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| <b>Spring 2025</b><br>T/Th 10:10-11:55 am<br>Leighton 305 | <b>Pamela Feldman-Savelsberg</b><br>Remote office via <a href="#">Zoom</a><br>On campus office Leighton 233, x4113<br>Email: <a href="mailto:pfeldman@carleton.edu">pfeldman@carleton.edu</a> |
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## **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 class sessions
- ✓ Engaging in an Academic Civic Engagement project with one of our community partners or a collaborating course
- ✓ Writing and presenting (to the class, the CCCE, and community partners) 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 class schedule. The class schedule shows parts of the course, weekly themes, and daily topics.

**Learning in troubled times** 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 pandemics, threats to human rights, 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.





## **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 (4/1-4/15)
2. Birth, Death, Body and Mind (4/17-4/29)
3. Therapy Management, Medical Pluralism, and Cross-Cultural Medical Ethics (5/1-5/8)
4. Pathologies of Power: Social Risk, Social Management, Social Silence, Social Ethics (5/13-5/22)
5. Engaging our Community Partners (incl. Student Presentations) (5/27-6/3)

### **B. Due Dates**

Applications for ACE projects: Friday April 4, 11:59 p.m.  
Preliminary annotated bibliographies: Sunday April 27, 11:59 p.m.  
Term paper proposals and expanded bibliographies: Sunday May 11, 11:59 p.m.  
Final term papers: Saturday June 7, 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—In Person, Discussion Starting, & (7:00pm) 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% |

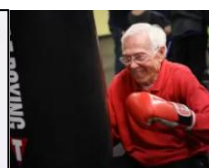
### **D. Student Learning Outcomes**

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**, for our community-based learning projects:

- ✓ *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



## **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 4-1 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.

Bande, 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 (before class if you can, please!)**

##### **Th 4-3 Medical Humanitarianism and Engaged Medical Anthropology**

**Guest speakers, 10:45-11:55 (class meets before guest speakers arrive):** Erica Staab (CMT, BSW, Executive Director of the HOPE Center), **Patrick Gordon** (Director, Carleton College Office of Health Promotion), **Meleah Follen** (Network Impact Director, Healthy Community Initiative), **Mai Moua** (Co-Founder, Koom Recovery), **Tyler Powell** CEO, Northfield Area Family YMCA) &/or Anne Kirchberg Aquatics and Wellness Program Director, Northfield YMCA), **Emily Seru** (CCCE Associate Director for ACE), **Fay Dacey** (ACES Coordinator), **Sunny Sun** (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 and Backe articles as case studies in engaged medical anthropology.)*

**Re-read the ACE project descriptions** (end of syllabus, and on Moodle) and come to class prepared with questions for the community partners. **Please note: Your final project applications are due tomorrow (Friday) night at 11:59pm.**

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.

Backe, Emma L. 2018. "A Crisis of Care: The Politics and Therapeutics of a Rape Crisis Hotline." *Medical Anthropology Quarterly* 32(4):463-480. <https://doi.org/10.1111/maq.12463>

*Please watch:* video from the Alumni Video Project, by [Phoebe Chastain '14, MPH, WellShare International and RPCV](#)

**ACE PROJECT APPLICATIONS Due, F April 4, 11:59 p.m., via Moodle.**

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

##### **T 4-8 Social Determinants of Health, Syndemic Suffering, & Recursive Cascades in Chronic Conditions**

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.

Manderson, Lenore, and Narelle Warren. 2016. "'Just One Thing after Another': Recursive Cascades and Chronic Conditions." *Medical Anthropology Quarterly* 30(4):479-497.

Scherz, China, and Joshua Burraway. 2022. "Keeping it in the Family: The Moral Economy of Suboxone in Southwest Virginia." *American Ethnologist* 49(4): 508-520.



*Depending on your interest, and which fits best with your ACE project, read **ONE** of the following:*

Parsons, Michelle Anne, Katherine A. Mason, Heather M. Wurtz, and Sarah S. Willen. 2024. “I want the world back”: Pandemic Loneliness, Bodies, and Places.” *Ethos* 52:274-291. DOI: 10.1111/etho.12423.

Tonnesen, Merete, and Claus Vinther Nielsen. 2024. “Hope and Haunting Images: The Imaginary in Danish Parkinson’s Disease Rehabilitation.” *Medicine Anthropology Theory* 11(3):1-25.  
<https://doi.org/10.17157/mat.11.3.7486>.

Saslow, Eli. 2025. “She’s a Foot Soldier in America’s Losing War with Chronic Disease.” *New York Times*, March 2, 2025. [Carleton exproxy \(text only\)](https://www.nytimes.com/2025/03/02/us/chronic-disease-us-americans.html). If you have your own free NYT account, see the article with photos: <https://www.nytimes.com/2025/03/02/us/chronic-disease-us-americans.html>. (You can also listen to the article with reporter commentary, 24:47 min.)

*Please watch:* video from the Alumni Video Project, by [Oumar Diallo, DPH](#)

*You may also enjoy watching:* NIH All of Us Research Program. 2021. “[Understanding the Social Determinants of Health](#).” Video from the [All of Us Research Program](#), National Institutes of Health, Bethesda, MD. <https://www.facebook.com/AllofUsResearch/videos/294660238940407/>. (The discussion about the Social Determinants of Health gets underway around 4:40. The entire video is 31:27 minutes.)

#### **Th 4-10 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.

*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: ACCESS DENIED: POLICY, COMMUNITY, & PERSONAL EXPERIENCE**

#### **T 4-15 Contexts and Consequences of Access Denied**

**Guest speaker: Sean Leahy, 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 & Ch 3—FIRST names start with A-E; Ch 4 & Ch 5—first names H-L; Ch 6 & Ch 7—first names M-P; Ch 8 & Ch 9—first names R-Z**).

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 [Dawn Thomas, Community Health Caseworker, CNM Student](#).

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

#### **Th 4-17 Authoritative Knowledge and Birth**

**Guest speaker: Gwendolyn Neumeister ’12, CNM, M Health Fairview, Minneapolis MN**

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.

*If you have time, for an international view regarding obstetric choice:*

Feldman-Savelsberg, Pamela. 2019. “Strange Expectations: Cameroonian Migrants and their German Healthcare Providers debate Obstetric Choices.” *Global Public Health* 17(12): 4030-4042, <https://doi.org/10.1080/17441692.2019.1584228>.

*Please watch:* video from the Alumni Video Project, by [Gwendolyn Neumeister, CNM](#)

## **WEEK IV: THE BOOKENDS OF LIFE: GIVING BIRTH & FACING DEATH**

### **T 4-22 Aging and Death: Social Determinants and Temporal/Medical/Ritual Management of the End-of-Life**

Barken, Rachel. 2014. "Caregivers' Interpretations of Time and Biography: The Experiences of Caring for a Spouse with Parkinson's Disease." *Journal of Contemporary Ethnography* 43(6):695-719.

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).

**Choose one of the following two short pieces to read:**

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.

*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 '17, Senior Researcher, International Transportation Learning Center](#)—listed below under our unit on therapy management groups/processes).

