inclusive and respectful classroom that values diversity. Our individual differences enrich and enhance our understanding of one another and of the world around us. This class welcomes the perspectives of all ethnicities, genders, religions, ages, sexual orientations, disabilities, socioeconomic backgrounds, regions, and nationalities. I also recognize the potential financial burden of course expenses such as books and printing. If you need assistance to cover course expenses, please speak with me, preferably during the first week of class. Please note that the CCCE can cover travel costs for students to work with community partners for ACE projects, although in our new remote-learning environment that should not be necessary.

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**C. Ask a Librarian**

Ask a librarian—especially our social science superhero specialist librarian **Kristin Partlo**—for help with your research in this class. You can make an online appointment with your library liaison or chat with a librarian online 24/7. You can also email and call. Librarians help students find and evaluate articles, books, websites, statistics, data, government documents, and more. For more information on hours and librarians, visit the Gould Library website at go.carleton.edu/library. Don’t forget to look at the course guide Kristin has made specifically for our class: https://gouldguides.carleton.edu/soan262! **D. Accommodations for Students with Disabilities**

If you have any challenge that you think may pose obstacles to your successful completion of the course, please discuss this with me at the beginning of the term so that we may accommodate your situation. Like the rest of Carleton College, I am committed to providing equitable access to learning opportunities for all students. Please be aware that Carleton faculty are strongly encouraged to wait for official notification of accommodations before modifying course requirements for students. Thus, if you have, or think you may have, a disability (e.g., mental health, attentional, learning, autism spectrum disorders, chronic health, traumatic brain injury and concussions, vision, hearing, mobility, or speech impairments), please contact disability@carleton.edu or call Sam Thayer (’10), Accessibility Specialist (x4464) or Chris Dallager, Director of Disability Services (x5250) to arrange a confidential discussion regarding equitable access and reasonable accommodations.

In addition, Carleton also provides technological resources for students with disabilities. The Assistive Technologies program brings together academic and technological resources to complement student classroom and computing needs, particularly in support of students with physical or learning disabilities. Accessibility features include text-to-speech (Kurzweil), speech-to-text (Dragon) software, and audio recording Smartpens. If you would like to know more, contact aztechs@carleton.edu or visit go.carleton.edu/aztech

**E. The Writing Center**

I urge all students to utilize **The Writing Center.** The Writing Center is offering a full schedule of videoconferences with peer writing consultants who can work with you during any stage of the writing process (brainstorming to final proofreading). Hours and more information can be found on the writing center website. You can reserve specific times for conferences by using their online appointment system. **F. The Term-Long Program for Multilingual Writers**

If you are a second language writer and believe you might benefit from working individually with a writing consultant on a regular basis this term, email Renata Fitzpatrick, Multilingual Writing Coordinator, at rfitzpatrick@carleton.edu. She can arrange once- or twice-a-week meetings between you and a specific writing consultant throughout the term. *Meetings will be in an online format until in-person classes resume on campus.*

**G. Public Speaking (think ahead to oral presentations)**

Speech coaching is a student-staffed resource designed to assist you with class presentations, comps talks, and other speech-related events. Jenny Portis ’20 can assist you with speech & communication skills including clarity, organization, articulation, projection, body language, eye contact, and effective use of aids (e.g., notes, PowerPoint, Keynote, etc.). Depending on your goals, your coach can also work with you on the content of the presentation: organization, voice, clarity, and, ultimately, persuasive impact. **Jenny will coach students remotely, using Zoom.** If you’d like to schedule a coaching session, just fill out this brief, online form. **.** For more information, visit go.carleton.edu/speakeasy. **H. Learning Strategies and Time Management**

Oscar Alvarez, Academic Skills Coach, is eager to help you develop learning strategies that work in the Carleton context. His goals are to heighten your awareness of your personal strengths and to offer different ways you can approach your academic work so you’re more efficient and effective. For details on how to schedule a videoconference with Oscar, visit: Learning Strategies & Time Management. If you prefer to learn these skills and strategies on your own, visit “Helpful DIY Resources.” **I. Student Well-Being**

Carleton College urges you to make yourself–your own health and well-being–your priority throughout this ten-week term and your career here. It is important to recognize stressors you may be facing, which can be personal, emotional, physical, financial, mental, or academic. Sleep, exercise, and connecting with others can be strategies to help you flourish at Carleton. If you are having difficulties maintaining your

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well-being, feel free to contact me and/or pursue other resources, such as Student Health and Counseling or the Office of Health Promotion.

**J. Title IX**

Carleton is committed to fostering an environment free of sexual misconduct. Please be aware all Carleton faculty and staff members, with the exception of Chaplains and SHAC staff, are “responsible employees.” Responsible employees are required to share any information they have regarding incidents of sexual misconduct with the Title IX Coordinator. Carleton’s goal is to ensure campus community members are aware of all the options available and have access to the resources they need. If you have questions, please contact Laura Riehle-Merrill, Carleton’s Title IX Coordinator, or visit the Sexual Misconduct Prevention and Response website: https://www.carleton.edu/sexual-misconduct/**. K. On-Campus Public Health Resources**

Carleton College maintains two public health web pages of interest: the Academic Public Health Page, and the Public Health Pathways Page. You might also be interested in the Pre-Health Advising Page.



**VIII. RELEVANT STUDY SKILLS AND MECHANICS**

**Guidelines for Reading and Preparation for General Class Discussion**

**A. Pre-reading**

Look at the book or article reference. Ask yourself: What does the title tell me? Do I recognize the author? What other knowledge do I have about this topic or author? Looking at the date of publication, can I place this piece in the recent history of ideas (this is hard to do, especially early in the term)?

**B. Reading**

Your first goal is to understand what the article or monograph is about, what the author is trying to say, and how s/he goes about doing so. What questions does the author investigate? Is the article mainly theoretical or descriptive? What theories does the author propose or rely upon, with what implications? What data or evidence does the author use to make his or her argument? Are these well-suited to the questions posed? **C. Post-reading**

Evaluate how this reading relates to our discussion topic, and to other readings or discussion topics. How could we analyze this further? What is your reaction to this reading (e.g. intellectually, emotionally)? Reading in this way will make you prepared to participate actively and meaningfully in class discussions.

**Guidelines for Writing Papers**

Goals for college-level writing include attention to: Audience and purpose; Clarity of prose; Clear organization; Effective use of evidence; Appropriate attribution and citation; Effective use of Standard English. Papers you write in this course will give you practice in reading, writing, and analysis. Use feedback from one paper to improve your approach and writing in the next paper. While you cannot re-write a paper for a better grade, I will read and comment on a draft of a particularly thorny *section* of a paper, before it is due, if you give me sufficient time. Office hours are good for this.

Each paper should have a title page, with an interesting and descriptive title, your name, the date, and the course number and title. Papers should be 12 font with 1-inch margins, with the text section double spaced. (Think papers are 3 pages. In your final paper, aim for 10 pages. I will stop reading after 12 pages.) The text should be followed by a “references cited” section (the bibliography of works you cite in the paper) in anthropological citation style (see below). Make sure you have an introduction, a logically organized body of the paper, and a conclusion. Section headings provide useful guideposts to the way you organize your thoughts, and are particularly important for longer papers.

Here are some tips on writing well:

• Write from the top down. Start with your most important point, then develop it. Don’t keep your reader guessing. Don’t save the punch line for the end!

• Use good topic sentences. Topic sentences should tell your reader the point of the paragraph. New thoughts generally require new paragraphs. Use transition sentences for flow between paragraphs and sections. When you turn to a new thought, be sure your reader can connect backward and forward to other parts of the text. • Use your topic paragraph effectively. Good titles are nice. So are zippy first sentences.

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• Eschew the passive voice. “Jenny wrote the book” is better than “The book was written by Jenny.” This is particularly important in the social sciences, because use of passive voice masks agency. • Vary sentence structure to enliven your writing. Avoid run-on sentences.

