



CULANTH 424K Cross-listed as GLHLTH 321K

Medical Anthropology

Spring 2016

Areas of Knowledge:

- *CZ (Civilizations)*: This course compares health beliefs, behaviors, and institutional settings for the treatment of illness and other health problems across different societies. Special attention is paid to medicine and health in Mexico and Central America, China, and the United States.
- *SS (Social Sciences)*: This is a social science course, and as such focuses on theories, methods, concepts, and ways that social science helps solve medical issues in local and global settings.

Modes of Inquiry: Students need to be prepared to grapple with issues pertaining to these themes throughout their lives and careers.

- **Cross-Cultural Inquiry (CCI)**. This Mode of Inquiry provides an academic engagement with the dynamics and interactions of culture(s) in a comparative or analytic perspective. It involves a scholarly, comparative, and integrative study of political, economic, aesthetic, social and cultural differences. It seeks to provide students with the tools to identify culture and cultural difference across time or place, between or within national boundaries. Medical anthropology is ideally suited to learning the structure of cross-cultural inquiry as it is based on comparing cultural strategies in health across different societies and countries.
- **Ethical Inquiry (EI)**. Undergraduate education is a formative period for engaging in critical analysis of ethical questions arising in human life. Students need to be able to assess critically the consequences of actions, both individual and social, and to sharpen their understanding of the ethical and political implications of public and personal decision-making. Thus, they need to develop and apply skills in ethical reasoning and to gain an understanding of a variety of ways in which, across time and place, ethical issues and values frame and shape human conduct and ways of life. Medical anthropology rests on the core value of medicine (“Do no harm”) and the ethical principles of social science (privacy, confidentiality, openness, and honesty in research).
- **Science, Technology, and Society (STS)**. Advances in science and technology have wrought profound changes in the structure of society in the modern era. They have fundamentally changed the world, both its philosophical foundations, as in the Copernican or Darwinian revolutions, and in its practical everyday experience, as in the rise of the automobile and television. Medical Anthropology is a biological, social, and cultural science, linking these areas through theory and practice.

Course format: Lecture, problem solving, field trips, and class discussions

Instructor's Information

Allan F. Burns, Ph.D.

Adjunct Professor, Duke/Kunshan University

Allan Burns is an applied anthropologist who has carried out research on indigenous health and healing in Mayan communities of Central America, among American Indian tribes, and Pacific Islanders. He has collaborated with medical researchers on health disparity research among glaucoma patients, stroke patients, and smoking initiation, and immigrant maternal and child health. He has served on technical committees of the Pan American Health Organization on indigenous people and infectious diseases, as a consultant to several Latin American Universities on reform towards intercultural university medical education, and created an office of Global Health to coordinate student health trips. He has led international experiences for students of anthropology, medicine, dentistry, public health, and pharmacy.

Office: TBA

Office Hours: TBA

Prerequisite(s), if applicable: None. Recommended: At least one Social Science course

Course Description

Cross cultural experiences and understanding of health and illness, the body and non-biological aspects of medicine. Culture-specific sickness (like envidia, running amok, attention deficit disorder). Class, race, and gender inflected experiences of health. Various societies' organization of health care specialists, including biomedical doctors, voodoo priestesses, and shamans.

Course Goals / Objectives

Students will learn the ways in which anthropology, especially cultural anthropology and biological anthropology, have improved health, medical systems, and well-being in societies around the world.

Learning objectives:

1. Learn how anthropologists and other social scientists have studied indigenous, folk, and cross cultural health beliefs, practices, and outcomes
2. Apply medical anthropology methods for understanding health beliefs and behaviors, categories and treatments of diseases through interviews and linguistic analysis.

3. Be able to analyze international health systems (donors, non-governmental agencies, supra-national governmental organizations and how they impact local health.
4. Carry out comparative health and illness analysis through a cultural and ethnographic perspective.
5. Analyze how people cope with health and illness events within rapid social change such as migration, conflict, and natural disasters.
6. Be able to apply medical anthropology perspectives to programs designed to improve health. This includes skills in planning, policy communication, community involvement, and evaluation.