### **Th 4-24 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.

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.

*Please watch:* video from the Alumni Video Project, by [Hannah Aylward '19 and Shane Burcaw](#), Disability and Inter-abled Activists.

### **Sun 4-27 ANNOTATED BIBLIOGRAPHY due 11:59 p.m.**

## **WEEK V: EMBODIED MIND & THERAPY MANAGEMENT**

### **T 4-29 The Embodied Mind: "Somatization" and Trauma**

*N.B. We have four readings for today's class (split into two related themes)*

**Guest speaker: Elizabeth Durham '12, Fellow and Assistant Professor, Society of Fellows, University of Michigan, Anthropology**

**By our guest speaker, for first half of class, theme of interpretations of psychopharmaceuticals, using Cameroonian example:**

Durham, Elizabeth. 2024. "On Vitality: Chemical Possibilities and Politics of Life Force, Ease, and Everyday Life." *Anthropological Quarterly* 97(4):675-700.

<https://doi.org/10.1111/maq.12673>.

**Theme of somatization and trauma, using Cambodian and Hmong examples:**

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: 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.]

**Recommended:**

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](#).

## **Part Three: Therapy Management, Medical Pluralism, and Cross-Cultural Medical Ethics**

### **Th 5-1 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'17, Gerontology PhD, Senior Researcher International Transportation Learning Center; Research Fellow, U Mass Boston](#)—three videos featuring Shayna, her Aunt Tricia (a caregiver), and her friend Rose (resident of an independent living facility for elderly).

## **Midterm Break**



## **WEEK VI: EXPLANATORY MODELS & CROSS-CULTURAL MEDICAL ETHICS**

### **T 5-6 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).

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

*Film:* *Split Horn*

### **Th 5-8 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 [TBA], III [TBA], IV [TBA], V [TBA], & VII [TBA])--Women's Health, Children's Health, Chronic Disease, Mental Illness). **Everyone** should read the section "Culturally Responsive Health Care").

**§un 5-11 PAPER PROPOSAL due 11:59 p.m.** (1 page text + 1 page bibliography)

## **Part Four: Pathologies of Power: Social Risk, Social Management, Social Silence, Social Ethics**

### **WEEK VII: PATHOLOGIES OF POWER**

#### **T 5-13 Loud Silences: Pathologies of Power from Health Policy to Whispered Explanations and Polite Indirection: Haiti, Cuba, Nigeria, and South Africa**

Guest Speaker: Drewallyn Riley ('05), Training and Technical Assistance Associate  
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.

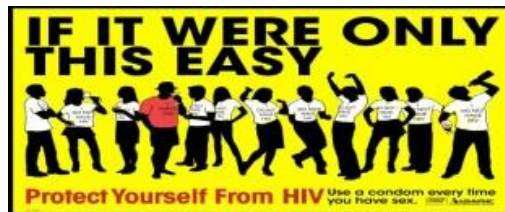
Smith, D.J. 2014. "Feeding Fat on AIDS": NGOs, Inequality, and Corruption." Chapter 4 in *AIDS Doesn't Show Its Face: Inequality, Morality, and Social Change in Nigeria*. Chicago: University of Chicago Press, pp. 103-120.

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 5-15 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 2.



### **WEEK VIII: HIV/AIDS—SOCIAL RISK, OPPORTUNITY STRUCTURES AND PUBLIC SECRETS, & ETHICS OF APPLIED MEDICAL ANTHROPOLOGY**

#### **T 5-20 Concepts and Comparative Projects in new HIV Research**

Guest Speaker: Harriet Phinney, PhD, MPH, Associate Professor Emeritus of  
Anthropology, Seattle University

Hirsch et al. 2010. *The Secret: Love, Marriage, and HIV*, Chapter 3 to end.

#### **Th 5-22 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.

Skim and choose one to read:

Somatosphere's Series "Political Stakes of Cancer." <https://somatosphere.net/sections/series/>

Block, Ellen. 2020. "Exposed Intimacies: Clinicians on the Frontlines of the COVID-19 Pandemic." *Anthropology in Action* 27(2):63067. <https://doi.org/10.3167/aia.2020.270209>

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: PULLING IT ALL TOGETHER—THEORY & PRACTICE IN MEDICAL ANTHROPOLOGY T 5-27 Putting It All Together: Reflecting on Theory and Practice in our ACE Projects**

**Guest Speaker:** Emily Seru, Associate Director for Academic Civic Engagement and Scholarship— Putting it all together: reflecting on theory and practice in our ACE projects  
**Flex Day:** Catch-Up and Work in ACE Groups

**Th 5-29 Student presentations:** Annual Meeting of the Carleton Society for Medical Anthropology  
*(Our community partners will join us in the audience for these presentations, organized--just as in professional academic conferences--by groups in sessions with each group member presenting an individual paper that contributes to a unified, coordinated whole.)*

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

**T 6-3 Student presentations:** Annual Meeting of the Carleton Society for Medical Anthropology  
*(Our community partners will join us in the audience for these presentations, organized--just as in professional academic conferences--by groups in sessions with each group member presenting an individual paper that contributes to a unified, coordinated whole.)*

**Sa 6-7 TERM PAPERS DUE no later than 11:59 p.m.**

**Enjoy your summer!**



## **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; a one-page single-space ARK (abstract-response-keywords) 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 (*preferred*), 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. Although 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. If you are ill, please let me know if you would be well enough to attend via Zoom. If you are sneezing, sniffing, or coughing, wearing a mask in the classroom is part of respect and generosity.

**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. To respect everyone’s privacy, please remember that what is said in the classroom stays in the classroom.

**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: timely communication is key. *Unexcused late assignments will have one letter grade subtracted for each day 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. Artificial Intelligence:** Academic integrity and authentic intelligence (i.e., learning) intersect in the thorny issues surrounding AI. You are allowed to use AI, with caution, for spell check and grammar check (Google and Grammarly do not always get these right, though, so you still have to use your brain and knowledge), as well as bibliographic storage (such as Zotero—note that you still need to use your brain to make sure it fits with the style anthropologists use [Chicago Author-Date version]). Using Chat GPT as a replacement for your own work will detract from your learning, because Chat GPT short circuits thinking. The struggle of figuring out just what you want to say in a paper and exactly how you want to say it is simultaneously an exercise in writing and in thinking. It involves wrestling with ideas so that you know how to articulate them clearly and the order in which to present them. In addition, using ChatGPT, GoogleBard, or something similar without citing it amounts to plagiarism. To find out more about the relationship between AI use and plagiarism, please refer to the Carleton web pages on [Plagiarism and Artificial Intelligence](#), and more broadly [Understanding Plagiarism](#).

**H. Citation norms:** The American Anthropological Association uses 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.

**I. 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. 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.

**J. Accommodations/Special Needs:** Please see the “Helpful Information” section for a statement about accommodations for students with disabilities and how to contact the Office of Accessibility Resources ([OAR@carleton.edu](mailto:OAR@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 thus 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” near 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 (**please ask if purchasing these books is a financial burden**):

Culhane-Pera, K., et al. 2003. *Healing by Heart: Clinical and Ethical Case Stories of Hmong Families and Western Providers*. Nashville: Vanderbilt University Press. (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 University Press. (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: University of California Press (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 class focused around discussion of readings, films or slides, and concepts. Part of each 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.

