

# Milken Institute School of Public Health

THE GEORGE WASHINGTON UNIVERSITY

Department of Prevention and Community Health

PubH 6599 Fall 2020  
Culture and Health  
Wednesdays 4:10PM – 6PM  
Virtual “Room”

Residential Graduate Course

## Instructor:

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Professor

Department of Prevention and Community Health

Milken Institute School of Public Health

Secondary Appointments: Department of Anthropology and Elliott School of International Affairs

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## Contact Information:

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## Course Description

The term *culture* has increasingly been used in the discourse of public health, for example, with respect to issues of health disparities in the U.S., the development and implementation of “culturally competent” or “culturally appropriate” programs, and in many other ways. What exactly *is* culture, however? The term has been applied to all kinds of phenomena, without a critical look at the nature of, and role of culture as an essential aspect of human behavior. In this course we will examine what is meant by culture, the ways in which cultures intersect with health issues, and how public health efforts (domestic and global) can benefit by understanding and working with cultural frameworks and processes. We also take a brief look at research methods that are useful in identifying relationships between culture and health. During the course, we will examine several health issues in more depth with respect to cultural factors and implications: HIV/AIDS, youth violence (now viewed as a public health problem), obesity, *and now the coronavirus pandemic*.

**Course Prerequisite(s):** PubH 6007, Social and Behavioral Approaches to Public Health.

NOTE: Students who successfully completed PH2113 at the undergraduate level should not enroll in this course.

## Program Competencies to be addressed:

1. Identify the causes of social and behavioral factors that affect health of individuals and populations (Social/Behavioral Sciences).
2. Identify basic theories, concepts and models from a range of social and behavioral disciplines that are used in public health research and practice (Social/Behavioral Sciences).
3. Describe the role of social and community factors in both the onset and solution of public health problems (Social/Behavioral Sciences).

4. Describe the roles of, history, power, privilege and structural inequality in producing health disparities (Diversity and Culture).
5. Explain why cultural competence alone cannot address health disparity (Diversity and Culture).
6. Differentiate among availability, acceptability, and accessibility of health care across diverse populations (Diversity and Culture).
7. Differentiate between linguistic competence, cultural competency, and health literacy in public health practice (Diversity and Culture).
8. Cite examples of situations where consideration of culture-specific needs resulted in a more effective modification or adaptation of a health intervention (Diversity and Culture).
9. Develop public health programs and strategies responsive to the diverse cultural values and traditions of the communities being served (Diversity and Culture).

<b>Course Learning Objectives/Learning Outcomes – Upon completion of the course, students will be able to:</b>	<b>Meets Competency Number</b>
<ul style="list-style-type: none"> <li>• Explain the concept of culture as one framework for human behavior, including health behavior.</li> </ul>	#1, 2, 3
<ul style="list-style-type: none"> <li>• Explain specific domains where culture and health intersect: definitions of health/well-being; illness causation and treatment theories (ethnomedical systems); social constructions of illness and stigma; the role of social and political ecologies in shaping cultural responses; cross-cultural ideas about care and treatment; gender and health; different understandings about what is a “health risk”; and the issue of “cultural competency.”</li> </ul>	#1, 2, 3, 4, 5, 6, 7
<ul style="list-style-type: none"> <li>• Over a selection of cases and program examples, across several health issues, analyze the ways in which the highlighted health problems and health interventions were and are shaped by cultural factors.</li> </ul>	#6, 8
<ul style="list-style-type: none"> <li>• Describe the kinds of research data needed to understand and incorporate cultural information in health promotion program planning and evaluation.</li> </ul>	#9
<ul style="list-style-type: none"> <li>• Apply the knowledge gained in the course concerning the culture-health relationship to the design of a health promotion intervention (domestic or global).</li> </ul>	#3, 6, 9

### Required Texts

(Readings should be completed before coming to class!)

<b>Title</b>	<b>Author</b>	<b>Edition</b>
<i>Essentials of Health, Culture, and Diversity: Understanding People,</i>	Edberg, M	

<i>Reducing Disparities</i> . Boston, MA: Jones & Bartlett Learning. (2013) [This will be referred to as the course “text.”]		
<i>The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors, and the Collision of Two Cultures</i> . New York, NY: Farrar, Straus and Giroux. (1997)	Fadiman, A	
<i>Fresh Fruit, Broken Bodies: Migrant Farmworkers in the United States</i> (California Series in Public Anthropology). Berkeley: University of California Press. (2013)	Holmes, S	

### Recommended/Supplemental Texts

Title	Author	Edition
TBD – articles as assigned.		