Required Text(s)/Resources

Required Texts:

- **Introducing Medical Anthropology: A Discipline in Action (Paperback)** Merrill Singer, Hans Baer, AltaMira Press; 2nd Edition(November 3, 2011) (Also available in a Kindle edition which is acceptable for this class) ISBN-10: 0759120897 ISBN-13: 978-075912089
- **The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors, and the Collision of Two Cultures (Paperback)** by Anne Fadiman. Farrar, Straus and Giroux; Later Printing edition (April 24, 2012) (Also available in a Kindle edition which is acceptable for this class) ISBN-10: 0374533407 ISBN-13: 978-0374533403
- **Other-Worldly: Making Chinese Medicine through Transnational Frames.** Mei Zhan. Duke University Press, 2009. (softcover) (Also available in a Kindle edition, which is acceptable for this class) ISBN-10: 0822343843 ISBN-13: 978-0822343844

Articles and essays on the web:

1. Arucho Castro, and others, Iatrogenic Epidemic: How Health Care Professionals Contribute to the High Proportion of Cesarean Sections in Mexico, Harvard University, THE DAVID ROCKEFELLER CENTER FOR LATIN AMERICAN STUDIES, Working Papers on Latin America
http://www.medanthro.net/docs/castro_mexicocity.pdf
2. Balaesque, and others, Challenges in human genetic diversity: Demographic history and adaptation, Human Molecular Genetics, 2007, 16:R134-R139
3. Blumenthal, David, and William Hsiao, Privatization and Its Discontents — The Evolving Chinese Health Care System, , New England Journal of Medicine, 2005; 353:1165-1170
<http://www.nejm.org/doi/full/10.1056/NEJMhpr051133>
4. Breslau, Joshua, Cultures of Trauma: Anthropological Views of Posttraumatic Stress Disorder in

- International Health, Culture, Medicine and Psychiatry June 2004, Volume 28, Issue 2, pp 113-126.
<https://tavaana.org/sites/default/files/Reading%202.pdf>
5. Burns, Allan, and others, Sociolinguistics and Aphasia, *Journal of Linguistic Anthropology* Volume 1, Issue 2, pages 165–177, December 1991
 6. Chary, Anita, Anne Kraemer, Brent Henderson, and Peter Rohloff, The changing role of indigenous lay midwives in Guatemala: New frameworks for analysis. *Midwifery* 2013 Aug 12;29(8):852-8. Epub 2013 Feb 12.
https://anthropology.artsci.wustl.edu/files/anthropology/imce/midwife_paper.pdf
 7. Chavez, Leo, *Immigration and Medical Anthropology*. in *American Arrivals: Anthropology Engages the New Immigration*. Santa Fe: School of American Research, 2003.
<http://www.socsci.uci.edu/~lchavez/bio/Chavez-imm.pdf>
 8. Costanza, Robert, and others, Quality of life: An approach integrating opportunities, human needs, and subjective well-being, *Ecological Economics* 61 (2007) 267 – 276. Available through Science Direct,
<https://www.pdx.edu/sites/www.pdx.edu.sustainability/files/Costanza%20et%20al.%20QOL%202007.pdf>
 9. Farmer, Paul E., *Community-Based Therapy for Multidrug-Resistant Tuberculosis in Lima, Peru*.
<http://www.nejm.org/doi/full/10.1056/NEJMoa022928#t=article>
 10. Farmer, Paul, “Partners in Health” organization. <http://www.pih.org>
 11. Farmer, Paul, Bruce Nizeye, [...], and Salmaan Keshavjee, *Structural Violence and Clinical Medicine*, *PLoS Med*. Oct 2006; 3(10): e449. Published online Oct 24, 2006. doi: 10.1371/journal.pmed.0030449
 12. Farmer, Paul, Q & A with Paul Farmer at Duke University.
<http://www.dukechronicle.com/articles/2011/12/06/q-paul-farmer>
 13. Frake, Charles O., *The Diagnosis of Disease among the Subanun of Mindanao*, Article first published online: 28 OCT 2009 DOI: 10.1525/aa.1961.63.1.02a00070 *American Anthropologist* Volume 63, Issue 1, pages 113–132, February 1961,
<http://onlinelibrary.wiley.com/doi/10.1525/aa.1961.63.1.02a00070/pdf/>
 14. Gravlee, Clarence, Amy L. Non, and Connie Mulligan, Genetic ancestry, social classification, and racial inequalities in blood pressure in Southeastern Puerto Rico. (2009). *PLoS ONE* 4 (9): e6821.
<http://www.plosone.org/article/fetchObject.action?uri=info%3Adoi%2F10.1371%2Fjournal.pone.0006821&representation=PDF>
 15. Halkowski, Timothy, *The Achieved Coherence of Aphasia Narrative*. *Perspectives on Social Problems*, Volume 11, pp 261-276, 1999.
http://www.academia.edu/187010/Achieved_Coherence_in_Aphasic_Narrative