• Watch your spelling, grammar, and punctuation. Look out for singular/plural agreement. (Note: the word “data” is plural.) Use semicolons appropriately (that is, to separate complete sentences). • Avoid unclear referents (like “it” without an obvious connection to what “it” is). Also avoid indirect wording. As much as possible, eradicate the phrases “there are,” “it is,” and the like from your writing. • Watch for dangling clauses. The sentence, “Hot from the oven, I ate the pizza,” implies that I (not the pizza) am hot from the oven.

• Use parallel phrases. “I like to swim, read, and eat” is better than “I like swimming, to read, and food.” • Learn the difference between “because” and “since.” “Since” refers to time: “Since 1940, women’s hemlines have crept up.” Know the difference between “that” and “which.” Generally, if you can use “that,” do so. Master the correct usage of “affect” and “effect,” whose meanings as nouns differ from their meanings as verbs! • Plain English is best. Don’t be wordy. For example, you rarely need to use the term “in order to.” • Cite your sources with author, date, and page number for quotations, as well as for specific ideas or any short, paraphrased segments. When in doubt, cite it! See section on “Anthropological Citation Style” below. • Consider your audience. Use the appropriate tone and style; above all, don’t be boring! • Rewriting is the key to writing well.

**Anthropological Citation Style**

**(Chicago Manual of Style Author-Date Version)**

In papers for this and other anthropology classes, you should use the correct citation style, following the major anthropological professional journals. This means you need to cite, both in the text and in a section titled “**References Cited**” following the text, works from which you have drawn ideas as well as works you quote. The various journals published by the American Anthropological Association use the author-date style in the *Chicago Manual of Style*, which can be located ***on their website.*** (Remember to use the **author-date** tab!)

**In the course of your text**, you should cite authors whose ideas you use with their last name and the date of publication; you can even include more than one citation if you got the idea from more than one source (Ginsburg 1989; Ginsburg and Rapp 1991). If you quote an author, e.g. that “the powers of village women... [do not] provide women with the last word” (Harding 1975, 308), you include the page number(s). Note the placement of punctuation, and that the citation and period/comma are outside of the quotation marks.

**References Cited** (please, *not* “Bibliography” or “Works Cited”), placed starting on a new page at the end of your text, includes only publications cited in the text. All entries must be listed alphabetically by last name of author, and chronologically arranged for two or more titles by the same author. The layout should be as follows:

1a) for a **journal article**, showing the volume and issue numbers, and page numbers: Becker, Gay. 1994. “Metaphors in Disrupted Lives.” *Medical Anthropology Quarterly* 8(4):383-410. 1b) If you find and read/download the **journal article from an online source**, include the DOI (Digital Object Identifier) if the journal lists one. A DOI is a permanent ID that, when appended to http://dx.doi.org/ in the address bar of an Internet browser, will lead to the source. If no DOI is available, list a URL, including an access date.

Kossinets, Gueorgi, and Duncan J. Watts. 2009. “Origins of Homophily in an Evolving Social Network.” *American Journal of Sociology* 115:405–50. Accessed February 28, 2010. doi:10.1086/599247. 2) for a **chapter in a book of collected essays** (Author. date. “chapter title.” In *Book Title*, edited by Editors, pages. Place of Publication: Publisher.):

Kelly, John D. 2010. “Seeing Red: Mao Fetishism, Pax Americana, and the Moral Economy of War.” In *Anthropology and Global Counterinsurgency*, edited by John D. Kelly, Beatrice Jauregui, Sean T. Mitchell, and Jeremy Walton, 67–83. Chicago: University of Chicago Press.

3) for a **book** (title is capitalized; date, place of publication [use the first one listed], and publisher all included):

Riedmann, Agnes. 1993. *Science That Colonizes: A Critique of Fertility Studies in Africa*. Philadelphia: Temple University Press.

4) for an **article in a newspaper or popular magazine**:

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Stolberg, Sheryl Gay, and Robert Pear. 2010. “Wary Centrists Posing Challenge in Health Care Vote.” *New York Times*, February 27. Accessed February 28, 2010.

http://www.nytimes.com/2010/02/28/us/politics/28health.html.

5) for **website content**, include as much of the information you’d need for a printed publication’s citation as possible (including author’s name, date of publication, title, publisher), followed by the URL of the site you are citing. Because such content is subject to change, include an access date or, if available, a date that the site was last modified. In the absence of a date of publication, use the access date or last-modified date as the basis of the citation.:

United Nations. 2011. “World Population Prospects, the 2010 Revision. Standard variants: Migration.” United Nations, Department of Economic and Social Affairs, Population Division, Population Estimates and Projections Section (updated 28 June 2011). http://esa.un.org/wpp/Excel-Data/migration.htm (accessed 27 December 2011).

***Following this style is a requirement. Ask if you have questions.***

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**IX. KEY CONCEPTS IN MEDICAL ANTHROPOLOGY**

• **disease-illness-sickness** is the widely used tripartite scheme of anthropologist Allan Young; disease is the Western biomedical practitioner’s category, and refers to biological states and symptoms. Illness is the lived experience of sufferers and their families and significant others, and involves the cultural ways in wish we define signs as “symptoms.” Sickness is the category that links illnesses and diseases to large

scale economic, political, and social matters, shaping who gets sick as well as healer-patient interactions. **Medicalization** is a related term referring to the process whereby conditions come to be viewed and interpreted as diseases and hence as amenable to biomedical intervention.

• **the social context of healing** is the social setting in which healing takes place and the consequent social ramifications. Social relations are often made and unmade, strengthened and weakened, maintained and changed in the course of healing.

• **the cultural construction of the human body** is the culturally-specific ways in which the human body is made meaningful in given human communities and linked to other domains of social life, such as religion and politics, often by means of metaphors and other symbols. Recent anthropological work relates ideas about the body to anthropologies of emotions and the senses. Related terms include **somatization** and **psychosomatic illness**.

• **ritual and symbolism** are key fields of study more broadly in anthropology, and crucial to understanding culturally-specific ideas about health and illness as well as forms of healing.

• **explanatory models** include folk models (e.g. Kongo “disease of man,” Haitian “sent sickness” or Latin American *nervos*), popular models (e.g. lay American models of hypertension or cancer), or, strictly speaking, **biomedical** (allopathic medicine) models of health and illness conditions. In each healer-patient interaction, each person brings their own explanatory model to the encounter, and consultation is often a negotiation among these models. This concept was particularly developed by Arthur Kleinman. A somewhat distantly related concept is that of **culture-bound syndromes**.

• **authoritative knowledge** is the knowledge that counts in a particular situation. Decisions, such as when to push during childbirth or whether or not a feverish child needs a spinal tap to check for meningitis, are made by those with authoritative knowledge. Whose knowledge gains authority may change from situation to situation (e.g. a hospital vs. a home setting). This concept was particularly developed by Brigitte Jordan.

• **medical pluralism** is a mixture of different types of health care institutions, each with their own ideas and practices, co-existing in a particular locale. Sometimes these different institutions compete with each other, and sometimes they cooperate. This common state of affairs is affected by history and by power relations within society. Colonial and postcolonial policies, for example, often recognize, legitimate, and professionalize certain types of traditional practitioners and not others, while introducing new forms of medial and spiritual healing. A related concept is **plural medicine**, which refers to a mixture of types of

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diagnoses, therapies, and practitioners within a particular type of medicine (such as “Traditional Chinese Medicine”).

• **therapy management** is a social process that pulls significant others in the lives of sufferers into the processes of interpreting affliction and of taking therapeutic action on the basis of these interpretations. Dissension within the therapy management group leads to consultation of multiple healers. The therapy management group helps to interpret the type of illness, decide on the timing, type and sequencing of therapies, and to escort and support the sufferer. This concept was particularly developed by John Janzen.