As **Discussion Forum** participants, you will post a response to the readings—between 100 and 150 words—**at least once a week** 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, please **no later than 7:00pm the evening before our class session**. *If your last name begins with the letter A-L, you must post for Tuesday’s classes; if your last name begins with the letter M-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 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. **Often one really good, searching question is enough!** Each student will do this at least two times. Sometimes you will do this with a partner, requiring coordination. You should meet with or have an email "conversation" with your professor for preparation feedback at least one day before your discussion starting will take place.

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 (abstract-response-keywords) 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 11:59pm 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** document, including your name in the document filename (e.g. FeldmanSavP\_ARKpaper.docx). Please also remember to **cite your sources, using anthropological ([Chicago Manual of Style AUTHOR-DATE](#)) citation style**. (Do NOT use the "bibliography and notes" style--GRRR. Use Author-Date.)

### **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 the evening following our second class session. 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. **This allows us to create strong teams for each ACE option, and gives you a special learning experience.** 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, Anna Ursin, 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 mega-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 (Carleton's OHP, the HOPE Center, Healthy Community Initiative, Koom Recovery, and the Northfield Area Family YMCA). 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.

**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 **April 4, 11:59pm** (Week II) *all* students should hand in their application indicating their preferences for final project options. Please hand your applications in ***electronically*** via Moodle.

By Sunday night, **April 27, 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 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.

By Sunday **May 11, 11:59 pm** (Week VI) *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 15% of your final grade. Please hand your topic proposals in ***electronically*** via Moodle.

**All Final Papers** are due Saturday **June 7 by 11:59 pm**. (plan ahead: see conditions for *lates* above). The final paper counts for 30% of your final grade.

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, 10% of your final grade) will be strictly timed; they may be read, but are much more effective when freely spoken from an organized outline. Refreshments will be included!



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



### **A. Office Hours**

Please make use of my scheduled office hours. I am there for you! Please use the Google Calendar appointment function in gmail to sign up for office hours. The link is in several places, including my email signature and [here](#). If you absolutely cannot attend my normal office hours, please e-mail me about scheduling another time.

To accommodate students' T/Th lab sessions, I will alternate weeks holding in-person office hours on Tuesday and Thursday afternoons. The rest of my office hours will be held by Zoom on [Mondays 1:00-3:00pm CT](#) Meeting ID: 913 4465 0783; Passcode: 334704, with a waiting room. Please wait patiently while I finish up with my previous appointment. Again, please email me for a special appointment if these times absolutely do not work for you. Please [click here to sign up for 15-minute time slots via Google calendar](#). Thank you!

### **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, cultures, gender identities, religions, ages, sexual orientations, disabilities, socioeconomic backgrounds, regions, and nationalities. I also recognize the potential financial burden of course expenses such as printing (no required books for this class!). 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. Speak with Fay Dacey about this ([fdacey@carleton.edu](mailto:fdacey@carleton.edu)).

### **C. Ask a Librarian**

Ask a librarian—especially our social science specialist librarian **Sean Leahy**—for help with your research in this class. You can [make an appointment with a librarian](#), get help via chat 24/7 from any page on the library’s website, [email](#), or [call](#). The Library building has lots of great study spaces, and we’d love for you to visit! For more information and our hours, visit the [Gould Library website](#).

Sean is a gem. You can email him ([smleahy@carleton.edu](mailto:smleahy@carleton.edu)), sign up for a consultation with Sean via his web page at [go.carleton.edu/smleahy](http://go.carleton.edu/smleahy); there he has a scheduler where students can sign up for a 25 minute consultation (or more). Sean writes that he’s happy to help! He has even created a [course guide](#) for SOAN 262. You might also want to check out the general anthropology guide:

<https://gouldguides.carleton.edu/anthropology>!

### **D. Accommodations and Assistive Technologies**

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 can work together to 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. The Office of Accessibility Resources (107 College Street) is the campus office that collaborates with students who have disabilities to provide and/or arrange reasonable accommodations. 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 [OAR@carleton.edu](mailto:OAR@carleton.edu) 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](#) combines academic and technological resources to support student classroom and computing needs, especially for students with physical or learning disabilities. Accessibility features include text-to-speech (Read&Write) and audio recording Smartpens like the Echo Smartpen. If you would like to know more, contact [aztechs@carleton.edu](mailto:aztechs@carleton.edu).

### **E. The Writing Center**

I urge all students to utilize **The Writing Center**, located in 420 4th Libe. The Writing Center provides a space staffed 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 everyone, including Multilingual Writers)**

If you believe you might benefit from working regularly with a writing consultant this term, email Kristen Vogel, [Coordinator of Multilingual Writing Support](#), at [kvogel@carleton.edu](mailto:kvogel@carleton.edu). She can arrange once- or twice-a-week meetings between you and a specific writing consultant throughout the term.

### **G. Student Well-Being**

Your health and well-being should always be your first priority. At Carleton, we have a wide array of resources to support students. 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. For more information, check out [Student Health and Counseling](#) (SHAC), the [Office of Health Promotion](#), or the [Office of the Chaplain](#).

### **H. 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 Carleton’s Title IX Coordinator ([titleix@carleton.edu](mailto:titleix@carleton.edu)) or visit the [Title IX website](#).

### **K. On-Campus Public Health Resources**

Carleton College maintains two public health web pages of interest: the [Academic Public Health Page](#), and the [Career 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.

To ensure that you do not cheat yourself out of authentic learning, the use of generative AI (ChatGPT, Google Bard, and the like) is NOT permitted in this class. Please see above under General Requirements-Principles.

Your final paper should have a title page, with an interesting and descriptive title, your name, the date, and the course number and title; bibliographies, paper proposals, and ARK papers should have this information at the top of the page. Papers should be 12-font with 1-inch margins; in your final paper, make sure the text section is double spaced. 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), and single-spaced. 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.
- 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 (i.e., we can't see who is doing the action).
- 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 or items in a list).
- 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! Do NOT use the “notes and bibliography version”!)

**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**, 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:

Kwon, Hyeyoung. 2022. “Inclusion Work: Children of Immigrants Claiming Membership in Everyday Life.” *American Journal of Sociology* 127 (6): 1818–59. <https://doi.org/10.1086/720277>.

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.):

Doyle, Kathleen. 2023. “The Queen Mary Psalter.” In *The Book by Design: The Remarkable Story of the World’s Greatest Invention*, edited by P. J. M. Marks and Stephen Parkin, 60-69. **Chicago**: University of Chicago Press. [Please note that CMOS recently dropped the requirement to include page range for a chapter in a book, here marked in red. I prefer that you include the page range.]

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

Binder, Amy J., and Jeffrey L. Kidder. 2022. *The Channels of Student Activism: How the Left and Right Are Winning (and Losing) in Campus Politics Today*. **Chicago**: University of Chicago Press. [Please note that CMOS recently dropped the requirement to include the place of publication, here marked in red. I prefer that you include the place of publication.]