16. Hogikyan, Megan, From the perspective of the poor: An analytical review of selected works of Paul Farmer. Guest post, Anthropology Works.
<http://anthropologyworks.com/index.php/2013/02/08/from-the-perspective-of-the-poor-an-analytical-review-of-selected-works-of-paul-farmer-2/>
17. Huber, Brad and Robert Anderson. Bonesetters and Curers in a Mexican Community: Conceptual Models, Status and Gender. Medical Anthropology Quarterly Vol. 17, pp. 22-36, 1996.
<http://huberb.people.cofc.edu/www/Selected%20Publications/Huber%20Anderson%201996%20Bonesetters%20Curers.pdf>
18. Huffington Post. A conversation with Tracy Kidder about Mountains beyond Mountains.
http://www.huffingtonpost.com/mark-klempner/a-conversation-with-tracy_b_91799.html
19. Kleinman, Arther and Peter Benson, Anthropology in the Clinic: The Problem of Cultural Competency and How to Fix It, PLOS Medicine, October 2006.
<http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.0030294>
20. Lee, Liming, The Current State of Public Health in China, Annual Review of Public Health Vol. 25: 327-339 (Volume publication date April 2004).
<http://www.annualreviews.org/doi/abs/10.1146/annurev.publhealth.25.101802.123116>
21. Lee, Song, Mental Health of Hmong Americans: A Metasynthesis of Academic Journal Article Findings, Hmong Studies Journal, 14(2013): 1-31. <http://hmongstudies.org/LeeHSJ14.pdf>
22. McCullough, John M., Human Ecology, Heat Adaptation, and Belief Systems: The Hot-Cold Syndrome of Yucatan, Southwestern Journal of Anthropology, 29(1) Spring 1973 (pp. 32-36).
<http://www.jstor.org/stable/3629623>
23. Rodney, Nicole C., and Connie J. Mulligan A biocultural study of the effects of maternal stress on mother and newborn health in the Democratic Republic of Congo. American Journal of Physical Anthropology. Article first published online: 11 JUL 2014.
<http://onlinelibrary.wiley.com/doi/10.1002/ajpa.22568/full>
24. Sargent, Carolyn and Smith-Morris, Carolyn, "Questioning Our Principles: Anthropological Contributions to Ethical Dilemmas in Clinical Practice" (2006). Anthropology Research. Paper 2.
http://digitalrepository.smu.edu/hum_sci_anthropology_research/2
25. Scheper-Hughes, Nancy and Margaret M. Lock, The Mindful Body: A Prolegomenon to Future Work in Medical Anthropology World Systems and medical anthropology, Medical Anthropology Quarterly, New Series, Vol. 1, No. 1 (Mar., 1987), pp. 6-41. <http://anthropology.msu.edu/anp204-us13/files/2012/06/The-Mindful-Body.pdf>
26. Society for Applied Anthropology code of ethics: <http://www.sfaa.net/about/ethics/>
27. Stebbins, Kenyon, Tobacco: Going like Gangbusters: Transnational Tobacco Companies "Making a Killing" in South America, Medical Anthropology Quarterly 15(2): 147-170.
<http://www.medanthro.net/adts/wp-content/uploads/2012/08/Stebbins-Going-Like->

[Gangbusters.pdf/](#)