• **cross-cultural medical ethics** is a growing field that deals with bridging possible misunderstandings and differences in explanatory models and assumptions about who should be involved in therapy management. It is particularly important in situations of cultural pluralism, for example when immigrant or refugee populations interact with the biomedical health care system in the United States. Related concepts include **cultural competence** and **cultural responsiveness**.

• **the social determinants of health**, as defined by the World Health Organization, are “the circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics” (WHO 2011:n.p.).

• **social inequality** is a key concept in the social sciences, with enormous impact on health care inequities, on the interaction between patients and healers, and on illness models and health education efforts that blame the victim. It affects each of the ideas and processes mentioned above.

• **the socio-ecological model** is utilized in public health to understand the dynamic interrelations and interactions of personal and environmental factors; modeled as a series of concentric circles, working outward from individual to interpersonal, community, institutional, and macro-/public policy levels.

**X. DEFINING MEDICAL ANTHROPOLOGY**

The Society for Medical Anthropology website (http://www.medanthro.net/definition.html) poses the definitorial question, “what *is* medical anthropology?” Here is their answer:

**What is medical anthropology?**

• Medical Anthropology is a subfield of anthropology that draws upon social, cultural, biological, and linguistic anthropology to better understand those factors which influence health and well-being (broadly defined), the experience and distribution of illness, the prevention and treatment of sickness, healing processes, the social relations of therapy management, and the cultural importance and utilization of pluralistic medical systems. The discipline of medical anthropology draws upon many different theoretical approaches. It is as attentive to popular health culture as bioscientific epidemiology, and the social construction of knowledge and politics of science as scientific discovery and hypothesis testing. Medical anthropologists examine how the health of individuals, larger social formations, and the environment are affected by interrelationships between humans and other species; cultural norms and social institutions; micro and macro politics; and forces of globalization as each of these affects local worlds.

**Medical anthropologists study such issues as:**

• Health ramifications of ecological "adaptation and maladaptation"

• Popular health culture and domestic health care practices

• Local interpretations of bodily processes

• Changing body projects and valued bodily attributes

• Perceptions of risk, vulnerability and responsibility for illness and health care • Risk and protective dimensions of human behavior, cultural norms and social institutions • Preventative health and harm reduction practices

• The experience of illness and the social relations of sickness

• The range of factors driving health, nutrition and health care transitions

• Ethnomedicine, pluralistic healing modalities, and healing processes

• The social organization of clinical interactions

• The cultural and historical conditions shaping medical practices and policies • Medical practices in the context of modernity, colonial, and post-colonial social formations • The use and interpretation of pharmaceuticals and forms of biotechnology

• The commercialization and commodification of health and medicine

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• Disease distribution and health disparity

• Differential use and availability of government and private health care resources • The political economy of health care provision.

**SOME MEDICAL ANTHROPOLOGICAL BLOGS**

ACCESS DENIED: A Conversation on Unauthorized Im/migration and Health, http://accessdeniedblog.wordpress.com/

Voices from Medical Anthropology (SMA), http://socmedanthro.wordpress.com/ Somatosphere: Science, Medicine and Anthropology collaborative website: http://somatosphere.net/ Ebola Response Anthropology Platform, http://www.ebola-anthropology.net/

Growing Up Healthy: Connecting the Families of Rice County, Minnesota, http://growinguphealthy.org/ HealthFinders Collaborative, http://healthfindersmn.org/

Rural Immigration Network, http://ruralimmigration.net/

Carleton Gould Library Course Guide, www.gouldguides.carleton.edu/soan262



**XI. FURTHER READINGS**

**For your future reference, organized by class topics & weeks**

**Week 1**

On medical anthropological concepts and theory: Janzen, J.M. (2002) Introducing Medical Anthropology (Ch. 1, pp. 1-19), and The Origins and Theories of Medical Anthropology (Ch. 2, pp. 21-49) in *The Social Fabric of Health*; Singer, M. and H. Baer (2007) *Introducing Medical Anthropology* (especially Ch. 1-3); Young, A. (1982) The anthropologies of illness and sickness. Annual Review of Anthropology 11:257-285; Csordas, T.& A. Kleinman (1996) The Therapeutic Process. In C.F. Sargent and T.M. Johnson, eds. *Handbook of Medical Anthropology*. Westport: Greenwood pp. 3-20; Kleinman, A. (1995) *Writing at the Margin: Discourse Between Anthropology and Medicine.* Berkeley: U California Press; Good, B.J. (1994) *Medicine, Rationality, and Experience: An Anthropological Perspective.* Cambridge: Cambridge U. Press; Erickson, P.I. (2008) *Ethnomedicine*. Long Grove: Waveland Press.

**Week 2**

On social determinants in relation to incarceration: California Coalition for Women Prisoners. 2020. #COVID19DecarcerateSyllabus, last updated April 19, 2020.

https://docs.google.com/document/d/1XNkWwFajh7WsSbvVCMoaIxiFsXtsoQ5RlEFewOgBX6A/edit; Le Marcis, Frédéric. 2019. “Life in a space of necropolitics : toward an economy of value in prisons.” *Ethnos* 84(1):74-95: Kelly-Hanku, Angela, Thomas Kawage, Andrew Vallely, Agnes Mek, and Bradley Mathers. 2015. “Sex, violence and HIV on the inside : cultures of violence, denial, gender inequality and homophobia negatively influence the health outcomes of those in closed settings.” *Culture, Health & Sexuality* 17(8): 990-1003: Dauria, Emily F, Lisa Oakley, Kimberly Jacob Arriola, Kirk Elifson, Gina Wingood, and Hannah L.F. Cooper. 2015. “Collateral consequences : implications of male incarceration rates, imbalanced sex ratios and partner availability for heterosexual black women.” *Culture, Health & Sexuality* 17(10):1190-1206; Bland, Sean E, Matthew J. Mimiaga, Sari L. Reisner, Jaclyn M. White, Maura A. Driscoll, Deborah Isenberg, Kevin Cranston, and Kenneth H. Mayer. 2012. “Sentencing risk : history of incarceration and HIV/STD transmission risk behaviours among black men who have sex with men in Massachusetts.” *Culture, Health & Sexuality* 14(3-4): 329-345; Bengtsson, Tea Torbenfeldt. 2012. “Boredom and Action: Experiences from Youth Confinement.” *Journal of Contemporary Ethnography* 41(5): 526-553; Rhodes, Lorna A. 2010. “Questioning supermax” *Anthropology Now* 2(1): 48-56: Silove, Derrick, Patricia Austin, and Zachary Steele. 2007. “No Refuge from Terror: The Impact of Detention on the Mental Health of Trauma-Affected Refugees Seeking Asylum in Australia.” *Transcultural Psychiatry* 44(3): 359-393; Rhodes, Lorna A. 2005. “Changing the subject : conversation in supermax.” *Cultural Anthropology* 20(3): 388-411; Gear, Sasha. 2005. “Rules of engagement : structuring sex and damage in men's prisons and beyond.” *Culture, Health And Sexuality* 7(3): 195-208.

