

**Department of Anthropology
University of Texas at Austin
Summer 2021**

Culture and Health

ANT S324E

Full Summer Session, asynchronous format

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Professor of Anthropology and Gender Studies

Open Office Hours/Discussions (once a week, time TBD following class survey)
Additional Individual Office Hours by appointment
Please contact instructor through Inbox on Canvas

For links to materials referenced in this Syllabus, please see the version posted on Canvas, where you will also find the Modules posted as we progress through the course.

Course Description

Welcome to Culture and Health! This course is an introduction to (a) medical anthropology and (b) the anthropology of global health. In this course, you will develop an introductory understanding of the social, cultural, and historical construction of health, illness, and healing. We will work to foster an understanding of social, cultural, political, and economic contexts of contemporary health systems and the roots of health inequities, both locally and globally. We will consider the ethical principles embedded in the biomedical and other models of health, illness, and healing, as well as ethical dilemmas faced by patients, caregivers, practitioners, and society. Each of these issues will be examined in the context of the Coronavirus pandemic as well as other health conditions.

This course carries a Global Cultures flag and an Ethics flag. It is a core course for the Bridging Disciplines certificate in Patients, Practitioners, and Cultures of Care, and contributes to the major in Health and Society as well as Anthropology.

The course will be held as an **asynchronous online course**, with all lectures and discussions accessible through **Canvas**. There are no required class meetings, but there will be optional discussions to build community and help you succeed in the course.

Learning Objectives

- You will learn, at an introductory level, to define and apply basic concepts in *medical anthropology* and *global health*.
- You will develop an introductory understanding of the *cultural and historical construction* of health, illness, and healing.
- You will learn to distinguish the experience of *illness* vs. the biomedical concept of *disease*.
- You will become aware of some of the assumptions underpinning the *biomedical model* of health and illness.
- You will develop an introductory understanding of the *history and colonial legacies of global health*.

- You will develop an introductory understanding of *cultural competence* and *cultural humility*, i.e., an awareness of cultural alternatives to the biomedical model as well as essentials of *cross-cultural communication* about health and illness.
- You will develop an introductory understanding of *structural competence*, i.e., the social, political, economic, and historical context of health systems and health disparities, both locally and globally.
- You will become familiar with the ethical concepts embedded in the biomedical and other models of health and illness, and their implications for *ethical reasoning and decision-making* by patients, family caregivers, healthcare providers, and society as a whole.
- You will develop an introductory understanding of *health disparities* and *health equity*, and be able to discuss these concepts as they related to the Coronavirus pandemic.
- You will learn the contributions of *ethnographic fieldwork*, *analysis*, and *comparison* to our understanding of human health, illness, and healing.

About Your Professor

I am a cultural anthropologist who specializes in the histories and cultures of the Indigenous peoples of North America. My research concerns issues of representation, stereotyping, and stigma around gender, race, ethnicity, and nationalism. I also direct the Humanities Institute at UT, which offers interdisciplinary programs in the Health Humanities and helped develop the Patients, Practitioners, and Cultures of Care BDP. I welcome your questions about the course and about Culture and Health more generally.

Course Requirements

This is a fast-paced course and it is important for you to keep up with the readings, brief PowerPoint lectures, and written assignments in order to succeed. Regular discussion board posts and two short papers are required. All communications with me, the TA, and your fellow students should be respectful and demonstrate your understanding of cultural humility.

Writing Assignments

- **Discussion Posts:** Each week you are required to post several **Comments** of 75-100 words on the Discussion Board or several **Responses** of the same length to the Comment(s) of other student(s). Prompts will be posted to guide the discussion. Please make every effort to complete both Comments and Responses by the day they are due. You are required to post **at least as many Comments as Responses**. (That is, it's fine if all of your posts are Comments—typically because you are moving faster than the rest of the class--but it's not fine if all of your posts are Responses.) The discussion board is where we will develop a sense of community as a class and develop an ability to use the course concepts. Each week you may substitute **Active Participation in the Open Discussion** for one of the posts.
- **Paper 1 (on Ethical Frameworks):** Please submit a paper of 1000-1500 words summarizing, applying and evaluating the four approaches to health care ethics discussed in *Reimagining Global Health*, chapter 9 (*utilitarianism, liberal cosmopolitanism, capabilities approach, human rights framework*) as well as *principialism* as discussed by Gillon (1994). The paper should clearly and thoughtfully delineate and assess the five approaches, showing how they help you think through a *specific bioethical dilemma* found in our readings, your personal experience, or in other sources. The paper should begin with your

bioethical dilemma (which may or may not be related to Covid-19) and consider the following: What are the advantages and disadvantages of each ethical framework? Is one of them clearly superior to the others for addressing the bioethical dilemma you are considering? Why? Is there value in considering the dilemma through several different frameworks? You must include documented references to *Reimagining Global Health* and Gillon (1994), and may (but are not required to) use additional sources. All quotations and references must be thoroughly documented, following MLA, APA, or Chicago Style, as you prefer. Your paper must be double-spaced and have a heading, an informative title, and a bibliography.