28. Stonington, Scott, and Pinit Ratanakul, Is There a Global Bioethics? End-of-Life in Thailand and the Case for Local Difference, PLoS Med. Oct 2006; 3(10): e439. Published online Oct 24, 2006. doi: 10.1371/journal.pmed.0030439/
29. Young, David, The Persistence of Traditional Medicine in the Modern World. CSQ Issue: 12.1 (Spring 1988) Health and Healing <https://www.culturalsurvival.org/publications/cultural-survival-quarterly/canada/persistence-traditional-medicine-modern-world>

Additional Materials and skills needed for this course

Laptop computer

Digital camera (can be a smart phone or point and shoot camera)

Word Processing program (for example, Microsoft Word)

Presentation software (for example, Microsoft Power Point)

Presentation software – (Prezi)

Course Requirements / Key Evidences

Students will write one 8-10 page paper on a health system from a culture different from their own, using a comparative framework for analyzing health, illness and disease knowledge, strategies of treatment, and the integration of local health systems with national and international institutions. The framework and structure of the paper will be discussed in class.

Students will carry out an ethnographic health interview with others in the class from a different cultural background than their own. The ethnographic interview will include processes, categories, and strategies of health promotion and illness treatment. Students will present 10 minute summaries of the ethnographic interview. The interview process will be described in class.

Students will report on three fieldtrips taken during the course: 1. A Traditional Chinese Medicine Hospital in Kunshan 2. A meeting with a traditional healer or to a traditional temple, and 3. A visit to a local hospital. Permission to photograph will be made for each fieldtrip. Reports will be a narrative of visual information from the fieldtrips presented either through Prezi or Powerpoint.

Students will have short-answer and essay based midterm and final exams based on readings, concepts, and problem solving skills presented in the course.

Students will post weekly reactions to readings and other materials of the course in a course blog maintained on the course web site. Students will be expected to comment in a professional way on reports of other students.

Technology Considerations, if applicable

The course will use the Sakai platform for management of materials. Students must have access to Sakai through their own laptops or those of DKU. All assignments will be digital. Skype and other communication tools will be used to contact world experts in medical anthropology.

Assessment Information / Grading Procedures

Grading:

1. Midterm examination	15
2. Final Examination	15
3. Weekly reactions	10
4. Ethnographic health interview	20
5. Field trip reports (3 X 5pts each)	15
6. 8-10 page essay	20
7. Class participation/attendance	5

Total Possible Points: 100

Grades:

97-100	A+
92-97	A
88-92	B+
82-87	B
79-81	C+
72-78	C
69-71	D+
60-68	D
Below 59	F

Diversity and Intercultural Learning

Medical anthropology draws upon the important diversity in medical knowledge, health seeking behaviors, and cultural traditions from around the world. The class adds to intercultural learning through the application of a perspective that approaches different health and illness systems on their own terms and how these systems collaborate, conflict with, or enhance systems at national and international levels. The class provides skills in understanding health and illness concepts, communication about health and illness, and the strategies of health enhancement in small scale as well as large-scale societies. Respect for, understanding, and ways of improving the health of the world's people are based on the core value that the articulation of diversity leads to improvement at all levels of society.

Course Policies and Guidelines

- **Academic integrity:** This class is based on the values and responsibilities of academic integrity and freedom. Academic integrity includes honesty in reporting on others or one's own research and data, acknowledgement of help and assistance from colleagues, other investigators, and the public, and the ethics of confidentiality, privacy, and the welfare of those people we work with, be they students, professors, or members of communities or institutions. To this end, plagiarism, uncited concepts and research, and the use of false data and information are not tolerated.
- **Academic freedom** includes the responsibility to be objective in the search for knowledge or information in research and scholarship and to have the courage to take stands on that knowledge or information that are free from bias or favoritism.
- **Attendance:** Students must attend all scheduled classes and three fieldtrips. Absences for illness or other significant events must be approved by the instructor prior to the absence when possible. Emergencies do occur, and if possible the instructor should be notified before class.
- **Attention to assignment deadlines:** Assignments are due on the days scheduled in the syllabus. Late assignments can be approved for emergencies. Late assignments turned in without prior approval will be penalized.
- **Make-up work:** No make-up work is allowed except in cases of illness or other significant event recognized by the instructor.
- **Appropriate or inappropriate use of cell phone, laptop, or other technology during class:** Laptops, tablets, and cell phones can be used in class except for exams. These items can only be used in conjunction with the class discussions. No other use can be made of these items; should this happen, the laptop, cell phone, or tablet will be surrendered to the instructor for the remainder of the class and the student will be banned from using these items in future classes.