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On social determinants in relation to diabetes (example of a chronic illness that increases susceptibility to infectious diseases such as COVID-19): Seligman, R., E. Mendenhall, M.D. Valdovinos, A. Fernandez, and E.A. Jacobs. 2015. “Self-care and Subjectivity among Mexican Diabetes Patients in the United States.” *Medical Anthropology Quarterly* 29(10:61-79; Pollak, M. 2018. “Care in the Context of a Chronic Epidemic: Caring for Diabetes in Chicago’s Native Community.” *Medical Anthropological Quarterly* 32(2):196-213; Montoya, Michael J. 2011. *Making the Mexican Diabetic: Race, Science, and the Genetics of Inequality*. Berkeley: University of California Press; Weidman, Dennis. 2010. “Globalizing the Chronicities of Modernity: Diabetes and the Metabolic Syndrome.” In *Chronic Conditions, Fluid States: Chronicity and the Anthropology of Illness*, edited by Lenore Manderson and Carolyn Smith-Morris, 38-53. New Brunswick: Rutgers University Press; Wiedman, D. 2012. “Native American Embodiment of the Chronicities of Modernity: Reservation Food, Diabetes, and the Metabolic Syndrome among the Kiowa, Comanche, and Apache.” *Medical Anthropology Quarterly* 26 (4): 595–612; Poss, J., & M.A. Jezewski. 2002. “The Role and Meaning of Susto in Mexican Americans' Explanatory Model of Type 2 Diabetes.” *Medical Anthropology Quarterly* 16(3):360–377; Weller, Susan C., Robert D. Baer, Javier Garcia de Alba Garcia, Ana L. Salcedo Rocha. 2012. “Explanatory models of diabetes in the U.S. and Mexico: The patient-provider gap and cultural competence.” *Social Science and Medicine* 75 (6):1088-1096; Arcury, Thomas A., Anne H. Skelly, Wilbert M. Gesler, and Molly C. Dougherty. 2004. “Diabetes meanings among those without diabetes: explanatory models of immigrant Latinos in rural North Carolina.” *Social Science & Medicine* 59 (11): 2183-2193; Daniulaityte, Raminta. 2004. “Making sense of diabetes: cultural models, gender and individual adjustment to Type 2 diabetes in Mexican community.” *Social Science & Medicine* 59 (9): 1899-1912; Culhane-Pera, Kathleen., Cheng Her & Bee Her. 2007. “‘*We are out of balance here*’: a Hmong Cultural Model of Diabetes.” Journals of Immigrant & Minority Health 9: 179-190; Baglar, R. 2013. “’Oh God, Save Us from Sugar’: An Ethnographic Exploration of Diabetes Mellitus in the United Arab Emirates.” *Medical Anthropology* 32(2): 109-125.

**Week 1, 2, & 3**

On medical humanitarianism: Mulligan, Jessica M. and Heide Castañeda, eds. 2017. *Unequal Coverage: The Experience of Health Care Reform in the United States*. New York: NYU Press; Wutich, Amber, et al. 2014. "Stigmatized Neighborhoods, Social Bonding, and Health." *Medical Anthropology Quarterly* 28(4):556-577; Seligman, Rebecca, et al. 2015. "Self-care and Subjectivity among Mexican Diabetes Patients in the United States."

*Medical Anthropology Quarterly* 29(1):61-79; Maes, Kenneth. 2015. "'Volunteers Are Not Paid Because They are Priceless':..." *Medical Anthropology Quarterly* 29(1):97-115; Abramowitz, Sharon et al. 2015. "Medical Humanitarianism: Anthropologists Speak Out on Policy and Practice." *Medical Anthropology Quarterly* 29(1):1-23; Quesada, James, Laurie Kain Hart & Phillippe Bourgois. 2011. Structural vulnerability and health: Latino migrant laborers in the United States. In: Medical Anthropology 30 (4):339-362; World Health Organization, Commission on Social Determinants of Health. 2008. Closing the Gap in a Generation. Health Equity Through Action on the Social Determinants of Health. Geneva: WHO; Pigg, Stacy Leigh. 2013. On Sitting and Doing: Ethnography as Action in Global health. Social Science & Medicine 99:127-134; Bochow, Astrid. 2015. “We Are Only Helping!” Volunteering and Social Media in Germany’s New “Welcome Culture.” In: Blog Medizinethnologie: Körper, Gesundheit und Heilung in einer globalisierten Welt. http://www.medizinethnologie.net/volunteering-and-social media-in-germanys-new-welcome-culture/. Accessed December 14, 2015; Castañeda, Heide, Seth Holmes, Daniel Madrigal, Maria-Elena De Trinidad Young, Naomi Beyeler & James Quesada. 2015. Immigration as a Social Determinant of Health. Annual Review of Public Health 36:375-392.

On Latino and farmworker health care in the Midwest: Blewett, L., S. Smaida, C. Fuentes, and E. Zuehlke. (2003) Health Care Needs of the Growing Latino Population in Rural America: Focus Group Findings in One Midwestern State. Journal of Rural Health 19:33-41.Blewett, L.A., M. Casey, and K.T. Call (2004) Improving Access to Primary Care for a Growing Latino Population: The Role of Safety Net Providers in the Rural Midwest. Journal of Rural Health 20(3):237-245; National Center for Farmworker Health (n.d.) Facts about Farmworkers; Migrant and Seasonal Farmworker Demographics Fact Sheet; HIV/AIDS Farmworker Fact Sheet; Maternal and Child Health Fact Sheet. Buda, TX: National Center for Farmworker Health,

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On being uninsured**:** Huber, Sonya [Carl ‘93] (2010 *Cover Me: A Health Insurance Memoir*. Lincoln: University of Nebraska Press.

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On health inequalities and the concept of “community” in public health: Chapman, R.R. and J.R. Bergren (2005) Radical Contextualization: Contributions to an anthropology of racial/ethnic health disparities. Health 9(2):145-167; Singer, M. and H. Baer (2007) Ch. 6 Health Disparity, Health Inequality. Pp 151-180 In Introducing Medical Anthropology: A Discipline in Action. Lanham: AltaMira Press; Wayland, C. and J. Crowder (2002) Disparate views of community in primary health care: Understanding how perceptions influence success. Medical Anthropology Quarterly 16(2):230-247; Israel, B.A., A.J. Schulz, E.A. Parker, and A.B. Becker (1998) Review of Community-Based Research: Assessing Partnership Approaches to Improve Public Health. Annual Review of Public Health 19:173-202. ***Please also see the bibliography at the Access Denied blog,***

http://accessdeniedblog.wordpress.com/

**Week 3**

On childbirth (just a smattering!): Lazarus, E.S. 1997. “What Do Women Want? Issues of Choice, Control, and Class in American Pregnancy and Childbirth.” In *Childbirth and Authoritative Knowledge: Cross-Cultural Perspectives*. Edited by R. Davis-Floyd and C. Sargent, 132-158. Berkeley: University of California Press; MacDonald, Margaret. 2018. “The Making of Informed Choice in Midwifery: A Feminist Experiment in Care.” *Culture, Medicine and Psychiatry*; MacDonald, M. 2017. “Why Ethnography Matters in Global Health: The Case of the Traditional Birth Attendant.” *Journal of Global Health*; MacDonald, M. 2016. “The Legacy of Midwifery and the Women’s Health Movement in Contemporary Discourses of Patient Choice and Empowerment.” *Canadian Journal of Midwifery Research and Practice*; Jordan, B. (1993) *Birth in Four Cultures* (4th edition); Martin, E. (1987) *The Woman in the Body*, pp. 54-67, 139-155; R. Davis-Floyd and C. Sargent, eds. (1997) *Childbirth and Authoritative Knowledge*; Kettler, S. K. (2000) Preparing for motherhood: Authoritative knowledge and the undercurrents of shared experience in two childbirth education courses in Cagliari, Italy. *Medical Anthropology Quarterly* 14(2):138-158; Obermeyer, C.M. (2000) Pluralism and pragmatism: Knowledge and practice of birth in Morocco. *Medical Anthropology Quarterly* 14(2):180-201; Gerber, E. G. (2002) Deconstructing pregnancy: RU486, seeing “eggs,” and the ambiguity of very early conceptions. *Medical Anthropology Quarterly* 16(1):92-108; Rapp, R. (1993) Accounting for amniocentesis. In *Knowledge, Power and Practice,* S. Lindenbaum and M. Lock, eds., pp. 55-76; Geurts, K. (2001) Childbirth and Pragmatic Midwifery in Rural Ghana. *Medical Anthropology* 20(2-3):379- 408; Browner, C.H. (2009) Lessons from California on the Implementation of State-Mandated Fetal Diagnosis in the Context of Globalization. In *Globalization, Reproduction, and the State*, C.H. Browner and C. F. Sargent, eds.,Chapel Hill: Duke University Press; Browner, C.H. and H.M. Preloran (2000) Interpreting Low-Income Latinas Amniocentesis Refusals. *Hispanic Journal of Behavioral Sciences* 22(3):346-368; Browner, C.H. and H.M. Preloran (2006) Culture and Communication in the Realm of Fetal Diagnosis: Unique Considerations for Latino Patients. Pp. 31-44 In Sharpe, N.F. and R.F. Carter. *Genetic Testing: Care, Consent, and Liability*. NY: Wiley-Liss; Tiilikainen, M. (2012) It’s Just Like the Internet: Transnational Healing Practices between Somaliland and the Somali Diaspora. In *Medicine, Mobility, and Power in Global Africa*. H. Dilger, A. Kane, and S.A. Langwick, eds., pp. 271-294. Bloomington: Indiana University Press; Launiala, Annika and Marja-Liisa Honkasalo (2010) Malaria, Danger, and Risk Perceptions among the Yao in Rural Malawi. *Medical Anthropology Quarterly* 24(3):399-420.

