Masters in Anthropology

MEDICAL ANTHROPOLOGY IN A GLOBAL WORLD

Lenore Manderson
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Wednesday 9:30-12:00 am, 24 February - 15 June 2021

Online

Emails for communication and submission of work

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Introducing Medical Anthropology

Medical anthropology is concerned with individuals, populations, systems, and environments. At the first level medical anthropologists study people's experiences of sickness and heath, care seeking and care, and the provision of care and treatment within different modalities. But it is more than this. Medical anthropology helps us to make sense of suffering and recovery as a social experience; it carries us into refugee camps, birthing centres, factories, boardrooms, gaols, rehabilitation centres and schools, across countries and between communities.

Many anthropologists work with local communities, consistent with traditional anthropological practice, but others work in laboratories and research centres, with non-government organisations and in policy settings. Linked to this, medical anthropologists work within and beyond academic settings: in government ministries and departments of health and other government departments, aid agencies, international and local NGOs, multilateral agencies, health care organisations, and private foundations. Others collaborate with such organisations for shorter periods. You will get a stronger sense of this diversity in the course, from the readings, the discussions in class, and the project work you undertake.

Convenor

Lenore Manderson is Distinguished Professor of Public Health and Medical Anthropology in the School of Public Health at Wits; she has held professorships since 1988 in Australia at the universities of Queensland, Melbourne and Monash, and in the US at Brown University. At Wits, she leads a program on medical interventions, technology, access and equity, and on caregiving. She is chair of the External Review Group of the Social Innovations in Health Initiative of TDR (2015-) and is an elected member of the Board of Directors of the Society for Applied Anthropology (SfAA) (2020-2023). She has published extensively, including *Sickness and the State* (1996), *Surface Tensions* (2011) and with Nolwazi Mkhwanazi, the edited book *Connected Lives* (2020). We use *The Routledge Handbook of Medical Anthropology* (ed. with E Cartwright and A. Hardon, 2016) in this class. In January 2020, Professor Manderson was made a Member of the Order of Australia (AM) for significant service to education, particularly medical anthropology, and to public health. See www.lenoremanderson.com

Course structure

The readings for each week include Case Studies, drawn from *The Routledge Handbook of Medical Anthropology* -- the reference text for this course -- and select articles. We will meet weekly for a 2 hour online session throughout the semester. Assessment for this course is based on submitted short reports from two tasks, and a major essay, discussed in Assessments, below.

Reference text

Manderson, L., Cartwright, E. and Hardon, A. 2016. *The Routledge Handbook of Medical Anthropology*. London & New York: Routledge.

This volume is available online in the library. The *case studies* are available in this volume. Additional research articles are included in this course book.

Integrating concepts

Throughout the course, tying together the tasks you undertake out of class time and informing seminar discussions, we will consider *inequality* and *structural vulnerability, biosociality* and *identity, agency* and *power, ethics* and *positionality*. We will also attend to key social structures such as g*ender, class, race* and *ethnicity.* Bear these in mind as you read, maintain your notes, and submit material for marking.

Assessments

1. ***Seminar participation* - 30%**

You will read the material assigned for each week. One or two of you will make a presentation and lead the discussion, offering reflections on the readings and analysing them against the analytic frames and social structures indicated above. Presentations will be assessed on the basis of your integration of materials, and your ability to lead critical discussion of the material, including to reflect on its application to South Africa. You should not simply summarise the readings one after another.

You should submit the PowerPoint presentation and a 1 page **summary** of your seminar (not repeating the same points, but adding to them). Use Times New Roman 12, 1.5 spacing, Word document for the summary, and upload both through CANVAS, which is the online portal we will use. This summary is due **one week after your presentation**. Label the document: YOUR NAME_SEMINAR.