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

Blum, Dani. 2023. “Are Flax Seeds All That?” *New York Times*, December 13. <https://www.nytimes.com/2023/12/13/well/eat/flax-seeds-benefits.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. If a source does not list a date of publication or revision, use *n.d.* (for “no date”) in place of the year and include an access date:

Wikimedia Foundation. 2023. “Wikipedia: Manual of Style.” Last modified December 19, at 21:54 (UTC). [https://en.wikipedia.org/wiki/Wikipedia:Manual\\_of\\_Style](https://en.wikipedia.org/wiki/Wikipedia:Manual_of_Style).

Yale University. n.d. “About Yale: Yale Facts.” Accessed March 8, 2022. <https://www.yale.edu/about-yale/yale-facts>.

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





## 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 which 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 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
- 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 AND WEBSITES**

Combined website: [Society for Medical Anthropology and Medical Anthropology Quarterly](#).

[ACCESS DENIED](#): A Conversation on Unauthorized Im/migration and Health,  
<http://accessdeniedblog.wordpress.com/>

Voices from Medical Anthropology (SMA), <http://socmedanthro.wordpress.com/>

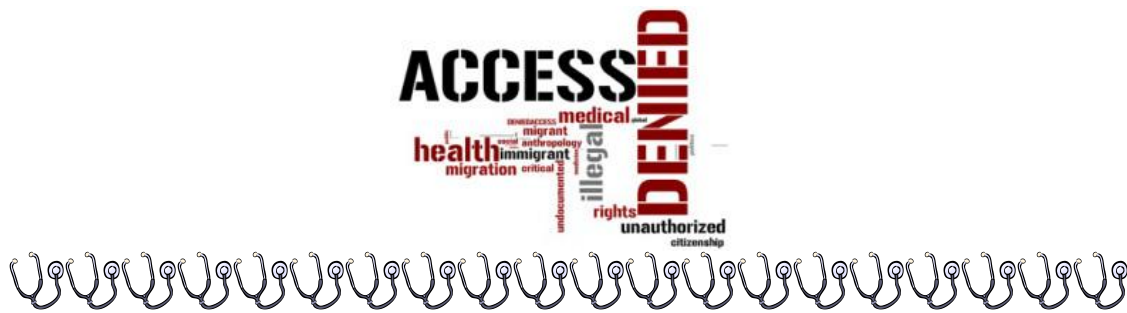
Somatosphere: Science, Medicine and Anthropology collaborative website: <http://somatosphere.net/>

Ebola Response Anthropology Platform, <http://www.ebola-anthropology.net/>

The Nocturnists ([medical storytelling podcast](#))

On Being with Krista Tippett ([podcast](#); some are medically related, e.g. on [mortality](#), the [nervous system](#), [physical trauma](#), and [the mindful body](#))

Carleton Gould Library Course Guide, [www.gouldguides.carleton.edu/soan262](http://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 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, <https://secure.mintecommerce.com/~ncfh/factsheets.php> (accessed 12/8/2006); Heuer, Hess, and Klug (2004) Meeting the Health Care Needs of a Rural Hispanic Migrant Population with Diabetes. *Journal of Rural Health* 20(3):265-270; Arendale, E. (2002) Medicaid and the State Children's Health Insurance Program. *Migrant Health Issues*, Monograph No. 3. Buda, TX: National Advisory Council on Migrant Health, National Center for Farmworker Health. <https://secure.mintecommerce.com/~ncfh/monograph.php>; Casey, M., L. Blewett, and K. Hall. (2004) Providing Health Care to Latino Immigrants: Community-Based Efforts in the Rural Midwest. *American Journal of Public Health* 94(10):1709-1711; Larson, A. (2002) Environmental/Occupational Safety and Health. *Migrant Health Issues*, Monograph No. 2. Buda, TX: National Advisory Council on Migrant Health, National Center for Farmworker Health. <https://secure.mintecommerce.com/~ncfh/monograph.php>.

**On COVID, in relation to online support groups:** 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; Barker, Kristin. 2008. "Electronic Support Groups, Patient-Consumers, and Medicalization: The Case of Contested Illness." *Journal of Health and Social Behavior* 49: 20–36; Kalichman, Seth C., Lisa A. Eaton, Valerie A. Earnshaw, and Natalie Brousseau. 2021. "Faster than warp speed: early attention to COVID-19 by anti-vaccine groups on Facebook." *Journal of Public Health*: 1–10; Naeem, Salman Bin and Maged N. Kamel Boulos. 2021. "COVID-19 Misinformation Online and Health Literacy: A Brief Overview." *International Journal of Environmental Research and Public Health* 18: 8091; Phillips, Tarryn and Tyson Rees. 2017. "(In)Visibility Online: The Benefits of Online Patient Forums for People with a Hidden Illness: The Case of Multiple Chemical Sensitivity." *Medical Anthropology Quarterly* 32 (2): 214–232. Also, here is a link to a Google Drive folder containing a collection of articles on "[Social Media, Truthers, and Misinformation](#)."

**On social determinants in relation to addiction** (including both anthropological articles and sources of data): Center for Rural Policy and Development: <https://www.ruralmn.org/publications/letters-to-the-new-governor-of-minnesota/issue-01/the-complex-map-of-substance-abuse-in-minnesota/>; <https://www.ruralmn.org/its-an-addiction-crisis/>; <https://www.ruralmn.org/wp-content/uploads/2018/07/Drugs-final-print-version-1.pdf>; MN Department of Management and Budget: <https://mn.gov/mmb-stat/results-first/substance-use-report.pdf>; Rice County-specific websites: <https://www.health.state.mn.us/communities/opioids/countyprofiles/rice.html>; <http://www.co.rice.mn.us/350/Adult-Mental-Health-Chemical-Dependency>; Hanssman, C., JK Shim, IH Yen, MD Fleming, M Van Natta, A Thompson-Lastad, MP Rasidjan, and NJ Burke. 2021. "'Housing Is Health Care': Treating Homelessness in Safety-Net Hospitals." *Medical Anthropology Quarterly* [early view]; Lenhard, J. 2017. "You Care More for the Gear Than the Geezer? Care Relationships of Homeless Substance Users in London." *City and Society* 305-328; Mendoza, S., A.S. Rivera, and H.B. Hansen. 2018. "Re-racialization of Addiction and the Redistribution of Blame in the White Opioid Epidemic." *Medical Anthropology Quarterly* 33(2):242-262.

**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 Anthropology 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.