**Week 4**

On death and end of life care: Lock, M. 1996. “Death in Technological Time: Locating the End of Meaningful Life.” *Medical Anthropology Quarterly* (N.S.) 10(4):575-600; Wolf, Z.R. (1988) *Nurses’ Work, the Sacred and the Profane*. Philadelphia: University of Pennsylvania Press, pp. 68-139 (on post-mortem care); Bloch, M. and J. Parry, eds. (1982) *Death and the Regeneration of Life*. Cambridge U Press; Weiner, A. (1987) Death and the work of mourning. Chapter 2 In *The Trobrianders of Papua New Guinea*, pp. 33-50; Frank, G., L.J. Blackhall, V. Michel, S.T. Murphy, S.P. Azen, and K. Park. (1998) A Discourse of Relationships in Bioethics: Patient Autonomy and End-of-Life Decision Making among Elderly Korean Americans. Medical Anthropology Quarterly 12(4):403-413. On infant death and pregnancy loss**:** Wendland, Claire. 2016. “Estimating Death: A Close Reading of Maternal Mortality Metrics in Malawi.” In *Metrics: What Counts in Global Health*. Edited by Vincanne Adams, 57-81. Durham: Duke University Press; MacDonald, Margaret. 2019. “The Image World of Maternal Mortality: Visual Economies of Hope and Aspiration in the Global Campaigns to Reduce Maternal Mortality.” *Humanity*; Cecil, R, ed. (1996) *The Anthropology of Pregnancy Loss.* Oxford:Berg; Einarsdóttir, J. (2004) *Tired of Weeping: Mother Love, Child Death, and Poverty in Guinea-Bissau.* Madison: U Wisconsin Pr; Levi-Strauss, C. (1963) The effectiveness of symbols. In *Structural Anthropology*, pp. 186-205; Layne, L.L. (1992) Of fetuses and angels: fragmentation and integration in narratives of pregnancy loss. Knowledge and Society 9:29-58; Feldman Savelsberg, P., F.T. Ndonko and S. Yang (2006) The Social Management of Fetal and Infant Death: Dual Disruptions to Reproductive Lives and Discourses. *Curare* 29(1):7-15; Scheper-Hughes, 1992*, Death Without Weeping: The Violence of Everyday Life in Brazil*. Berkeley: U of California Press [614 p.]; Scheper-Hughes, N. (1989) Death without weeping. Natural History (Oct.): 8, 10, 12, 14, 16; Layne, L. (2007) Designing a Woman Centered Health Care Approach to Pregnancy Loss: Lessons from Feminist Models of Childbirth. Pp. 79-97 In Reproductive Disruptions. Marcia C. Inhorn, ed. New York: Berghahn Books.

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On the body, senses, and disability: Geurts, K.L and Sefakor G.M.A. Komabu-Pomeyie. 2016. “From ‘Sensing Disability’ to Seselelame: Non-Dualistic Activist Orientations in 21st Century Accra.” In *Disability in the Global South: The Critical Handbook*, edited by Karen Soldatic and Shaun Grech, 85-98. Cham: Springer International Publishing Switzerland; Geurts, K.L. (2009) When You Cannot Headload: Balance, Mobility, and the Dis/abling of Sensibilities in Metropolitan Accra, pp. 97-106 In R. Schönhammer, ed. Körper, Dinge und Bewegung: Der Gleichgewichtssinn in materieller Kultur und Ästhetik. Vienna: Facultas Verlag; Greenhalgh, S. (2012) Weighty Subjects: The Biopolitics of the U.S. War on Fat. American Ethnologist 39(3):471-487; Strathern, A. (1996) *Body Thoughts.* Ann Arbor: University of Michigan Press; Lambek, M. (1998) Body and mind in mind, body and mind in body. In Lambek and Strathern, eds. Pp. 103-123, *Bodies and persons.* Cambridge University Press; Blacking, J. (ed.) *The Anthropology of the Body*; Geurts, K.L. (2002) Culture and the Senses: Bodily Ways of Knowing in an African Community. Berkeley: University of California Press; Geurts, K.L. (2005) Consciousness as ‘Feeling in the Body’: A West African Theory of Embodiment, Emotion and the Making of Mind. In: D. Howes, ed., Empire of the Senses: The Sensual Culture Reader. Oxford: Berg, pp. 164-178; Weiss, M. (2001) The Children of Yemen: Bodies, Medicalization, and Nation-Building. Medical Anthropology Quarterly 15(2):206-221; Csordas, T. (ed.) (1994) *Embodiment and Experience*; Desjarlais, R. (1992) *Body and Emotion: The Aesthetics of Illness and Healing in the Nepal Himalayas*; Douglas, M. *Natural Symbols*; Wikan, U. (1989) Managing the heart to brighten face and soul: Emotions in Balinese morality and health care. American Ethnologist 16:294-312; Winkler and Cole (eds.) (1994) *The Good Body*; Nichter, M. and M. Nichter (1991) Hype and weight. Medical Anthropology 13:249-284; Lester, R.J. (2007) Critical Therapeutics: Cultural Politics and Clinical Reality in Two Eating Disorder Treatment Centers. Medical Anthropology Quarterly 21(4):369-387.

**Week 5**

On the embodied mind (trauma & mental health): Acarturk C., M. Cetinkaya, I. Senay, B. Gulen, T. Aker, and D.E. Hinton (2017) “Prevalence and Predictors of Posttraumatic Stress and Depression Symptoms Among Syrian Refugees in a Refugee Camp.” *The Journal of nervous and mental disease,* June 19, 2017; Hinton, D.E., R. Reis, and J. de Jong (2015) The “Thinking a Lot” Idiom of Distress and PTSD: An Examination of Their Relationship among Traumatized Cambodian Refugees Using the “Thinking a Lot” Questionnaire. Medical Anthropological Quarterly 29(3):357-380; Abramowitz, S.A. (2010) Trauma and Humanitarian Translation in Liberia: The Tale of Open Mole. Culture, Medicine and Psychiatry 34:353-379 *(2011 winner of the Virchow Prize)*; McKay, R. (2012) Documentary Disorders: Managing Medical Multiplicity in Maputo, Mozambique. American Ethnologist 39(3):545- 561; Young, A. (1993) A Description of How Ideology Shapes Knowledge of a Mental Disorder (Posttraumatic Stress Disorder). In *Knowledge, Power and Practice: The Anthropology of Medicine and Everyday Life*, S. Lindenbaum and M. Lock, eds., pp. 108-128; Poss, J. and M.A. Jezewski (2002) The Role and Meaning of Susto in Mexican Americans’ Explanatory Models of Type-2 Diabetes. Medical Anthropology Quarterly16(3):360-377: Kermayer, L.J. and A. Young. (1998) Culture and Somatization. Psychosomatic Medicine 60:420-430; Lester, R.J. (2009) Brokering Authenticity: Borderline Personality Disorder and the Ethics of Care in an American Eating Disorder Clinic. Current Anthropology 50(3):281-302; Carroll, J.K. (2004) *Murug, Waali,* and *Gini*: Expressions of Distress in Refugees From Somalia. Journal of Clinical Psychiatry 6:119-125.