Marks for seminar participation are based on

- Presentation to the class, using PowerPoint or other media to ensure it is lively: 10%
- Submitted summary: 10%
- Your general participation and attendance throughout the course: 10%

2. *Reflection exercise*– 10%

Until last year, we did an observation exercise, but we can't do this now. Last year, instead, we got together and planned a group exercise, and the class wrote a blog: https://medanthucl.com/2020/04/10/how-a-pandemic-shapes-the-city-ethnographic-voices-from-south-africa/. We will do some collective writing and reflection again this year. I will work out with you what topic you might write on: perhaps COVID, or some other question of urgency. This work will be undertaken before Easter, so that all your work does not mount at the end. This is due on **Friday 9 April** and should be 1.5 spaced, Times New Roman 12, in Word (not a PDF). It should be labelled YOUR NAME_REFLECTIONS.

3. *Library exercise* – 10%

This exercise will help you plan your essay. You will identify ten key books and articles that you will use for your essay. Each will have a full citation following the University of Chicago style guide (see below). Under each entry, you will summarise the work in your own words, and indicate how it will contribute to your essay theoretically or by providing ethnographic examples. Each summary and reflection should be about 70 words. The report, with an introduction explaining your search strategy, is due on CANVAS on **Friday 17 April,** should be 1.5 spaced, Times New Roman 12, in Word. It should be labelled YOUR NAME_BIBLIOGRAPHY.

4. *Major essay* – 50%

You must answer **one** of the following questions, drawing on recommended and other readings, with examples from South Africa and elsewhere.

1. *Medical Pluralism*

In what ways can health care in South Africa be considered as an example of medical pluralism?

In answering this, consider

- Discuss the terminology of pluralism and syncretism, and how different systems come to exist together.
- In what ways do different systems of knowledge, diagnosis, treatment and care contradict and complement each other?
- What factors influence choice of care and use of services?
- If one system is dominant, is the term 'pluralist' appropriate?

2. *Medicalisation*

Choose an aspect of human behaviour or everyday life which is now part of medical practice.

In answering this

- Chose any topic, for example, conception, pregnancy and birth, sexuality, emotional distress, drug and alcohol (mis)use, or aging.
- Discuss the concept of medicalisation
- Describe how and why this has occurred in the area you have selected, and consider the implications of this in practice and perception.

Essays must be in Times New Roman 12, 1.5 spacing, and around 2500 -3000 words (about 8 pages), excluding references.

List references alphabetically at the end of the article, using the University of Chicago style guide. For example:

Coauthored book

Bonacich, E. and J. Modell. 1975. *The Economic Basis of Ethnic Solidarity: Small Business in the Japanese American Community*. Berkeley, CA: University of California Press.

Chapter in book with editor; subsequent edition

Gallimore, R. 1960. Qualitative methods in research on teaching. In *Handbook of Research on Teaching*. 3rd edition. M. C. Wittrock, ed. Pp. 119–162. New York: Macmillan.

Journal article

Moll, L. C. 2000. Writing as communication: Creating strategic learning environments for students. *Theory into Practice* 25(3):202–208.

Online journal article

Han, G. 2002. The myth of medical pluralism: A critical realist perspective. *Sociological Research Online* 6(4). http://www.socresonline.org.uk/6/4/han.html.

Prior to submission, you must submit the essay on turnitin.

You must include:

- a title page with the word count for the essay, with your full name and student number
- a signed coversheet that affirms that the work is your own work and has not been plagiarised
- a print out of the electronic Turnitin submission with the percentage score assigned the essay
- The essay should be labelled: YOUR NAME_MAJOR ESSAY.
- The essay must be submitted through CANVAS by **5 pm, Friday 20 June**.

Policies for late submission of work

The School of Social Science, including the Department of Anthropology, has a strict policy in relation to the submission of late work. The seminar summary, reflections, library report and essay must all be submitted on or before the assigned due dates and in the prescribed ways, as set out above.

Five percent will be detracted from each piece of work submitted late. If you think you have a case for an extension, you must apply for an extension prior to the submission date, but no later than 24 hours after the deadline.

My email: lenore.manderson@wits.ac.za

WhatsApp: Please email me your phone number for WhatsApp, and we will set this up before the first seminar on Wednesday, 24 February.