**A few interesting medical anthropological articles related to this term's ACE projects:** The HCI and Koom Recovery ACE groups see above on addiction; you might also find the following AnthroSource search helpful: <https://anthrosource-onlinelibrary-wiley-com.ezproxy.carleton.edu/action/doSearch?field1=AllField&text1=COVID&field2=AllField&text2=addiction&field3=AllField&text3=&Ppub=>. HOPE Center ACE group, in addition to scholarly articles on IPV and IPV support organizations, such as Backe, Emma L. 2018. "A Crisis of Care: The Politics and Therapeutics of a Rape Crisis Hotline." *Medical Anthropology Quarterly* 32(4):463-480, consider looking for conceptual pieces on the political economy of health as well as "critical anthropology." An early example is the book Doyal, Lesley, and Imogen Pennell. 1979. *The political economy of health*. London: Pluto Press. More recently: McKinlay, J. B., ed. 2022. *Issues in the political economy of health care*. NY: Routledge. See also: Szreter, Simon, and Michael Woolcock. 2004. "Health by association? Social capital, social theory, and the political economy of public health." *International journal of epidemiology* 33(4): 650-667; McCartney, G., Hearty, W., Arnot, J., Popham, F., Cumbers, A., & McMaster, R. 2019. "Impact of political economy on population health: a systematic review of reviews." *American journal of public health*, 109(6), e1-e12. YMCA ACE group will want to look at the anthropological literature on chronicity (Lenore Manderson is one among several prominent medical anthropologists in this field) and a related concept of "interrupted biographies." Here are three citations: Manderson, Lenore, and Narelle Warren. 2016. "'Just One Thing after Another': Recursive Cascades and Chronic Conditions." *Medical*



*Anthropological Quarterly* 30(4):479-497; Manderson, Lenore, and Ayo Wahlberg. "Chronic Living in a Communicable World." *Medical Anthropology* 39(5):428-439. <https://doi.org/10.1080/01459740.2020.1761352>; Greco, Cinzia, and Nils Graber. 2022. "Anthropology of new chronicities: illness experiences under the promise of medical innovation as long-term treatment." *Anthropology & Medicine* 29(1):1-13, DOI: 10.1080/13648470.2022.2041550. The anthropological and sociological concept of "human agency" (often discussed in terms of the structure and agency debate) may be of interest. In addition, you can find some interesting anthropological scholarship on sociocultural aspects Parkinson's Disease, for example: Barken, Rachel. 2014. "Caregivers' Interpretations of Time and Biography: The Experiences of Caring for a Spouse with Parkinson's Disease." *Journal of Contemporary Ethnography* 43(6):695-719; Tonnesen, Merete, Claus Vinther Nielsen & Rikke Sand Andersen. 2022. "What Are Your Goals? Goal-Setting Logics in Danish Parkinson's Rehabilitation." *Medical Anthropology* 41(5): 574-590, DOI: 10.1080/01459740.2022.2102493; Tonnesen, Merete, and Claus Vinther Nielsen. 2024. "Hope and Haunting Images: The Imaginary in Danish Parkinson's Disease Rehabilitation." *Medicine Anthropology Theory* 11(3):1-25. <https://doi.org/10.17157/mat.11.3.7486>. **OHP ACE Group:** A search in AnthroSource (one of the databases accessible through our library) find many items on "loneliness," even just in the last five years (although not all seem relevant!): <https://anthrosource-onlinelibrary-wiley-com.ezproxy.carleton.edu/action/doSearch?AllField=loneliness&startPage=&Ppub=%5B20200307%20TO%20202503072359%5D>. The first item listed looks particularly promising: Parsons, Michelle Anne, Katherine A. Mason, Health M. Wurtz, and Sarah S. Willen. 2024. "I want the world back': Pandemic Loneliness, Bodies, and Places." *Ethos* 52(2):274-291.

### **Weeks 2, & 3**

**On being uninsured:** Huber, Sonya [Carl '93] (2010 *Cover Me: A Health Insurance Memoir*. Lincoln: University of Nebraska Press. Mulligan, J. Castañeda, H. (2017) *Unequal Coverage: The Experience of Health Care Reform in the United States*. . New York, NY: NYU Press; Dao, A. Mulligan, J. (2016) Toward an Anthropology of Insurance and Health Reform: An Introduction to the Special Issue. *Medical Anthropology Quarterly* (30): 5-17.

**On health inequalities and the concept of "community" in public health:** Logan, Ryan I., and Castañeda, Heide (2020) [Addressing Health Disparities in the Rural United States: Advocacy as Caregiving among Community Health Workers and Promotores de Salud](#). *International Journal of Environmental Research and Public Health* 17(24), 9223; 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!):** Wendland, Claire. 2022. *Partial Stories: Maternal Death from Six Angles*. Chicago: University of Chicago Press; Cromer, Risa. 2023. *Conceiving Christian America: Embryo Adoption and Reproductive Politics*. New York: NYU Press; Bridges, Khiara. 2011. *Reproducing Race: An Ethnography of Pregnancy as a Site of Racialization*. Oakland: University of California Press; 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* (4<sup>th</sup> 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.

On death and end of life care: Coe, Cati. 2022. *Changes in Care: Aging, Migration, and Social Class in West Africa*. New Brunswick: Rutgers University Press; 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.

#### Week 4

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.

On death: Gawande, Atul. 2014. *Being Mortal: Medicine and What Matters in the End*. NY: Metropolitan Books; Lin, Kristin. 2019. "Why We Should Talk More About Death (and How to Get Started)." Interviewed by Krista Tippet, On Being podcast, <https://onbeing.org/blog/why-we-should-talk-more-about-death-and-how-to-get-started/>, May 2, 2019; Martin, Courtney E. 2017. "Death Without Duality: Three Both/Ands at the End of Life." Interviewed by Krista Tippet, On Being podcast, <https://onbeing.org/blog/courtney-martin-death-without-duality-three-both-ands-at-the-end-of-life/>, December 14, 2017.

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; 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; 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%20people%20of%20color>. Retrieved 9/8/2020. Miller, B.J. 2016. "Reframing Our Relationship to That We Don't Control." Interviewed by Krista Tippett, On Being podcast, <https://onbeing.org/programs/b-j-miller-reframing-our-relationship-to-that-we-dont-control/>, January 28, 2016.

## 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 Quarterly* 16(3):360-377; Kernayer, 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:** Olsen, William C. and Carolyn Sargent, eds. 2017. *African Medical Pluralism*. Bloomington: Indiana University Press; 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:** Thao, Mai See. 2018. *Bittersweet Migrations: Type II Diabetes and Healing in the Hmong Diaspora*. ProQuest Dissertations Publishing; Thao, Mai See and Audrey Bochaton. 2021. "Healing in the Diaspora: Hmong American and Hmong Lao Practices of Care." In *Care Work and Medical Travel: Exploring the Emotional Dimensions of Caring on the Move*. Edited by Cecilia Vindrola-Padros, 11-34. Lanham, MD: Lexington Books; 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](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; 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](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 Basilio. 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.

## Week 9

**Reflecting on Academic Civic Engagement:** Gust, Susan Ann, and Catherine Jordan. 2006. “The Community Impact Statement: A Prenuptial Agreement for Community-Campus Partnerships.” *Journal of Higher Education Outreach and Engagement* 11(2):155-169. See also the [six tenets of community institutional collaboration](#) that Emily Seru references on the CCCE website.