On therapy management: Sargent, C. and S. Larchanché. (2016) “Transnational Healthcare Circuits: Managing Therapy Among Immigrants in France and Kinship Networks in West Africa,” In *Affective Circuits: African Migrations to Europe and the Pursuit of Social Regeneration*, edited by Jennifer Cole and Christian Groes-Green. Chicago: University of Chicago Press; Janzen, J.M. The Quest for Therapy: Medical Pluralism in Lower Zaire. Berkeley: University of California Press; Spitzer, D., A. Neufeld, M. Harrison, K. Hughes, and M. Stewart. (2003) Caregiving in Transnational Context: “My Wings Have Been Cut; Where Can I Fly?” Gender and Society 17(2):267-286; Foley, E. (2008) Neoliberal Reform and Health Dilemmas: Social Hierarchy and Therapeutic Decision Making in Senegal. Medical Anthropology Quarterly 22(3):257-273.

**Week 6**

On cross-cultural medical ethics, and the Hmong: Taylor, J.S. (2003) "The Story Catches You and You Fall Down: Tragedy, Ethnography, and 'Cultural Competence'." Medical Anthropology Quarterly 17(2):159-181; Lee, M.N.M. n.d. Book Review: The Spirit Catches You and You Fall Down.

http://www.hmongnet.org/publications/spirit\_review.html, accessed 11/9/2006; Fox, R. C. (2005) Cultural Competence and the Culture of Medicine; and Malina, D. (2005) Compliance, Caricature, and Culturally Aware Care. both in: New England Journal of Medicine 353(13):1316-1318; Fadiman, A. (1997) The Spirit Catches You and You Fall Down. NY: Farrar, Strauss, & Giroux; Henry, R. (1999) Measles, Hmong, and Metaphor: Culture Change and Illness Management under Conditions of Immigration. Medical Anthropology Quarterly 13(1):32-50; Thao, Paja and Dwight Conquergood (1986) *I am a shaman*: *A Hmong Life Story with Ethnographic Commentary*. Southeast Asian Refugee Studies, 8. (introduction and chapter on "cosmology and community", pp. 42-46); Chiu, M. (2004-05) Medical, Racist, and Colonial Constructions of Power: Creating the Asian American Patient and the Cultural Citizen in Anne Fadiman's The Spirit Catches You and You Fall Down. Hmong Studies Journal 5:1-36;

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Yang, Y. (1998) Practicing Modern Medicine: 'A little medicine, a little neeb.' Review of The Spirit Catches You... Hmong Studies Journal 2(2):1-7. http://members.aol.com/hmongstudiesjrnl/HSJ-v2n2\_Yang.html, accessed 5/21/2004.

Recommended films: *Between Two Worlds: The Hmong Shaman in America; Threads of Life.*

**Week 7 & 8**

On HIV/AIDS and inequities of Global Health: Hanna, Bridget & Arthur Kleinman. 2013. Unpacking Global Health: Theory and Critique. In *Reimagining Global Health. An Introduction*. edited by Paul Farmer, Jim Yong Kim, Arthur Kleinman & Matthew Basilico. Berkeley: University of California Press, 15-32; Keshavjee, Salmaan. 2014. Blind Spot. How Neoliberalism Infiltrated Global Health. Oakland: University of California Press; Kleinman, Arthur. 2010. Four social theories for global health. The Lancet 375 (9725), 1518–1519; Biehl, J. (2007) Will to Live: AIDS Therapies and the Politics of Survival; Farmer, P. (1992) *AIDS and Accusation*; special issues of Social Science and Medicine 33(7) (1991) and Medical Anthropology Quarterly 11(4) (1997; Jamie Feldman, (1995) Plague Doctors; E. Green in Social Science and Medicine 40 (1995):503-15; Jewkes, R.K. et al. (2003) Gender inequalities, intimate partner violence and HIV preventive practices: Findings of a South African cross-sectional study. Social Science and Medicine 56(1):125-134; Eaton, L. et al. (2003) Unsafe sexual behavior in South African youth. Social Science and Medicine 56(1):149-165; Lyttleton, C. and A. Amarapibal (2002) Sister cities and easy passage: HIV, mobility and economics of desire in a Thai/Lao border zone. Social Science and Medicine 54:505- 518; Zegeye, A. et al. (2002) Transforming Culture: Streetlife in an Apartheid City. Social Identities 8(3):393-430 (for the photos); Lockhart, D. (2002) *Kuyenga*, “Real Sex,” and Survival: Assessing the Risk of HIV Infection among Urban Street Boys in Tanzania. Medical Anthropology Quarterly 16(3):294-311; Leclerc-Madlala, S. (2001) Virginity Testing: Managing Sexuality in a Maturing HIV/AIDS Epidemic. Medical Anthropology Quarterly 15(4):533-552; Dilger, H. (2006) The power of AIDS: Kinship, mobility and the valuing of social and ritual relationships in Tanzania. African Journal of AIDS Research 5(2):109-121; Swart-Kruger, J. (1997) AIDS related knowledge, attitudes and behaviour among South African street youth. Social Science and Medicine 45(6):957-66; Whitehead, T.L. (1997) Urban Low-Income African American Men, HIV/AIDS, and Gender Identity. Medical Anthropology Quarterly (N.S.) 11(4):411-477; Farmer, P. (1990) Sending sickness: sorcery, politics, and changing concepts of AIDS in rural Haiti. Medical Anthropology Quarterly (N.S.) 4(1):6-27; Biehl, J. with D. Coutinho and A.L. Outeiro. (2001) Technology and Affect: HIV/AIDS Testing in Brazil. Culture, Medicine and Psychiatry 25:87- 129.

Ethics of applied medical anthropology (and cancer)*:* Wayland, C. and J. Crowder (2002) Disparate views of community in primary health care: Understanding how perceptions influence success. Medical Anthropology Quarterly 16(2):230-247 (on “community” in PHC and health education); look back at Farmer’s chapter on ethics; Israel, B.A., A.J. Schulz, E.A. Parker, and A.B. Becker (1998) Review of Community-Based Research: Assessing Partnership Approaches to Improve Public Health. Annual Review of Public Health 19:173-202; Joseph, G. and D. Dohan (2012) Recruitment Practices and the Politics of Inclusion in Cancer Clinical Trials. Medical Anthropology Quarterly 26(3):338-360; Balshem, M. (1991) Cancer, Control, and Causality: Talking about Cancer in a Working Class Community. American Ethnologist 18(1): 152-172.



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**XII. ACADEMIC CIVIC ENGAGEMENT OPTIONS**

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Students in Anthropology of Health and Illness have the opportunity to choose from a number of Academic Civic Engagement (ACE) projects with local community partners. This year, our projects address both access and barriers to food, housing, and mental health services, and health consequences of these and other stressors. The projects emphasize participants’ points of view, and build bridges between Carleton College and various non-Carleton communities. Your work employing anthropological concepts and methods to understand the issues at hand can help our partner organizations to improve living conditions and well-being. This issues include: the economically and socially uneven effects of the coronavirus pandemic on local immigrant, refugee, and/or food insecure families living in Rice county; the combined social determinants of incarceration and pandemic vulnerability; the social and cultural impacts of the pandemic-linked move to telehealth; and what we can learn from (and contribute to) the history of viral pandemics in Northfield, MN. Each of these ACE final projects will result in a ten-page paper and oral presentation. Please read the following descriptions carefully before applying for these ACE projects.