### Methods of Instruction (check all that apply)

<input checked="" type="checkbox"/> Lectures	<input checked="" type="checkbox"/> Class and Small Group Discussions
<input checked="" type="checkbox"/> Case Studies	<input type="checkbox"/> Student Presentations
<input checked="" type="checkbox"/> Required Readings/Textbook	<input type="checkbox"/> Other [Specify]
<input checked="" type="checkbox"/> Recommended/Supplemental Readings	<input type="checkbox"/> Other [Specify]

### Methods of Evaluation

### Percent of Grade

Mid-Term Exam	35%
Culture and Health Program Proposal	50%
Participation (as defined below)	15%

### Assignment Descriptions

Midterm: The Midterm Exam is a take-home set of short essay questions completed during one week. The questions require an understanding of the set of perspectives (“tools”) introduced in the course to understand the interplay between culture and health. The focus will be on

describing the basic elements of these tools, and then using them to respond to essays concerning broader themes surrounding the culture-health relationship.

**Culture and Health Program Proposal:** This assignment will substitute for the final exam and is due on the date of the scheduled final. The purpose of the Program Proposal is to synthesize what you have learned about the culture-health relationship and apply it by proposing a health promotion intervention that addresses a specific population and health issue, identifying key cultural issues involved and incorporating them in the program design. You have the option of addressing HIV/AIDS, obesity, or youth violence in a specific population (as we do in the class), or of selecting another health issue/population. The paper should be in the following format:

- *Health issue:* Health Issue, target population and epidemiology
- *Population and cultural issues:* Description of affected population, including cultural factors relevant to the impact of the health problem
- *Program:* Proposed program approach and components
- *Incorporation of cultural issues:* Explanation of cultural factors incorporated into program design and rationale for inclusion

The paper should be approximately 12 to 16 pages, double-spaced. Make sure to include citations and references wherever necessary, and format the references in APA style (posted on Blackboard) and listed at the end of the report under the heading of "References". The references should not be counted as within the 12-16 page text.

### Grading Scale and Standards

A: 94-100%	C+: 77-79%
A-: 90-93%	C: 73-76%
B+: 87-89%	C-: 70-72%
B: 84-86%	F: Below 70%
B-: 80-83%	

**Workload:** In this course, you will be expected to spend XX hours per week in independent learning which can include reviewing assigned material, preparing for class discussions, working on assignments, studying for exams, and group work. In addition 2 hours per week will be spent in direct instruction.

**Class Policy: Expectations for individual contributions and acceptable levels of collaboration for assignments on which students may work together.** Although you may discuss case studies/assignments with other students, the written assignment you turn in must be your own work in your own words. If you copy another students assignment or let someone else copies yours, you are both cheating. Exams must be done independently, on your own. Your paper is solely the product of the individual student listed as author.

**Class Policy: Participation and Discussion.** For this class, participation refers to attendance at class, participation in discussions, and familiarity with readings during discussions.

**Class Policy: Late Work.** No late assignments will be accepted without advance permission. Under extenuating circumstances a student may ask the instructor for extended time to complete the assignment. It is the instructor's choice to grant an extension or not. For work that is more than one class session late, 5% of the grade will be deducted each week.

**Class Policy: Make-up Exams.** Any student who experiences significant family or personal illness or emergency after the final withdrawal date and is unable to complete course work should ask the instructor for an incomplete for the course. Each case will be managed on an individual basis. The Incomplete Policy must be followed as outlined in the GWSPH Graduate Student Handbook.

### **University Policy on Religious Holidays**

- Students should notify faculty during the first week of the semester of their intention to be absent from class on their day(s) of religious observance.
- Faculty should extend to these students the courtesy of absence without penalty on such occasions, including permission to make up examinations.
- Faculty who intend to observe a religious holiday should arrange at the beginning of the semester to reschedule missed classes or to make other provisions for their course-related activities.

### **Blackboard**

Blackboard will be used for posting course files and assignments and for communicating with the class. You are already enrolled for this course on Blackboard if you have completed registration for the course. It is your responsibility to periodically check the course site (log in at <http://blackboard.gwu.edu/> Using your gwu.edu address) for updates to the syllabus/readings.