SEMINAR TIMETABLE

Week	Date	Topic and presenter
Week 1	24 February	*Introductions, discussion of the program, outputs and assessments* (Lenore Manderson)
Week 2	3 March	*Medical anthropology, theory and practice in the contemporary world* (Lenore Manderson)
Week 3	10 March	*Understanding pandemics: Covid-19* (Sarah-Jayne Plessis)
Week 4	17 March	*Understanding epidemics and endemic infections* (Ryan Harries)
Week 5	24 March	*Understanding syndemics and non-communicable disease* (Jonathan Govender)
Week 6	31 March	Reflections exercise – **no class**
Week 7	7 April	*Syncretism, faith and health* (Daria Trentini, Drake University, Iowa)
		Reflections assignment due – Friday 9 April
Week 8	14 April	*Ethnography at a distance* (Tanja Ahlin, University of Amsterdam)
Week 9	21 April	*Body fluids and body products*
		Mid term break Saturday 24 April - Sunday 2 May
Week 10	5 May	*Beginnings: Birth, racism and reproduction* (Khanyisile Maphalala)
		Bibliographic exercise due – Friday 7 May
Week 11	12 May	*Endings: On death and dying* (Dineo Mtetwa)
Week 12	19 May	*Genes, risk and race* (Nunu Dlamini)
Week 13	26 May	*Mental health, culture and madness* (Storm Theunissen)
Week 14	2 June	*War, refugees and humanitarianism*
Week 15	9 June	*Markets of health and illness*
Week 16	16 June	*Climate change, the environment and health* (Lerato Coulter)
		Essay due: Friday 25 June

Weekly Seminar Program: Discussion topics and readings

Week 1 – 24 February ***Introduction***

We will introduce ourselves to each other and discuss some of the core concepts that we will be using. I will discuss with you the assessment tasks and a seminar presentation tasks.

Readings

Manderson, Lenore and Susan Levine. 2018. Southward Focused: Medical Anthropology in South Africa. *American Anthropologist* 120(3): 566-69.

Mkhwanazi, Nolwazi. 2016. Medical anthropology in Africa: The trouble with a single story. *Medical Anthropology* 35(2): 193-202.

Week 2 3 March ***Medical anthropology, theory and practice in the contemporary world*** (Lenore Manderson)

I will introduce in greater detail the background, theory, and methods of medical anthropology, and the key concepts with which we are concerned.

Readings

Adams, Vincanne, Nancy Burke and Ian Whitmarsh. 2014. Slow Research: Thoughts for a Movement in Global Health. *Medical Anthropology* 33(3): 179-197.

Manderson, Lenore, Elizabeth Cartwright and Anita Hardon. 2016. Sign posts. Chapter 1 in Manderson et al., pp. 2-15.

Whyte, Susan Reynolds. 2009. Health identities and subjectivities. *Medical Anthropology Quarterly* 23(1): 6-15.

Week 3 10 March ***Understanding pandemics: Covid-19*** **– Sarah-Jayne Plessis**

It has affected all of us, in terms of the prevention of infection, the management of illness, and the risks and impact of hospital care, death and funerals. The pandemic has changed how we are governed, what is governed, and how we interact. Everything we do at present is framed by COVID-19. I have worked on COVID for the past ten or so months, and I will discuss some of the important issues that have emerged in this context. All articles are available as free downloads.

Readings

Manderson, L. and Levine, S. 2020. COVID-19, risk, fear, and fall-out. *Medical Anthropology* 39, 5: 367-370. https://www.tandfonline.com/doi/full/10.1080/01459740.2020.1746301

Levine, S. and Manderson, L. 2020. The militarisation of the COVID-19 response in South Africa. *#Witnessing Corona*, August 24. https://boasblogs.org/witnessingcorona/the-militarisation-of-the-covid-19-response-in-south-africa/

Sambala, E.Z., Manderson, L. and Cooper, S. 2020. "Can the philosophy of ubuntu help provide a way to face health crises? *The Conversation Africa*, April 29. https://theconversation.com/can-the-philosophy-of-ubuntu-help-provide-a-way-to-face-health-crises-135997