Duke University holds its students to the highest standards of academic integrity and honesty. Academic dishonesty of any kind is not tolerated and might result in failure of the assignment,

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and/or course, and/or expulsion from the university. Plagiarism on written assignments will result in a zero for the assignment and might result in further disciplinary action through the university.

As a Duke student you pledge to uphold the Duke Community Standard:

- I will not lie, cheat, or steal in my academic endeavors;
- I will conduct myself honorably in all my endeavors; and
- I will act if the Standard is compromised.

For more information on academic integrity and the Duke Community Standard see:

http://judicial.studentaffairs.duke.edu/resources/community_standard/cs_more.html

COURSE SCHEDULE

(note: numbers on the schedule in parenthesis refer to the numbers of the articles, above. Books are given by author and name)

<p>2</p> <p>Introduction to the course and to the field of Medical Anthropology: History, Applied Perspectives, and Current Issues.</p> <p>A bio-cultural approach to medical anthropology.</p> <p>Ethnographic example: smoking initiation among very young children.</p> <p>Readings:</p> <p>Singer/Baer: Chp. 1 Introduction Balaresque (2)</p>	<p>3</p> <p>Different ways medical anthropologists work. Ethnography and applied anthropology. Medical Anthropology and in China Today.</p> <p>Book: Other Worldy, Making Chinese Medicine, Part 1</p> <p>Farmer (12), Hogikyan (16)</p> <p>Video: Climate, Weather and Health http://science360.gov/obj/tkn-video/13c92d87-e622-4436-9e3c-e38a632d2163/climate-weather-health</p>	<p>4</p> <p>Health and Society: village integration and city specialization. What is health? What is illness? What is Disease? What is the political economy of health?</p> <p>Readings:</p> <p>Book: Other Worldy, Making Chinese Medicine, Part 2.</p> <p>Stebbins (27)</p> <p>Singer/Baer: Chp.2</p> <p>Video: Unnatural Causes, Episode: In Sickness and In Wealth How does the distribution of power, wealth and resources shape opportunities for health?</p>	<p>5</p> <p>Concepts of health and illness: The “Hot-Cold” syndrome in Central America. What is the body? Chinese traditional and modern medicine.</p> <p>Readings:</p> <p>Book: Other Worldy, Making Chinese Medicine, Part 3.</p> <p>McCullogh (22)</p> <p>Singer/Baer:Chp. 3</p>	<p>6</p>	<p>7</p>
<p>9</p> <p>Indigenous Health Specialists: Midwives, bonesetters, herbalists, and shamans.</p> <p>Readings:</p> <p>Huber (17) Chary (6) Young (29)</p> <p>Video: “Your Mob - Aboriginal Nursing” https://www.youtube.com/watch?v=phz7DwQ80w8</p>	<p>10</p> <p>Disease and illness categories in traditional and indigenous communities. Processes of diagnosis and healing.</p> <p>Readings:</p> <p>Singer/Baer Chp. 4</p>	<p>11</p> <p>Ethnomedical research skills. Disease categories, diagnosis and curing categories. Illness stories as a research method.</p> <p>Frake (13)</p> <p>Video: Unnatural Causes, Episode : Bad Sugar What are the connections between diabetes, oppression, and empowerment in</p>	<p>12</p> <p>No class: Field trip on Friday</p>	<p>13</p> <p>First Fieldtrip: Kunshan Traditional Medicine Hospital.</p>	<p>14</p>