### **Academic Integrity**

All Milken Institute School of Public Health Students are required to complete two (separate) online activities regarding academic integrity -- the GW Academic Integrity Activity and the Identifying and Avoiding Plagiarism Activity. Both activities must be completed within 2 weeks of starting your coursework at Milken Institute School of Public Health. - See more at: <https://publichealth.gwu.edu/integrity#sthash.FIIRdO5H.dpuf>

Academic dishonesty is defined as cheating of any kind, including misrepresenting one's own work, taking credit for the work of others without crediting them and without appropriate authorization, and the fabrication of information. Common examples of academically dishonest behavior include, but are not limited to, the following: cheating; fabrication; plagiarism; falsification and forgery of University academic documents; facilitating academic dishonesty. For the remainder of the code, see <https://studentconduct.gwu.edu/code-academic-integrity>.

### **Support for Students Outside the Classroom**

#### **Disabilities Support Services (DSS)**

Any student who may need an accommodation based on the potential impact of a disability, should contact the Disability Support Services office at 202.994.8250 in the Rome Hall, Suite 102, to establish eligibility and to coordinate reasonable accommodations. For additional information please refer to: <https://disabilitysupport.gwu.edu/>

#### **Mental Health Services- 202-994-5300**

The University's Mental Health Services offers 24/7 assistance and referral to address students' personal, social, career, and study skills problems. Services for students include: crisis and emergency mental health consultations, confidential assessment,

counseling services (individual and small group), and referrals.  
<https://counselingcenter.gwu.edu/>

### **Adverse Weather/Class Cancellation**

In the advent of inclement weather or any other emergency, the Milken Institute School of Public Health will follow the decision of the University. Call the University hotline at 202.994.5050 or check the Human Resources status button at <http://hr.gwu.edu/adverse-weather-conditions-and-emergency-situations>. In the event of class cancellation, we will email you about rescheduling, assignments due, etc.

### **Emergency Preparedness and Response Procedures**

The University has asked all faculty to inform students of these procedures, prepared by the GW Office of Public Safety and Emergency Management in collaboration with the Office of the Executive Vice President for Academic Affairs.

### **To Report an Emergency or Suspicious Activity**

Call the University Police Department at 202-994-6111 (Foggy Bottom) or 202-242-6111 (Mount Vernon).

### **Shelter in Place – General Guidance**

Although it is unlikely that we will ever need to shelter in place, it is helpful to know what to do just in case. No matter where you are, the basic steps of shelter in place will generally remain the same.

- If you are inside, stay where you are unless the building you are in is affected. If it is affected, you should evacuate. If you are outdoors, proceed into the closest building or follow instructions from emergency personnel on the scene.
- Locate an interior room to shelter inside. If possible, it should be above ground level and have the fewest number of windows. If sheltering in a room with windows, move away from the windows. If there is a large group of people inside a particular building, several rooms maybe necessary.
- Shut and lock all windows (for a tighter seal) and close exterior doors.
- Turn off air conditioners, heaters, and fans. Close vents to ventilation systems as you are able. (University staff will turn off ventilation systems as quickly as possible).
- Make a list of the people with you and ask someone to call the list in to UPD so they know where you are sheltering and who is with you. If only students are present, one of the students should call in the list.
- Await further instructions. If possible, visit GW Campus Advisories for incident updates (<http://CampusAdvisories.gwu.edu>) or call the GW Information Line 202-994-5050.
- Make yourself comfortable and look after one other. You will get word as soon as it is safe to come out.

### **Evacuation**

An evacuation will be considered if the building we are in is affected or we must move to a location of greater safety. We will always evacuate if the fire alarm sounds. In the event of an evacuation, please gather your personal belongings quickly (purse, keys, GWorld card, etc.) and proceed to the nearest exit. Every classroom has a map at the door designating both the shortest egress and an alternate egress. Anyone who is physically unable to walk down the stairs should wait in the stairwell, *behind the closed doors*. Firemen will check the stairwells upon entering the building.

- Once you have evacuated the building, proceed to our primary rendezvous location: the court yard area between the GW Hospital and Ross Hall. In the event that this location is unavailable, we will meet on the ground level of the Visitors Parking Garage (I Street entrance, at 22<sup>nd</sup> Street). From our rendezvous location, we will await instructions to re-enter the School.