## XII. ACADEMIC CIVIC ENGAGEMENT OPTIONS



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 public health issues such as loneliness on campus; the impact of intimate partner violence; community perceptions of harm reduction responses regarding substance use; building culturally-responsive recovery programming; and restoring agency to sufferers of chronic illness through a targeted exercise program at the YMCA. 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. Each of these ACE final projects will result in a ten-page paper and oral presentation. All students who will be spending time off-campus as part of their ACE projects will need to fill out the CCCE's [Release and Waiver Form](#). Please read the following descriptions carefully before applying for these ACE projects.



### **A1: Carleton College Office of Health Promotion: The Impact of Loneliness on Carls**

**Background:** In 2024, Carleton participated in the National College Health Assessment (NCHA), a campus-wide student survey. Data from that survey indicated that nearly half (49%) of Carleton students screen positive for experiencing loneliness, according to the UCLA Loneliness Scale (ULS3). Additionally, in 2023, the US Surgeon General issued a 70-page report entitled, *Our Epidemic of Loneliness and Isolation*. Mental Health issues have continued to grow and impact people globally, and the connection between mental health and loneliness, isolation, and/or lack of social connection cannot be denied. At Carleton, we are a campus that thrives with social connection, and has a plethora of resources and opportunities for connection and community every day. And yet, Carls are experiencing loneliness at a rate similar to the rest of college students in the United States.

**The Project:** In this project, Carleton's [Office of Health Promotion](#) (OHP) hopes that you can explore the complex issue of loneliness among Carleton students. In particular, they would like you to investigate the following topics:

- What does existing research and literature convey about the state of loneliness in our modern world, and what are the connections to mental health?
- What are the ways in which Carls experience loneliness on campus?
- What is the connection between loneliness and mental health for Carls? How do Carls self-describe the impact of it on their well-being?
- What are the best resources that help mediate loneliness for Carls?
- What are the key contributing factors to the loneliness of Carls?
- What are the barriers that make addressing loneliness challenging?
- What ideas would be effective at addressing the key contributing factors to loneliness, while also avoiding the challenging barriers?
- How might Carleton address these challenges?

To investigate these questions, your methodologies will include:

- Exploring existing research on loneliness and mental health in the United States, with particular focus on college students.
- Analyzing existing data from our National College Health Assessment (from both 2022 & 2024). Additionally, NCHA comparison data to colleges and universities across the United States should be considered.

- Conducting in-person focus groups, possibly followed up by individual interviews, at Carleton to dig deeper into the NCHA survey to better understand what it means for the well-being of Carls.

#### **Learning Goals:**

- Develop research questions and methods designed to uncover the aspects of loneliness among Carleton College students, including broader patterns of prevalence, characteristics, and contributing factors; correlations and causal links between loneliness and mental health conditions; subjective experiences of Carls regarding the impact of loneliness on their well-being and the systemic and individual-level challenges they face that hinder effective interventions.
- Practice creative and varied data collection methods that keep in mind the needs and structure of the community partner
- Analyze both qualitative and quantitative data, connect them with library research including medical anthropology concepts, and synthesize the important findings into public scholarship. This includes formulating actionable recommendations—innovated strategies and interventions—for Carleton College to implement, to address the key contributing factors and subsequent challenges of loneliness among Carleton’s student population.

#### **Key responsibilities:**

- The project group will have the opportunity to check-in with the Office of Health Promotion (Patrick Gordon, Director of OHP) approximately 2-3 times, as needed, between being assigned to the project and completing it during the term.
- These meetings can be utilized to gather more information, ask clarifying questions, and ensure that the project is on track to meet the identified goals. These 2-3 meetings will be scheduled at the beginning of the project, flexibly according to the schedules of everyone involved. The group is responsible for scheduling these meetings, beginning during Week Two (week of April 7th).
- Develop focus-group interview guidelines, consulting with your ACE TA, and meet with your ACE TA regularly.
- Develop a meaningful division of labor within the group; keep good records of interview and archival research, sharing them among the research team.
- Report findings back to the OHP staff, CCCE, and SOAN 262 class through final papers, oral presentations, and a group executive summary report to the OHP. The summary report should summarize current research (with sources), data implications, themes from focus groups, possible solutions/barriers, and implications/considerations for the future.

**Contact:** Patrick Gordon, [pgordon@carleton.edu](mailto:pgordon@carleton.edu), Director of Health Promotion, Carleton College.

**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.



### **A2: Hope Center: Political and Economic Impacts on Intimate Partner Violence and Support Services**

#### **Background:**

Domestic violence is a significant issue in Rice County. The mission of [HOPE Center](#) is to create zero tolerance for sexual and domestic violence through Healing, Outreach, Prevention, and Education. HOPE Center offers direct support to victims of violence in Rice County, collaborative support to other organizations that serve victims, and educational support to the entire community. HOPE Center also offers a SafeLine.

#### **The Project:**

This project will explore the political economy of health, specifically the impact of federal funding cuts to domestic violence services in Minnesota and economic factors that contribute to upticks in intimate partner violence. [HOPE Center](#) is a member of the statewide coalition [Violence Free MN](#), whose members are actively advocating at the MN legislature and telling the stories of intimate partner violence in MN and how support services like those offered by HOPE Center are essential.

The broad research questions for this project include:

- What have been historical causes of rises and falls in cases of intimate partner violence?
- What impact are current federal cuts and threats to cuts to intimate partner services having on Minnesota service providers?
- What impact do intimate partner violence services/nonprofits have on individuals that make use of their programs?

Students will analyze historical data and materials documenting trends on intimate partner violence (IPV) as well as case studies (starting with HOPE Center historical data and grant reports). Students will interview staff members at MN nonprofits serving people impacted by intimate partner violence (especially members of the Violence Free MN Coalition), and research current trends and predictions given the changing political and economic environment. They will create visual reports that the coalition and HOPE center can use in advocacy and educational efforts.

#### **Learning Goals:**

- Develop research questions and methods designed to assess the impact of both economic and policy changes on a) intimate partner violence, b) services for IPV survivors as well as preventive measures, and c) the effectiveness of these services for individuals making use of IPV service-providing non-profits.
- Practice creative and varied data collection methods that keep in mind the needs and structure of the community partner
- Analyze both quantitative and qualitative data, using primary and secondary sources, and connect these data with library research including medical anthropology concepts, and synthesize the important findings into public scholarship.