Team, V. and Manderson, L. 2020. How COVID-19 Reveals Structures of Vulnerability. *Medical Anthropology* 39, 8: 671-674. https://www.tandfonline.com/doi/pdf/10.1080/01459740.2020.1830281

Week 4	17 March	***Understanding epidemics and endemic infections*** **-- Ryan Harries**

We will discuss the prevalence of infectious diseases and the reaction of international communities to these. A large number grouped as "neglected" and are especially prevalent in countries in Africa and Asia; social and environmental conditions shape outcomes. Many are acute and can quickly lead to death without prompt intervention. Others are chronic – without treatment, they may be lifelong, causing increasing debility over time. We will discuss various examples of viruses and parasitic infections – malaria, zika, dengue, schistosomiasis and lymphatic filariasis – and reflect on how infectious agents, human behaviour and living conditions, and state capacity, all influence health outcomes.

Readings

Allen, Tim and Melissa Parker. 2016. Case Study 7.1 in Manderson, L. et al., pp. 140-144.

Biehl, Joao. 2016. Theorizing global health. *Medicine Anthropology Theory* 3 (2): 127–142.

Elliott, Denielle. 2015. Other images. Ebola and medical humanitarianism in Monrovia. *Medicine Anthropology Theory* 2 (2): 102-124.

Stellmach, Darryl, Isabel Beshar, Juliet Bedford, Philipp du Cros and Beverley Stringer, Beverley. 2018. Anthropology in public health emergencies: What is anthropology good for? *BMJ Global Health* 3, 2: 10.1136/bmjgh-2017-000534

Week 5	24 March	***Understanding syndemics and non-communicable disease***

Many infectious as well as non-communicable diseases and degenerative conditions are life-long; some, like HIV, once quickly terminal, are now also long-term. Symptoms, the development of complications, and interactions with other diseases may be managed through medication or through other interventions, some technical—hip and knee replacements, pacemakers and laser surgery, for example—and some behavioural, as occurs with changes in diet. But how people live with chronic conditions depends not only on treatment, but also social context and social determinants, including poverty, health systems factors, and personal vulnerability. People with these conditions make various decisions in response to medical and health advice, and the feasibility and social implications of adherence.

Readings

Manderson, L. and Wahlberg, A. 2020. Chronic living in a communicable world. *Medical Anthropology* 39, 5: 428-439.
https://www.tandfonline.com/doi/full/10.1080/01459740.2020.1761352

Singer, Merrill, Nicola Bulled, Bayla Ostrach and Emily Mendenhall. 2017. Syndemics and the biosocial conception of health. *The Lancet* 389(10072): 941-950.

Smith-Morris, Carolyn. 2016. Diagnosis and the Punctuated Life-Course. Case Study 7.2 in Manderson, L. et al., pp. 146-150.

Wainwright, Megan. 2016. Rebellion and comorbidity. Case Study 6.1 in Manderson, L. et al., pp. 119-123.

Weaver, Lesley Jo and Emily Mendenhall. 2014. Applying syndemics and chronicity: Interpretations from studies of poverty, depression, and diabetes. *Medical Anthropology* 33(2):92-108.

Week 6	NO CLASS: GROUP WORK ON REFLECTIONS EXERCISE

Week 7 7 April ***Syncretism, faith and health*** (Daria Trentini, Drake University, Iowa)

Capitalism, religion and moralities all shape health care settings, services and healing, problematizing the supposed 'neutrality' of biomedical practice. Medical anthropologists have positioned 'culture' as pivotal to understanding human psychology and physical and mental health problems, with different cultures producing and supporting difference systems. In this seminar Daria Trentini, from Drake University in the US, will discuss her new book, *At Ansha's: Life in the Spirit Mosque of a Healer in Mozambique* (2021), and in this context, consider 'mental health' and health care from an array of perspectives: as lived experience, as an object of intervention and as a healing profession. Daria will join us online.

Hornberger, Julia. 2019. Who is the fake one now? Questions of quackery, worldliness and legitimacy. *Critical Public Health* 29, 4: 484-493.