			two Native American communities?			
5	<p>16</p> <p>Field Trip: Student Presentations and discussion: Ethnomedicine</p> <p>Readings: Scheper-Hughes (25)</p> <p>Ethno-graphic Health Interview Due.</p>	<p>17</p> <p>Medical pluralism and health seeking strategies.</p> <p>Readings: Singer/Baer, Chp. 5</p> <p>Arachu (1)</p>	<p>18</p> <p>Medical pluralism: local and biomedical systems in conflict and in collaboration. Where does racism and discrimination occur within medical systems?</p> <p>Blumenthal (3)</p> <p>Video: Unnatural Health, Episode: When the Bough Breaks Can racism become embedded in the body and affect birth outcomes?</p>	<p>19</p> <p>Ethics in Medical Anthropology Research. Carrying out ethical research. Institutional review boards.</p> <p>Singer/Baer, Chp.6</p> <p>Society for Applied Anthropology (26)</p> <p>Stonington (28)</p> <p>Sargent and Smith-Morris (24).</p> <p>Video: Ethical Issues in HIV research</p> <p>http://www.ted.com/talks/boghuma_kabisen_titanji_ethical_riddles_in_hiv_research.html</p>	<p>20</p>	<p>21</p>
2	<p>23</p> <p>Medical Anthropologists at work: TB, HIV, Poverty, and Haiti. The research and advocacy of Paul Farmer</p> <p>Readings: Farmer (9,10,11) Huffington Post (18)</p> <p>Video: Paul Farmer: How Medical Anthropology Changed my Life. http://www.dailymotion.com/video/xgh1m4_dr-paul-farmer-how-medical-</p>	<p>24</p> <p>The opposite of suffering: quality of life indices, “happiness” in different societies, how to study it and why.</p> <p>Readings: Costanza et al(8).</p>	<p>25</p> <p>MIDTERM EXAMINATION</p>	<p>26</p> <p>No class.</p>	<p>27</p> <p>Second Fieldtrip: Traditional Healer or A Temple: Quality of Life</p>	<p>28</p>

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9	30 Field Trip: Student Presentations and discussion Theory: Quality of Life, Happiness, and Cultural health research in medical anthropology	31 Medical anthropologists working in health institutions: how to collaborate for the greater good. Video: Unnatural Causes: Collateral Damage How do Marshall Islanders pay for globalization and U.S. military policy with their health?	Notes:			

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Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1 Medical Anthropologists working in health settings: Stroke, aphasia, mental health, and society. Readings: Burns (5) Halkowski (15)	2 Medical Anthropologists working in health settings: War and Violence Readings: Breslau (4) Video: Doctor Hot Spot http://www.pbs.org/wgbh/pages/frontline/doctor-hotspot/	3	4

	<p>6 Qing Ming – Tomb Sweeping Day No Class</p>	<p>7 Medical Anthropologists working in health settings: Environmental Health, Historical social environments.</p> <p>Readings: Singer/Baer: Chp. 7</p> <p>Gravlee (14)</p> <p>Video: Unnatural Causes: Place Matters</p>	<p>8 Migration and medical anthropology: issues and solutions.</p> <p>Readings: Chavez (7)</p> <p>“The Spirit Catches you” Chps. 1-5</p>	<p>9 No class</p>	<p>10 Third Fieldtrip: Hospital: Institutional Culture Shocks</p>	11
2	<p>13 Field Trip Presentations and Discussions: Institutional Culture Shock</p>	<p>14 Conceptions of the physical body, the emotional body, the social body, and the cultural body. How can these concepts be used in medical anthropology?</p> <p>Readings: “The Spirit Catches you” Chps 6-10</p> <p>Video: Unnatural Causes, Episode: Not Just a Paycheck Why do layoffs take such a huge toll in Michigan but cause hardly a ripple in Sweden?</p>	<p>15 Medical Anthropologists working in health settings: Migration and Health</p> <p>Readings: Book: “The Spirit Catches You” Chps. 11-19 Lee, Song (21)</p> <p>Video: Unnatural Causes, Episode: Becoming American min.) Latino immigrants arrive healthy, so why don’t they stay that way?</p>	<p>16 Medical Anthropologists working at the edges of medicine: Genetics and Epigenetics</p> <p>Readings: Rodney and Mulligan (23)</p>	17	18
9	<p>20 Summary Discussions: Skills of the Medical Anthropologist. Readings: Lee, Liming (20) Klienman (19)</p>	<p>21</p>	<p>22 FINAL EXAM</p>	23	24	25