#### **Key Responsibilities:**

- Students will meet regularly as a group to coordinate tasks and goals. They will meet with Erica Staab at the end of Week Two (week of April 7th) and no later than the beginning of Week Three for initial guidance. They are responsible for reaching out to both Erica and to the ACE TA (Sunny Sun), as well as any support staff at the CCCE, as needed.
- Meet with HOPE Center staff again no later than early May for reciprocal check-ins, and sharing of information and inspiration.
- Examine HOPE Center historical data and grant reports, as well as any relevant government documents and (scholarly) secondary sources you may find in the library. (Don't forget to consult with specialist librarian Sean Leahy!)
- Develop interview guidelines, consulting with your ACE TA
- Conduct these interviews with Hope Center staff and their contacts, especially members of the Violence Free MN Coalition)
- Keep good records of interview and archival research, sharing them among the research team
- Report findings back to the Hope Center staff, CCCE, and SOAN 262 class through final papers, oral presentations, and an executive summary

**Contact:** Erica Staab, Executive Director of the HOPE Center, [estaab@hopecentermn.org](mailto:estaab@hopecentermn.org), 507-332-0882, HOPE Center, 1003 7th St. NW, Faribault, MN 55021

**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.



### **A3: Healthy Community Initiative: Community Perceptions of Harm Reduction**

#### **Responses**

#### **Background:**

[Healthy Community Initiative](#) (HCI) is a dynamic nonprofit organization that facilitates health & racial equity alongside people & partners. We invest in community-driven programming for the benefit of youth and their families living in Rice County, Minnesota. The Rice County Chemical and Mental Health Coalition (RCCMHC) advocates for improving chemical and mental healthcare systems in Rice County. The Coalition takes a data-driven, public health approach to identifying opportunities for education and implementation of supportive programs. The Coalition is committed to improving prevention and

intervention, implementing evidence-based harm reduction strategies, and supporting treatment efforts countywide.

Based on evidence-based harm reduction strategies, the RCCMHC and its community partners have worked diligently to expand access to Naloxone over the past 6 years. Back in 2019, it was required that a person have a prescription in order to obtain naloxone. As knowledge and societal acceptance has shifted, the prescription requirement has been removed and naloxone has become more readily available.

### **The Project:**

In the fall of 2024, the RCCMHC obtained a grant to purchase and install naloxone storage boxes which provide free nasal naloxone throughout the community. Over a 3-month period, the RCCMHC was able to place 68 boxes throughout Rice County, making access to life saving medication easier than ever before. As this has rolled out, we have encountered areas of great support and areas of apprehension. We would like to explore how the availability of naloxone might be changing behaviors and perceptions in the community. As free naloxone becomes more socially acceptable and accessible, will we see changes in usage? Will we see a reduction of stigma? Will we see fewer overdoses reported? How do all of those things affect future work in this area?

The *broad questions* for this project—in order of priority—include:

1. How is naloxone being accessed?
  - a. Is free readily available naloxone having the impact we were hoping for (i.e., fewer overdose deaths in the community)?
  - b. How does the difference between mediated and unmediated access affect stigma, community ties, and feelings of belonging?
2. How are the free naloxone boxes perceived in the community?
  - a. Are there different perceptions in the community depending on one's exposure, interaction, and knowledge of opioid usage rates in our community?
  - b. Is the public availability of naloxone through naloxone boxes changing perceptions of those not using opioids or not in close contact with those that use opioids in the community?
3. How do we continue to understand what is happening in the community if overdoses are not being reported due to people using Naloxone? In other words, what are the oversight rates? We know deaths but not overdoses; will this impact funding if there is a perception that the problem has been solved?

*Possible methodologies* for this project include:

- Observing places where boxes are located
- Interview people in the community about having free naloxone boxes (public perception); for example—community conversations at the public library, or with employees at businesses where the boxes are located.
- An anonymous survey near the boxes, to capture public perception of the free naloxone boxes
- Interview students on Carleton and St. Olaf (Carleton won't allow the naloxone boxes on campus but St. Olaf does) - how do the students perceive the availability or lack of availability of the boxes?
- Interviews with peer recovery support staff

### **Learning Goals:**

- Develop research questions and methods designed to uncover the intersection of well-being, society/culture, and perceptions of public health interventions regarding substance use.
- Understand and apply key medical anthropological and public health concepts that inform an understanding of perceptions (and consequences) of anonymous access to naloxone through the presence of Narcan Boxes.
- Practice creative and varied data collection methods that keep in mind the needs and structure of the community partner. These include 1) anthropological methods of primary data collection such as observation and interviewing, and 2) finding and synthesizing secondary data about community access to naloxone, community perceptions of addiction and recovery, harm reduction, and the social construction of space and place (with regard to the placement of naloxone boxes as a social act).
- Analyze qualitative data, connect it with library research including medical anthropology concepts, and synthesize the important findings into public scholarship.



**Key responsibilities:**

- Group members will meet with HCI staff (Meleah Follen and Ashley Gardner) during the week of April 7th; contact them right away to make an appointment.
- Meet with them again at the beginning of May to answer any questions, give and get updates, for reciprocal information-sharing and inspiration.
- Meet together and with the ACE TA to develop interview questions, a survey, and to discuss division of labor and data-management/sharing among the group.
- Create an executive summary as the most helpful give-back to HCI.

**Contacts:** Meleah Follen, [meleah@healthycommunityinitiative.org](mailto:meleah@healthycommunityinitiative.org); Ashley Gardner [ashley@healthycommunityinitiative.org](mailto:ashley@healthycommunityinitiative.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.

**A4: Koom Recovery: Building Culturally Responsive Recovery Programming****Background:**

[Koom Recovery](#) was founded in 2024 by three family members—Yeng Moua, Xianna MouaYang, and Mai Moua (see also [this article in Sahan Journal](#)). It emerged from the founders' personal experiences with substance use disorder and recovery, shaped by challenges of stigma, shame, and limited accessible resources within the Hmong community. Many existing substance use recovery programs do not acknowledge the cultural pressures, life-altering events, and linguistic needs of the Hmong community. Koom Recovery aims to fill that gap. Its mission is to educate, empower, and support the Hmong community on substance use disorder and recovery. Breaking the silence and cultural stigma surrounding substance use disorder in the Hmong community and fostering support are key aims. Koom is the Hmong word for “join.” Koom Recovery strives to uplift individuals on their journey to healing through educational workshops about substance use disorder and recovery, providing culturally specific peer support, and reducing stigma in the Hmong community.

**The Project:**

This project will explore models of culturally-specific and culturally-responsive recovery organizations already supporting various communities in Minnesota (such as Lighthouse Beginnings, Pathfinders in the Native American community, and NEA Initiative in the Somali community). It will also investigate if there are other Hmong- or AAPI-specific recovery organizations in other states. For both kinds of culturally-specific recovery organizations it would be helpful for Koom Recovery, a recently-established organization, to learn about prior experiences and lessons learned regarding aspects such as what culturally-specific programming looks like, what approaches are most effective for short- and long-term recovery, what combination of services are offered, how families and community members become involved in these organizations' recovery efforts, and—if relevant—how these organizations use spatial arrangements to further participants' sense of belonging and ease with the hard work of recovery. These questions can be addressed through both secondary and primary data resources. To include primary data collection, the project will also involve visiting the Frogtown Recovery Cafe, interviewing Koom Recovery staff as well as staff in other culturally-specific recovery organizations, and attending at least one of Koom Recovery's monthly workshops held in April/May.

**Learning Goals:**

- Develop research questions and methods designed to uncover the intersection of well-being, society/culture, and perceptions of public health interventions regarding substance use.
- Understand and apply key medical anthropological and public health concepts that inform an understanding of the range of models and best practices for culturally-specific substance use recovery programs.
- Practice creative and varied data collection methods that keep in mind the needs and structure of the community partner. These include 1) anthropological methods of primary data collection such as observation, interviewing, and thematic content analysis of recovery organizations' reports and

news articles; 2) finding and synthesizing secondary data about addiction, recovery, culturally-specific public health interventions, and cross-cultural medical ethics.