Manderson, L., Hardon, A. and Cartwright, E. 2016. Vital signs: Medical anthropology in the 21st century. Chapter 16 in Manderson et al., pp. 368-381.

Reflections assignment due – Friday 9 April

Week 8 14 April ***Ethnography at a distance*** (Tanja Ahlin, University of Amsterdam)

Tanja Ahlin is an anthropologist and science and technology studies (STS) scholar, with a PhD from the University of Amsterdam. She uses multimodal ethnographic methods to research how digital technologies shape social relations, including in relation to care, migration, aging, gender and image. She has particular experience in the methods of digital ethnography, and in the techniques and ethics of this. Her skills are relevant to the work you will undertake for your research project this year. She will be joining us online from Amsterdam.

Readings

Ahlin, Tanja and Kasturi Sen. 2020. Shifting duties: becoming 'good daughters' through elder care practices in transnational families from Kerala, India, *Gender, Place & Culture* 27 (10): 1395-1414, DOI: 10.1080/0966369X.2019.1681368

Cook, Ian M. 2020. Critique of podcasting as an anthropological method. Ethnography. DOI: 10.1177/1466138120967039

Hahn, Allison. 2020. Nomadic digital ethnography and engagement. *Nomadic Peoples* 24(2): 299-311

Sam, Steven. 2020. Informal mobile phone use by marginalised groups in a plural health system to bridge healthcare gaps in Sierra Leone. *Information Development* Article Number: 0266666920932992

Wilding, Raelene. 2006. 'Virtual' intimacies? families communicating across transnational contexts. *Global Networks* 6:125-42. doi:10.1111/j.1471-0374.2006.00137.x

Week 9 21 April ***Body fluids and body products***

What makes blood, DNA, semen, human tissue, and other bodily substances alive? These different bodily substances explain who we are and where we came from, and they often have added value when they are seen as life saving, potentially (for instance, in the case of transplants) or in theory (as in umbilical cord blood banking). While these biological substances originate from the body, they flow and link up with social debates and political

concerns, such as racial classification and ethnic nationalism, and with questions of access and equality. We will consider how naturalised objects are simultaneously material things and living entities that bring to the fore questions of identity and medical and public health ethics.

Readings

Bravo-Moreno, Ana. 2019. Deconstructing "Single" Mothers by Choice: Transcending Blood, Genes, and the Biological Nuclear Family? *Sage Open* 9, 4: 2158244019898258

Mohr, Sebastian. 2016. Donating semen in Denmark. Case Study 3.4 in Manderson et al., pp. 63-67.

Pool, Robert. 2016. Empowerment and the use of vaginal microbicides. Case Study 3.3 in Manderson, L. et al., 59-62.

Robertson, Jennifer. 2012. Hemato-nationalism: The past, present, and future of 'Japanese Blood'. *Medical Anthropology* 31(2):93-112.

Mid term break Saturday 24 April - Sunday 2 May

Week 10 – 5 May ***Beginnings: Birth, racism, and reproduction*** **Khanyisile Maphalala**

Conception, contraception, pregnancy and birth have increasingly been medicalised and commercialised. In resource-rich environments and for people with economic resources, technologies are readily available to monitor pregnancy, using such information to determine or advise on mode of birth, and identifying the need for emergency prenatal or postnatal surgery or other high case interventions. But for most women worldwide, safety and survival are elusive; even basic emergency obstetric care may be an ideal rather than a right. Reproduction is also more than just about giving birth to children. It is also about reproducing particular social milieus.

Readings

Davis, Dana-Ain. 2020. Reproducing while Black: The crisis of Black maternal health, obstetric racism and assisted reproductive technology. *Reproductive Biomedicine & Society Online* 11: 56-64.

Georges, Eugenia and Davis-Floyd, Robbie. 2016. Humanistic obstetrics in Brazil**.** Case Study 15.1 in Manderson, L. et al., pp. 340-344.