**A1: Carleton College Public Health Lunch Project: Perspectives on Incarceration and the SARS-CoV-2 Pandemic (with IDSC 235)**

**Background:**

This project will be undertaken in collaboration with IDSC 235 Public Health in Practice, taught by Prof. Debby Walser-Kuntz. For several years, professors Debby Walser-Kuntz and Pamela Feldman-Savelsberg have noticed that many students take both our courses, either simultaneously or in subsequent years. As co-curators of Carleton’s Public Health Pathways page, they were interested in providing further opportunities for collaboration. With support from CCCE, in 2015 they decided to turn the winter term Public Health Lunch into a public teach-in, organized and presented by students from their Immunology and Anthropology of Health and Illness courses. The theme that year was “Ebola: An Interdisciplinary Conversation,” focusing on various ideas of self and not-self in the biology and social relations of the 2014-15 Ebola outbreak. In 2016, students focused on the cultural and social dimensions of vaccines and vaccine refusal, and in 2017 on “pathologies of power” in the Zika outbreak. In 2018, with a new Ebola vaccine developed, they revisited the topic of the Ebola virus to investigate “Lessons Learned from Epidemics Past and Present.” In Winter 2020 the classes explored the biological,

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cultural, and social determinants and consequences of Type 2 Diabetes Mellitus. Seeking to center issues of racial justice and the novel coronavirus pandemic, this year’s topic aims to investigate the sociocultural and public health dimensions of the intersection of mass incarceration, racial justice, and the SARS-CoV-2 pandemic

**The Project:**

SOAN 262 students who choose this option will write their ten-page term paper on an aspect of the social and cultural dimensions of mass incarceration and COVID-19. You should choose a topic that allows you to apply medical-anthropological concepts, and that focuses particularly on the inner- and middle-rings of the socio-ecological model (individual, interpersonal, community, and possibly institutional/organizational culture). Students in Public Health in Practice seminar will focus on the outer rings of the socio-ecological model (public policy, society) and broader contextualizing statistics on incarceration, racial inequalities, and communicable diseases. The ACE portion of this project results in a panel discussion in the context of a “Public Health Lunch,” informing the Carleton public about new research on incarceration and COVID. This Public Health Lunch will allow anthropology students and public health students to exchange insights from their respective projects and engage the audience in public health thinking.

**Key Responsibilities:**

The Public Health and Anthropology Incarceration/COVID teams will meet together twice with both professors--on Monday or Wednesday of Week 3, and during Week 6. The first meeting is for initial brainstorming and will be held before IDSC 235 has officially started. We will conduct a Doodle Poll to set these meetings once the two sub-teams have been set up. We will provide short readings for these meetings to help you think across our two disciplines for an interdisciplinary public health collaboration. The final, public presentation will be during Common Hour on Tuesday November 10 via Zoom.

In addition to meeting with the professors, the anthropology and public health teams will meet both separately and together as many times as they see fit to prepare the Public Health Lunch, an exercise in health education, one of the main sub-disciplines of Public Health. Students working on this project are expected to read beyond assigned works, and to do so in time to develop ideas to share with their IDSC 235 collaborators.

**Learning objectives and give-backs:**

● Understand key medical anthropological and public health concepts (e.g. the socio-ecological model, therapy management, explanatory models, racial stereotyping) that inform the intertwining of physical health, mental health, and the social determinants and unequal consequences of (ill) health for incarcerated people and their families.

● Collaborate across disciplines to deepen understanding of the interdisciplinary nature of public health, and to practice team learning.

● Translate for a broader audience the research completed as a team as well as the research each student completes for their term paper.

**Final paper:** Students are required to write a ten-page paper for the class on a health and incarceration topic, based on library research using primarily medical-anthropological sources.

**A2: Northfield Historical Society Pandemic Oral History Project Background**:

The Northfield Historical Society (NHS) is a small museum in Northfield with a mission to connect individuals to the history of the Northfield area by collecting, preserving, and sharing its unique stories. NHS began in 1975 with a group of people attempting to save the historic First National Bank building in town made famous by the 1876 James-Younger Gang bank robbery. While NHS’ initial focus was the bank robbery, the historical society quickly grew as a place to

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preserve Northfield’s entire history. Today NHS has a museum, a research library, a wide and varied collection of documents, photos, three-dimensional objects, and audio-visual materials. It’s grown to own and operate the entire Scriver Building in downtown Northfield and has a staff of two full-time employees.

The Northfield Historical Society is seeking to collaborate with Carleton College to explore and study the historic implications of the Influenza, or “Spanish Flu,” epidemic in 1918 and the COVID-19 pandemic in 2020. Unlike some museums that choose to view history as something that happened 50 or more years ago, NHS has a strong desire to build its collection as historic events are taking place. With that in mind, a comparative study of how these two viruses affected Northfield would be an ideal addition to the collection for scholars in future generations. **The Project:**

The goal of this project is to collect and analyze information on both the Spanish Flu and COVID-19 epidemics in Northfield through historical data including oral history or first-person accounts, to investigate such aspects as social implications in town and on the college campuses, the availability and quality of medical information, psychological effects, and economic effects. The goal is to disseminate the research through a public program as well as a written paper submitted in fulfillment of the course and as an addition to the permanent record at NHS. **Learning Objectives:**

• Become familiar with a variety of archival resources

• Use primary sources to validate or invalidate (fact check) secondary reports • Learn to identify biases in reporting

• Compare social and historical data with medical and anthropological data to contextualize information from a variety of sources.

• Learn how to facilitate and distinguish ordinary interviews and oral histories • Learn the legal implications for obtaining oral histories and how to explain use and permission of material

• Learn transcription practices

• Learn how to use endnotes for both source citation and conveying additional information or context as needed.

• Learn how to make appointments and request information at an archive • Analyze the lived experience and effects of these pandemics on minority or immigrant populations, including understanding, mortality, adaptations to change.

• Analyze the affects and effects of the pandemics on city versus rural populations **Key Responsibilities:**

• Making appointments with staff at archives and libraries

• Communicating research material needs

• Making appointments and scheduling interviews with community members when applicable

• Securing permission and use forms for all oral histories/ interviews

• Documenting all sources used in research

• Seek out data on minority and immigrant populations to assure inclusiveness and relevance

• Seek out data on city and rural populations and what similarities/ differences are noted **Contact:** Cathy Osterman, Executive Director of the Northfield Historical Society osterman@northfieldhistory.org, 507-645-9268

**Final Paper:** Students are required to write a ten-page paper for the class, simultaneously based upon their fieldwork and library research, and utilizing medical anthropological concepts.

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**A3: HealthFinders Collaborative Telehealth, Access, and Patient Involvement Project**

HealthFinders Collaborative (HFC) is a local non-profit organization that seeks to improve health care and health care access by providing primary healthcare to underserved (uninsured or on state Medical Assistance [MA] programs) in Rice County since 2005. Based on feedback from community members, HFC has since added dental, advocacy and wellness programs, including nutrition, diabetes education, Somali Health Series, cooking, exercise and weight management. The Medtronic Foundation HealthRise grant allowed HFC to add Community Health Workers (CHWs) and expand our Care Coordination model.

Many of the residents HealthFinders serves are relatively recent immigrants working in agriculture-related and plastics industries in our rural/small-town environment. In addition to their low income and often their lack of health insurance, this population faces a number of challenges affecting their health and general well-being. Often, their health status *declines* following immigration to the United States. Your work employing anthropological concepts and methods to understand their lives can help our partner organization to improve conditions for our neighbors here in Rice County.

**The Project:**

As part of HealthFinder’s Collaborative (HFC) partnership with Carleton’s Academic Civic Engagement (ACE), HFC intends to host SOAN 262 students for the fall of 2020 to undertake a public/community health project. This project attempts to address two main health disparities that persist to exist within the migrant community in Rice County Minnesota. Such disparities include the absence of adequate health literacy, and our observations of some patients’ insufficient the engagement in their own health.