**Alert DC**

Alert DC provides free notification by e-mail or text message during an emergency. Visit GW Campus Advisories for a link and instructions on how to sign up for alerts pertaining to GW. If you receive an Alert DC notification during class, you are encouraged to share the information immediately.

**GW Alert**

GW Alert provides popup notification to desktop and laptop computers during an emergency. In the event that we receive an alert to the computer in our classroom, we will follow the instructions given. You are also encouraged to download this application to your personal computer. Visit GW Campus Advisories to learn how.

**Additional Information**

Additional information about emergency preparedness and response at GW or the University’s operating status can be found on GW Campus Advisories (<http://CampusAdvisories.gwu.edu>) or by calling the GW Information Line at 202-994-5050.

<b>Session Outline</b>	
<b>Session 1</b>	<b>September 2</b>
<p>TOPIC: Course introduction and overview:</p> <ul style="list-style-type: none"> <li>• Course mechanics</li> <li>• What is “culture”? General introduction to the concept. (Everyone is “cultural”)</li> <li>• For a humorous look at the idea of culture, see YouTube <a href="https://www.youtube.com/watch?v=q2Bj8OCmxb4">https://www.youtube.com/watch?v=q2Bj8OCmxb4</a></li> </ul> <p>TOPIC: Intersections – a preliminary exploration of the ways in which culture and health cross paths</p> <ul style="list-style-type: none"> <li>• What do we mean when we refer to “health behavior”? How does this differ/not differ from the general domain of “human behavior”?</li> <li>• Extending the cultural roots of behavior to considerations of health behavior – a broader agenda than just being “culturally relevant” or “culturally competent.”</li> <li>• Disease vs. Illness: Understanding illness as a negative deviation from a socioculturally defined state of well-being</li> </ul> <p>Assigned Readings: Text (Edberg) Chapter 1, Chapter 2 up to p. 15. Photocopied chapter called “The Nature of Culture” (on Blackboard)            And read the following article:            - McMullin, J. (2005). “The Call to Life: Revitalizing a Healthy Hawaiian Identity.” <i>Social Science and Medicine</i> 61: 809-820.</p>	
<b>Session 2</b>	<b>September 9</b>
<p>TOPIC: Ethnomedical systems</p> <ul style="list-style-type: none"> <li>• Defining deviations from a culturally defined state of well-being: creating the spaces for</li> </ul>	

illness

- Defining and categorizing illnesses, causes, treatments and treaters
- Does an ethnomedical system of belief “cause” illness? The “Nocebo effect.”

Assigned Readings: Text Chapter 3, and the following articles:

- Foster GM. (1976). “Disease Etiologies in Non-Western Medical Systems.” *American Anthropologist* 78: 773-82.
- Hahn R. (1997). “The Nocebo Phenomenon: Concept, Evidence and Implications for Public Health.” *Preventative Medicine* 26(5): 607-611.
- Kedia S. (2004). “Gahrwali Ethnomedical Systems.” In Ember CR, and Ember M, *The Encyclopedia of Medical Anthropology* (pp. 664-673). New York: Kluwer Academic Publishers.
- Miller NL. (2000). “Haitian Ethnomedical Systems and Biomedical Practitioners: Directions for Clinicians.” *Journal of Transcultural Nursing* 11(3): 204-211.
- Mathews HF. (1987). “Rootwork: Description of an Ethnomedical System in the American South.” *Southern Medical Journal* 80(7): 885-891.

### Session 3

September 16

TOPIC: Ethnopsychiatric systems – culture, mental health and emotion

- Culture, the mind and psychology
- Conditions often labeled as “culture-bound syndromes”
- Culture and emotion (discussion of Catherine Lutz – since there is no reading for Lutz, use lecture notes for reference. Will be posted.)