Mkhwanazi, Nolwazi. 2014. 'An African way of doing things': Reproducing gender and generation. *Anthropology Southern Africa* 37 (1-2): 107-118.

Pentecost, Michelle and Ross, Fiona. 2019. The first thousand days: Motherhood, scientific knowledge, and local histories. *Medical Anthropology* 38, 8: 747-761.

Bibliographic Exercise Due: Friday 7 May

Week 11 – 12 May ***Endings: On death and dying*** **Dineo Mtetwa**

At the end of a long life with increased ill health and frailty, or in the aftermath of sudden illness, accident, war or other tragedy, individuals and communities must decide what to do about their dead. Both past and present, material and representational, human and object, the dead provoke a reflexive examination of the structured, professional, and personal ethics at stake in defining the end of life. The dead engage a network of stewards who influence how the recent past will be remembered. We will discuss the interpretations and forms that dominate how the end of life is narrated, and how are these interpretations and forms mobilised. What role do states and institutions play in determining how bodies are managed, disposed, and remembered?

Readings

Frankfurter, Ronald. 2016. 'Safe burials' and the 2014-2015 ebola outbreak in Sierra Leone. Case Study 15.4 in Manderson, L. et al., pp.355-359.

Hamdy, Sherine. 2016. All eyes on Egypt: Islam and the medical use of dead bodies amidst Cairo's political unrest. *Medical Anthropology* 35(3): 220-235.

Kline, Nolan. 2018. Life, Death, and Dialysis: Medical Repatriation and Liminal Life among Undocumented Kidney Failure Patients in the United States. *POLAR: Political and Legal Anthropology Review* 41, 2: 216-230.

Manderson, L. and Levine, S. 2020. Ageing, care, and isolation in the time of COVID-19. *Anthropology and Aging* 41, 2: 132-140. http://anthro-age.pitt.edu/ojs/index.php/anthro-age/article/view/314/353

Toulson, Ruth E. 2016. Caring for corpses in Singapore. Case Study 9.3 in Manderson, L. et al., pp. 200-202.

Week 12 19 May ***Genes, risk and race*** **-- Nunu Dlamini**

Interest in differences in health have raised questions ofrace opening up debate on phenotype, ancestry, social identity, genetic makeup and lived experience. Differences in health risks, status and outcomes, and life expectancy, may be influenced by genetics, and so by race, but are also influenced by racism, including indirectly (through life conditions) and directly (in terms of access to care and quality of care). COVID-19 has sharpened global awareness of this, although the realisation of the extent of racism is probably only surprising to people enjoying white privilege.

Readings

Cengarle, Simonetta. 2016. Harvesting umbilical cord blood. Case Study 14.2 in Manderson, L. et al., pp. 315-318.

Hunt, Linda M., and Mary S. Megyesi. 2008. Genes, race and research ethics: Who's minding the store? *Journal of Medical Ethics* 34 (6): 495–500. doi:10.1136/jme.2007.021295.

Meloni, M. 2017. Race in an epigenetic time: thinking biology in the plural. *British Journal of Sociology*. https://doi.org/10.1111/1468-4446.12248.

Saldana-Tejeda, Abril and Peter Wade. 2017. Obesity, race and the indigenous origins of health risks among Mexican mestizos. Ethnic and Racial Studies 14 (15): 2731-2749

Week 13 26 May ***Mental health, culture and madness*** **-- Storm Theunissen**

Critical studies have politicised mental health practice by recognising individual's professionals as holding expert authority and the collective application of psychiatric diagnosis as a means of social regulation, control and discipline. The readings capture some of these issues.

Readings

Aggarwal, Neil K. 2014. Cultural psychiatry, medical anthropology, and the DSM-5 field trials. *Medical Anthropology* 32(5): 393-398.

Edmonds, Alex. 2016. Does Sgt Pearson have PTSD? Case Study 13.2 in Manderson, L. et al., pp. 290-293

Goldstein, Donna M. and Kira Hall. 2015. Mass hysteria in Le Roy, New York: How brain experts materialized truth and outscienced environmental inquiry. *American Ethnologist* 42, 4: 640-657.