- Analyze qualitative data, connect it with library research, interpret findings using conceptual frameworks from the class and from relevant scholarly literature, and synthesize the important findings into public scholarship.

#### **Key responsibilities:**

- Communicate early and often with the contact, Mai Moua, to best understand Koom Recovery's goals with this project, to gain contact to their collaborating recovery organizations, and to arrange for 2-3 site visits. Connect with Fay Dacey at CCCE to reserve a fleet vehicle for two to three Monday evenings to drive to St. Paul, Frogtown Recovery Café.
- Organize your time and interact responsibly and respectfully with recovery organization staff, following principles of ethical academic civic engagement.
- Arrange for and conduct individual and/or focus-group interviews with Koom Recovery staff and possibly with staff from collaborating recovery organizations.
- Search like good data sleuths for primary and secondary data (using all Carleton resources available, including specialist reference librarian Sean Leahy).
- Create a two-page executive summary or infographic for Koom Recovery, in addition to your final papers for class.
- Create PowerPoint slide deck with user-friendly graphs and visual representation of findings about culturally responsive approaches and their impact on people in recovery. Staff want to present to Keith Ellison's office and other elected officials at Recovery Day on the Hill. Students will provide staff with a few slides for this meeting, showing the impact of and availability of culturally responsive resources/recovery programs, including examples of national models that have been effective. This will help with gaining support and resources for their work. Attend 2 Monday night recovery community group meetings at Frogtown Recovery Cafe - talk with staff, observe, sit in on one of the break-out recovery groups, help with clean up, and get other contact ideas.

**Contact:** Mai Moua, [Mai.Moua@koomrecovery.org](mailto:Mai.Moua@koomrecovery.org)

**Workshop locale:** Recovery Cafe Frogtown, 499 Charles Ave. St Paul MN

**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.



#### **A5: Northfield Area Family YMCA: Addressing Chronicity and Restoring Agency through the Rock Solid Exercise Program**

##### **Background:**

The [Northfield Area Family YMCA](#) is a non-profit leader with the mission of building strong kids, strong families and a strong community. The Y focuses on programs that support youth development, healthy living, and social responsibility. The leadership of the YMCA is provided by a staff team of 55 employees and is governed by the Northfield YMCA board of directors. The Y ensures that everyone in the community regardless of race, religion, age or economic status has access to all Y programs and services that can improve their health in spirit, mind and body.

The Northfield Area Family YMCA facility opened in 2014. The YMCA provides a variety of programs and services including swim lessons, personal training, youth sports, youth leadership programs, summer camp, child care programs, summer camp, and a variety of other programs.

The YMCA is moving into the area of chronic disease prevention and management. This will include programs for aging and mobility, cancer survivors, pre- and post-operating patients, and more. The first program in this area is the [Rock Steady Boxing](#) program. "Rock Steady Boxing (RSB) is a nonprofit gym founded in 2006 to provide an effective form of physical exercise to people who are living with Parkinson's. RSB enables people with Parkinson's disease to fight their disease by providing non-contact boxing-style fitness programs that improve their quality-of-life and sense of efficacy and self-worth" (<https://northfieldymca.org/programs/healthy-living/rock-steady-boxing>).

### **The Project:**

The stated goals of the Rock Steady Boxing program (RSB) are to:

1. “Combat symptoms and reclaim your strength”
2. “Tailored to your needs”
3. “Join a supportive community”

Is the YMCA reaching these goals, and if so, how? Where do program participants’ and staff perceptions converge and diverge? What kind of insights can medical anthropology lend to the Y’s Rock Steady Boxing program that will enhance its effectiveness and the positive impact on participants’ lives and well-being? Through library research on issues such as chronicity, interrupted biographies, the effect of chronic vs. acute illness on support systems (the anthropological concept of therapy management groups), and notions of the body, aging, and agency, student researchers can interpret data they will gather at the Northfield Area Family YMCA through observation, participant observation, and interviews with RSB participants and staff. Students could conduct a thematic content analysis if the YMCA has anonymous evaluations or comments submitted by participants that they are able to share.

### **Learning Goals:**

- Develop research questions and methods designed to uncover the intersection of well-being, society/culture, and perceptions of public health interventions regarding chronic illness and aging, with a focus on Parkinson’s Disease.
- Understand and apply key medical anthropological and public health concepts that inform an understanding of chronic illness.
- Practice creative and varied data collection methods that keep in mind the needs and structure of the community partner. These include 1) anthropological methods of primary data collection such as observation and interviewing, and 2) finding and synthesizing secondary data about chronic illness, aging, and the role of exercise in regaining/maintaining agency and community belonging.
- Analyze qualitative data, connect it with library research including medical anthropology concepts, and synthesize the important findings into public scholarship.

### **Key responsibilities:**

- Students will meet regularly as a group to coordinate tasks and goals. They will meet with Tyler Powell and Anne Kirchberg during Week Two (week of April 7th) for initial guidance. They are responsible for reaching out to both Tyler/Anne and to the ACE TA (Sunny Sun), as well as any support staff at the CCCE, as needed.
- Meet with YMCA and RSB staff again no later than early May for reciprocal check-ins, and sharing of information and inspiration.
- Develop guidelines for observation as well as individual and focus-group interviews, consulting with your ACE TA, and meet with your ACE TA regularly. Interviews could be with YMCA staff (administrators as well as RSB teachers/coaches) and—if allowed—with RSB participants.
- Develop a meaningful division of labor within the group; keep good records of interview and other research, sharing them among the research team.
- Report findings back to the YMCA staff, CCCE, and SOAN 262 class through final papers, oral presentations, and a group executive summary report to the YMCA.

**Contacts:** Tyler Powell [tyler@northfieldymca.org](mailto:tyler@northfieldymca.org); Anne Kirchberg [anne@northfieldymca.org](mailto:anne@northfieldymca.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 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**

**Shiqi (Sunny) Sun**, our wonderful SOAN 262 ACE TA, will help you with nitty-gritty details that emerge, as well as with conceptual issues regarding your projects. Sunny is a junior Math major and SOAN almost-major, with dedication to public policy and Public Health. She is a CCCE Fellow in the Health and Belonging Cohort. While a student in SOAN 262 in Winter 2023, Sunny participated in the HOPE Center project regarding strangulation. Sunny 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. Sunny's TA office hours are: Wednesday 7:30-9pm, Thursday 7:00-9pm, and by appointment, on 4th Libe. You can best reach her via email at: [suns@carleton.edu](mailto:suns@carleton.edu); tel: 507-581-1078.

Other ACE-specific resources include **Emily Seru**, Associate Director for Academic Civic Engagement and Scholarship ([eseru@carleton.edu](mailto:eseru@carleton.edu)), and **Fay Dacey**, Academic Civic Engagement and Scholarship Coordinator ([fdacey@carleton.edu](mailto:fdacey@carleton.edu)).