Assigned Readings: Text Chapter 4, and the following articles:

- Dominguez de Ramirez R, and Shapiro ES. (2005). “Effects of Student Ethnicity on Judgments of ADHD Symptoms among Hispanic and White Teachers.” *School Psychology Quarterly* 20(3): 268-287.
- Sotero M. (2006). “A Conceptual Model of Historical Trauma: Implications for Public Health Practice and Research.” *Journal of Health Disparities and Research Practice* 1(1): 93-108.
- Brooks BB. (2014). “Chucaque and Social Stress among Peruvian Highlanders.” *Medical Anthropology Quarterly* 28(3): 419-439.
- Roldan-Chicano MT, Fernandez-Rufete J, Hueso-Montoro C, Garcia-Lopez MM, Rodriguez-Tello J, and Flores-Bienert, MD. (2017). “Culture-Bound Syndromes in Migratory Contexts: The Case of Bolivian Immigrants.” *Rev. Latino-Am. Enfermagem* 25: e2915.
- White R (2013). “The Globalisation of Mental Illness.” *The Psychologist* 26(3): 182-185.
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### Session 4

September 23

TOPICS: Culture, health and the moral dimension

- The relationship between cause (of an illness) and moral blame
- Illness behavior, illness roles
- Stigma: Illnesses that represent moral condemnation
- Leprosy and AIDS as stigma archetypes

Assigned Readings: Text Chapter 5, and the following articles:

- Farmer P and Kleinman A. (1989). “AIDS as Human Suffering.” *Daedalus* 118(2): 135-161.
- Thomas F. (2007). “‘Our Families are Killing Us’: HIV/AIDS, Witchcraft and Social Tensions in the Caprivi Region, Namibia.” *Anthropology and Medicine* 14(3): 279-291.
- Obilade TT. (2015). “Ebola Virus Disease Stigmatization: The Role of Societal Attributes.” *International Archives of Medicine* 8(14):1-19.
- Hewlett BS and Amola RP. (2003). “Cultural Contexts of Ebola in Northern Uganda.” *Emerging*



*Infectious Diseases* 9(10): 1242-1248.

**Session 5**

**September 30**

TOPIC: Culture and healing

- The social institutions of healing
- Healers and healing practices -- in relation to ethnomedical systems
- Shamans/shamanic practice
- Non-biomedical healing in Western contexts
- Integrated healing

Assigned Readings: Text Chapter 6, and the following articles:

- Brown PL. September 20, (2009). "A Doctor for Disease, a Shaman for the Soul." *New York Times*, at [www.nytimes.com](http://www.nytimes.com).

- Tafur MM, Crowe TK, and Torres E. (2009). "A Review of *Curanderismo* and Healing Practices among Mexicans and Mexican-Americans." *Occupational Therapy International* 16(1): 82-88.

- Winkelman M. (2013). "Shamanism in Cross-Cultural Perspective." *International Journal of Transpersonal Studies* 31(2): 47-62.

FILM: "Eduardo the Healer" or documentary on Hmong Shaman

**Session 6**

**October 7**

TOPIC: The Role of social-cultural ecologies in disease

- The creation of vulnerability
- The reciprocal relationship – culture, environment, disease
- Political ecology – health and its relationship to social stratification, wealth inequity, political and economic systems
- Case study: Historical trauma and American Indian/Alaska Native peoples

Assigned Readings: Text Chapter 7, and the following articles:

- Edberg M, Cleary S, and Vyas A. (2011). "A Model for Understanding and Assessing Health Disparities in Immigrant/Refugee Communities." *Journal of Immigrant and Minority Health* 13(3): 576-84. doi: 10.1007/s10903-010-9337-5.

- Shell-Duncan B and McDade T. (2006). "The Cultural Ecology of Iron Deficiency among Northern Kenyan Schoolchildren." *Journal of Human Ecology* Special Issue 14: 107-116.

- Singer M and Clair S. (2003). "Syndemics and Public Health: Reconceptualizing Disease in Bio-Social Context." *Medical Anthropology Quarterly* 17(4): 423-441.

**Session 7**

**October 14**

TOPICS: Culture, subculture, and relative risk – Differences in perceptions of health risk

- The shaping of health risk
- Subcultures and diverse social ecologies of risk
- Case examples

Assigned Readings: Text Chapter 8, and the following articles:

- Tansey J and O’Riordan T. (1999). "Cultural Theory and Risk: A Review." *Health, Risk & Society* 1(1): 71-90.

- Edberg MC, Cohen MI, Gies SV, and May-Slater S. (2014). "Trajectories of Involvement in Commercial Sex Exploitation and Domestic Trafficking of Girls and Young Women: Selected Qualitative Results from an Evaluation Study." *Journal of Ethnographic and Qualitative Research* 9: 89-110.