Kitanaka, Junko. 2016. A cold of the soul. Case 5.1 in Manderson, L. et al., pp.98-101

Week 14 2 June ***Markets of health and illness***

Anthropological research on markets has focused on pharmaceuticals, but diagnostic technologies, illicit drugs, hospital services and medical tourism all highlight the extent to which illness and health are commercialised. A global flow of medical products is supported by advertising campaigns to promote their use. In this class, we will consider the diversity of medical markets and the diverse forms of globalisation as products and processes divert from their intended paths.

Readings

Desclaux, Alice. 2016. Cosmopolitan phytoremedies in Senegal. Case Study 10.4 in Manderson, L. et al., pp. 227-231.

Hardon, Anita and Eileen Moyer. 2014. Medical technologies: Flows, frictions and new socialities. *Anthropology & Medicine* 21 (2): 107-112.

Hardon, Anita and Emilia Sanabria, 2016. Fluid Drugs: Revisiting the Anthropology of Pharmaceuticals. *Annual Review of Anthropology* 46: 117-132.

Lezaun, Javier and Catherine Montgomery. 2015. The pharmaceutical commons: Sharing and exclusion in global health drug development. *Science, Technology & Human Values* 40(1): 3-29.

Pordié, Laurent. 2016. How a lifestyle product became a pharmaceutical speciality. Case Study 10.3 in Manderson, L. et al., pp. 222-226.

Week 15 9 June ***War, refugees and humanitarianism***

Around 80 million people worldwide have been forced to flee their homes. Of these 26 million people are refugees**,** and millions of people are stateless. War and other civil violence and terrorism trigger mass migration, as evident now in Syria, and on population health and medical care, food supplies, disease transmission, and the health of health providers, civilians, and soldiers. In this seminar, we will focus on refugees and others, subject to terror, rape, torture, and war. But we will also consider the people who try to address their needs, particularly health and illness.

Readings

Huschke, S. 2014. Performing deservingness. Humanitarian health care provision for migrants in Germany. *Social Science & Medicine* 120:352-359.

Pine, Adrienne. 2016. Honduras: Practicing wartime healing. Case Study 13.1 in Manderson, L. et al., pp. 284-287.

Redfield, Peter. 2016. Doctors Without Borders and the global emergency. Case study 15.5 in Manderson, L. et al., pp. 359-362

Theidon, Kimberley 2015 Hidden in plain sight: Children born of wartime sexual violence. *Current Anthropology* 56(S12): S191–S200.

Ticktin, Miriam. 2014. Transnational humanitarianism. *Annual Review of Anthropology* 43: 273-289.

Week 16 16 June ***Climate change, the environment and health*** **– Lerato Coulter**

We write of the Anthropocene to describe how geological time has been fundamentally affected by human activity. Pollution and global warming, and their threats to human settlement, health and wellbeing, are aspects of this. In a hotter world, overall precipitation will increase, but its geographical distribution and seasonality will change, affecting agriculture and food supplies, local and national productivity, community structures and household incomes. But the influence of environmental pollution, degradation and climate change on human health is already felt. Drought, changes in precipitation and floods all affect water quality and quantity for household use, impacting agricultural production, crop choice, hunting and fishing, and so food security.

Readings

Cartwright, Elizabeth. 2019. The Medical Anthropology of Climate Change: Eco-Risks and the Body Environmental. *Medical Anthropology* 38, 5: 436-439.

Haraway, Donna. 2015. Anthropocene, Capitalocene, Plantationocene, Chthulucene: Making Kin. *Environmental Humanities* 6: 159-165.

Johnson, Noor. 2016. Inuit Health in a Changing Arctic. Case study 11.1 in Manderson, L. et al., pp. 239-242.

Raffaeta, Roberta. 2016. Environmental Pollution and Allergies. Case study 11.2 in Manderson, L. et al., pp. 244-247.

Schrecker, Ted. 2014. Changing cartographies of health in a globalizing world. *Medicine Anthropology Theory* 1(1): 145–180.

Essay due: 25 June