This project addresses the potentially contradictory effects of the COVID-19 pandemic on patients’ health literacy and engagement in their health care and maintenance. Because of the COVID-19 pandemic, virtual health (Telehealth) has been quite instrumental in the continuation of care for a vast majority of this community. This includes attending and/or observing most – if not all – primary care appointments, fulfilling follow-up clinical lab work, and remaining compliant to prescribed medications.

HealthFinders would, therefore, like to investigate if the application of telehealth has contributed to the decrease and/or the increase of access to healthcare among this community. Such inquiry has inspired some of the following possible research questions:

• To what extent has the application of Telehealth increased and/or decreased HFC’s patient engagement, and what are the underlying

sociocultural/socioeconomic factors that may have contributed to such outcome? • How much has Telehealth contributed to the patient’s efficacy in the management and control of their health conditions, and what are the underlying

sociocultural/socioeconomic factors that may have contributed to such an outcome?

The answers to these two questions and similar ones will shape HFC's healthcare delivery policy in Rice County, MN.

**Learning objectives and give-backs:**

● Understand key medical anthropological and public health concepts (e.g. the socio ecological model, therapy management groups) that inform the intertwining of physical health, mental health, and the social determinants of health

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● Develop research questions and methods designed to evaluate the experiences and viewpoints of long-term patients (and possibly staff and providers) of a community based, low cost clinic

● Compare their reported experiences of health literacy and health engagement prior to and during the COVID-19 pandemic

● Inform HFC about barriers and handholds that are affecting access, health literacy, and health engagement among their clients.

**Key responsibilities:**

● Work closely with Abdullahi Farah Abdigaani, MPH, Community Health Coordinator and attend an orientation session with HealthFinders leadership. Mr. Abdigaani will guide the students on approach discuss overarching question themes, how to arrange interviews with long-standing clients, and any supplementary materials (e.g. appointment cancellation records) that HFC may want to make available to help students contextualize their interview results.

● Arrange interviews, keep good records on metadata, and share interview results with the team.

● Report on findings from interviews, including identification of themes, in the form of a research brief with HFC staff as the target audience.

**Contact:** Abdullahi Farah Abdigaani, MPH, Community Health Coordinator, HealthFinders Collaborative, abdigaani.abdullahi@healthfindersmn.org, (507) 323-8100 **Final paper:** Students are required to write a ten-page paper for the class based on their fieldwork with HFC staff as well as on library research using primarily medical-anthropological sources and concepts.

**A4: Community Action Center of Northfield: Low-income Power and Voice Research Project**

**Background:**

Community Action Center (CAC) is a community-based nonprofit organization focused on supporting the basic needs of low-income individuals and families. This includes food access programming (food shelf, mobile distributions), emergency financial assistance, emergency shelter, clothing, housing, transportation, employment, youth services, and so much more. CAC has experienced tremendous growth in recent years following many organizational culture and programming changes since 2018. CAC has been systematically removing barriers such as appointments and in-take assessments to more relationally engage community members. Pre COVID, this included expanded hours, more bi-lingual staff, and the introduction of music, art, and advisory boards/councils. Since the onset of COVID-19, many of these “culture” additions have been put on hold, but services have expanded exponentially. CAC is now stretched extremely thin, serving nearly double the amount of households in various programs like food access and even at a multiple of 10 regarding emergency financial assistance ($30k annually to $300k annually). CAC has been intentional about changing the way services are offered, prioritizing a relational model over more traditional and transactional models. CAC’s ultimate goal is to build a more equitable infrastructure that provides power and voice to community members who access CAC’s supports. With 4,000-5,000 community members accessing CAC services each year, the different ways individuals perceive their interactions with CAC is central to CAC’s mission of building a healthy, caring, and just community.

**The Project:**

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The proposed project focuses on investigating and understanding how low-income individuals interact with CAC’s services, resources, volunteers, and staff. Given CAC’s growth in services pre-COVID and now through COVID, the impact of how people feel about accessing CAC is vital to the health and well-being of the community. More people are needing more resources and the ability to understand the underlying stigma (or lack of) of accessing resources at CAC is critical to ensuring individuals have the support they need to weather the impacts of this global pandemic. The specific goal of CAC is to provide more power and voice to low-income individuals in owning, shaping, and leading CAC’s services. However, the success of achieving that goal needs to be measured, assessed, and understood from a research lens.

Students engaged in this project will conduct interviews, possibly supplemented by surveys and/or client observations, to explore research questions such as:

• How does it feel to receive help from CAC?

• How is this different than receiving help from other organizations, friends, or families? • Do low-income community members feel they have the power to contribute to CAC’s mission (volunteering, ideas)?

• Do low-income community members feel they are cared about by the Northfield community (through CAC)?

• Do low-income community members feel connected to each other?

• Have the changes that have happened at CAC over the past two years aligned with the needs of low-income individuals?

**Learning Goals:**

• Further develop emerging research questions and methods design to evaluate the experiences and perspectives of low-income community members who access CAC services.

• Practice creative and varied data collection methods that keep in mind the needs and structure of the community partner

• Analyze qualitative data, connect it with library research, and synthesize the important findings into public scholarship.

Analyze and report on analysis of data around predictors related to demographics such as family size, age, and race.

**Key Responsibilities:**

• Connect with CAC Staff leadership and Client Services Staff on learning about CAC and best practices in engaging low-income community members.

• Arrange interviews or observation opportunities (Zoom or socially-distant) with low-income community members (facilitated by CAC staff) (socially-distant only if meeting the Campus Covenant)

• Develop more clear research questions that sync with best practices for qualitative research related to this field.

• Report on findings, identify themes/trends, and highlight any findings that reveal inequities along demographics such as family size, age, and/or race.

**Contact:** Scott Wopata, Executive Director, 507-581-3953 or

wopata.scott@communityactioncenter.org; and Anika Rychner, Program Director, 612-644-4308 or rychner.anika@communityactioncenter.org

**Final paper:** Students are required to write a ten-page paper for the class, simultaneously based upon their fieldwork and library research, and utilizing medical anthropological concepts. Students will share data but write individual papers, each with their own focus.

**ACE Student Learning Outcomes**

Participating in these projects will allow you to gain the following ACE Program SLOs *directly*: a) understanding issues in their real-world complexity; b) recognizing and honoring different forms of knowledge that may reside in/with community partners; c) doing—taking your

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course content to do something with it beyond the classroom while learning in the process. Indirectly, and depending upon how you approach the project and what may grow out of it beyond this term, you may *indirectly*: d) enhance awareness of your positionality, or who you are as you seek to do civic engagement efforts (such as gender, race, and/or socio-economic background); e) develop your leadership skills; and f) nurture a commitment to life-long civic engagement.

**ACE TA and nitty-gritty details**

**Jill Yanai**, our wonderful SOAN 262 ACE TA, will help you with nitty-gritty details that emerge, as well as with conceptual issues regarding your projects. Jill is a double major in SOAN and Music, and is a MMUF fellow, working on a project in medical ethnomusiciology. While a student in SOAN 262 in Winter 2020, Jill participated in an ACE project with the Office of Health Promotion, studying stress and resilience among student athletes. Jill is here to support you in your collaboration with our community partners, brainstorming ideas regarding your projects and your final papers, and checking in regarding how you are connecting your ACE project to concepts you are learning in the course. Jill’s TA office hours will be held Mondays and Wednesdays, 1:00- 3:00pm CT, and by appointment. Her TA Office Hour Zoom Meeting ID is 370 295 1060; Passcode: 692420. You can best reach her via email at yanaij@carleton.edu. Other ACE-specific resources include **Emily Oliver**, Associate Director for Academic Civic Engagement and Scholarship Lecturer in Ethical Inquiry (eoliver@carleton.edu), and **Ellie Garan**, Academic Civic Engagement and Scholarship Coordinator (egarran@carleton.edu).

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