TAKE HOME MIDTERM DISTRIBUTED	
STUDENTS DECIDE IF THEY WILL READ FADIMAN OR HOLMES BOOK	
<b>Session 8</b>	<b>October 21</b>
TOPIC: Clash of cultures: the Hmong, epilepsy, and the Western medical system	
Assigned Readings: Fadiman, entire book	
<b>Session 9</b>	<b>October 28</b>
TOPIC: Culture, social ecology, and health determinants	
Assigned Readings: Holmes, entire book	
<b>Sessions 10-11</b>	<b>November 4, November 11</b>
TOPIC: Case examples – three health issues (domestic and global)	
<ul style="list-style-type: none"> <li>• HIV/AIDS</li> <li>• Obesity and its consequences</li> <li>• Youth violence</li> <li>• COVID-19</li> </ul>	
Assigned Readings: Text Chapter 9, and the following articles:	
- Bhattacharya G. (2004). “Sociocultural and Behavioral Contexts of Condom Use in Heterosexual Married Couples in India: Challenges to the HIV Prevention Program.” <i>Health Education &amp; Behavior</i> 31(1): 101-117.	
- Sutterfield D, LeBruyn L, Santos M, Alonso L, and Frank M. (2016). “Health Promotion and Diabetes Prevention in American Indian and Alaska Native Communities – Traditional Foods Project, 2008-2014.” <i>Morbidity &amp; Mortality Weekly Report</i> 65(1): 4-10.	
- Cohen A. (2017). “Youth Gangs, Violence and Local Culture in Chiang Mai, Northern Thailand.” <i>Journal of Contemporary Ethnography</i> 1-24, DOI: 10.1177/0891241617702196.	
- COVID-19 articles TBD	
Possible films on comparative/symbolic violence: “Crips and Bloods: Made in America” (USA/gangs), or ethnographic film classics “The Ax Fight” (Yanomamo), “The Fast Runner” (Inupiaq).	
<b>Session 12</b>	<b>November 18</b>
TOPIC: Research needs and cultural data	
<ul style="list-style-type: none"> <li>• What kinds of data do you need?</li> <li>• Data collection strategies</li> </ul>	
Assigned Readings: Text Chapter 10, and CLASS EXERCISE	
<b>NO CLASS NOVEMBER 25 (WEDNESDAY BEFORE THANKSGIVING)</b>	
<b>Session 13</b>	<b>December 2</b>
TOPIC: Application -- Incorporating culture in health promotion interventions	
<ul style="list-style-type: none"> <li>• Program development and implementation</li> </ul>	

- Program evaluation
- Case examples

#### GUEST LECTURE ON APPLICATION OF CULTURAL INFORMATION

Assigned Readings: Text Chapter 11, and the following articles:

- Chavez LR, Hubbell FA, McMullin JM et al. 1995. Understanding Knowledge and Attitudes about Breast Cancer." *Archives of Family Medicine* 4: 145-152.
- Gravlee CC and Dressler WW. (2005) "Skin Pigmentation, Self-Perceived Color, and Arterial Blood Pressure in Puerto Rico." *American Journal of Human Biology* 17: 195-206.
- Dressler WW 1980. "Ethnomedical Beliefs and Patient Adherence to a Treatment Regimen: A St. Lucian Example." *Human Organization* 39: 88-91. [also appearing as Chapter 28, in PJ Brown and R Barrett (Eds), *Understanding and Applying Medical Anthropology (Second Edition)*. Boston, MA: McGraw Hill 2010.] NOTE: This article is dated but it remains instructive with respect to the application of ethnomedical system data.]

#### Session 14

December 9

TOPIC: Reflecting on cultural competency

- Defining cultural competence
- Broad guidelines on cultural competence
- Cultural competency in practice

Assigned Readings: Text Chapter 12, and the following articles:

- Abraído-Lanza AF, Flórez KR, and Aguirre AN. 2007. "*Fatalismo* Reconsidered: A Cautionary Note for Health-Related Research and Practice with Latino Populations." Commentary. *Ethnicity and Disease* 17: 153-158.
- Kleinman A, Benson P. 2006. "Anthropology in the Clinic: The Problem of Cultural Competency and How to Fix it." *PLoS Medicine* 3(10): e294.

**FINAL PAPER DUE WEDNESDAY DECEMBER 16...HAPPY HOLIDAYS!**