- **Paper 2 (on Culture and Health):** There are several possible topics for Paper 2. In each case, the format and length should be as described for Paper 1.
 - a) Expanding on material on the narrative construction of health and illness (e.g., the Kleinman readings, the ethnographies, and associated lectures), write a **narrative concerning an experience of physical or mental illness** (or an experience of living in the time of COVID-19) that you or someone close to you have had. If you write the narrative of another person, you must obtain permission from the person to conduct an interview and submit the narrative, for educational purposes only. Please be cautious in writing about a personal trauma; writing can be healing but it can also lead to retraumatization. (Should this unfortunately occur, please contact the instructor or the confidential mental health resources listed below.) The narrative should conclude with an analysis, using some of the concepts discussed in class (e.g., *the clinical gaze*, *social suffering*, *structural violence*, *ethnocentrism*, *health equity*, or other appropriate concepts).
 - b) **Compare, contrast, and evaluate the two ethnographies** we are reading in this class: *Lissa* and *Fresh Fruit, Broken Bodies*. What are the aims of each ethnography, and what are the strengths and weaknesses of each? How does each ethnography address relationships between culture and health? Which ethnography do you think is most successful in illuminating relationships between culture and health, and why? If you think they are both successful, is one more successful than the other for certain audiences, and vice versa?
 - c) **Complete an original project on an approved topic of your choice** relating to Culture and Health. Please consult with the instructor or TA very early in the course if you wish to choose this option; you will be required to submit an outline and bibliography that shows how you are relating your topic to course materials. Examples of appropriate topics include: comparative public health approaches to the Coronavirus or other epidemics; controversies surrounding the World Health Organization (WHO) or the Center for Disease Control (CDC); food insecurity or health inequities in the US; the stigmatization of a particular health or mental health condition; controversies surrounding vaccination; the beliefs and practices of a particular indigenous or alternative healing system; or a topic that explores some of the chapters in *Reimagining Global Health* and/or *When People Come First* that we are not reading. (This option may be particularly appropriate for graduate students, but is not required.)

Evaluation

Grades will be computed as indicated below. This class uses a standard plus/minus scale, as noted below. Because this course fulfills a Flag requirement, it may not be taken for Pass/Fail.

Discussion Board posts	40%
Paper 1	30%
Paper 2	30%
TOTAL	100%

Grading Scale:

A 94-100

A- 90-93.5

B+ 87-89.5

B 84-86.5

B- 80-83.5

Etc. (You must receive at least 60% to pass the course; there is no D-)

Required Texts

The required texts are all contemporary, having been published within the last eight years. They include an introduction to global health (*Reimagining Global Health*); an anthology of articles on critical medical anthropology (*When People Come First*); an ethnography on migrant farmworkers (*Fresh Fruit, Broken Bodies*); and (surprise!) an ethnographically-informed graphic novel (*Lissa*). Links to additional required articles and multimedia materials will be found in the Modules on Canvas. Most of the readings are by medical anthropologists.

You will find that these texts vary in difficulty, with some of them being very accessible and concrete (the two ethnographies), and others being more technical and abstract (*Reimagining Global Health*, *When People Come First*, and the articles). Especially for the more difficult texts, I recommend orienting yourself by watching the relevant PowerPoint lecture before tackling the reading, and using the optional discussion sessions as well as the discussion board to pose questions.

We will read the texts in this order:

Hamdy, Sherine and Coleman Nye. *Lissa: A Story about Medical Promise, Friendship, and Revolution*. University of Toronto Press, 2017. Entire. (University Coop; PCL electronic resource). If you only purchase one book for the class, I recommend that you purchase this one as it is best read in print.

Farmer, Paul, Jim Yong Kim, Arthur Kleinman, and Matthew Basilio, *Reimagining Global Health: An Introduction*. University of California Press, 2013. Selections. (University Coop; PCL electronic resource)

Biehl, João and Adriana Petryna. *When People Come First: Critical Studies in Global Health*. Princeton University Press, 2013. Selections. (University Coop; PCL electronic resource)

Holmes, Seth M. *Fresh Fruit, Broken Bodies: Migrant Farmers in the United States*. University of California Press, 2013. Entire. (University Coop; PCL electronic resource)

Course Schedule

The course materials and PowerPoint slides are organized in Modules on Canvas. Readings and deadlines are further divided by weeks. The weekly deadlines for completing readings and assignments must be observed, but feel free to move faster if you prefer. (If you find yourself falling behind, please contact the Instructor or TA.)

Module I. Introduction to Medical Anthropology and Global Health

- By June 4**
1. Read the **course syllabus** carefully and raise any questions or concerns that you have through Canvas or in **open office hours (Friday, June 4, 12 pm)**.
 2. Begin reading ***Lissa*, by A Hamdy and C Nye C** This is a graphic novel based on research by two anthropologists on “how social contexts shape medical decisions” (264). We are beginning with a graphic novel to introduce some of the cultural, structural, and ethical issues that we will be discussing throughout the class (and also because it’s the most accessible of our texts).
- By June 11**
1. Finish reading *Lissa*.
 2. Watch: “**The Making of Lissa.**”
 3. Discussion board post: *Lissa*, Part 1.
 4. Discussion board post: *Lissa*, Part 2.
 5. Discussion board post: *Lissa*, Part 3 and “The Making of Lissa.”
- By June 18**
1. Read: **P Farmer, et. al, “Introduction: A Biosocial Approach to Global Health.” Chapter 1 in *Reimagining Global Health: An Introduction*.** *Reimagining Global Health* is an introduction to global health edited by three major figures in the field--physician and anthropologist Paul Farmer, physician and anthropologist Jim Yong Kim, psychiatrist and anthropologist Arthur Kleinman—as well as physician and health economist Matthew Basilico.
 2. Discussion board post: *Reimagining Global Health*, Chapter 1.
 3. Read: “**Unpacking Global Health: Theory and Critique**”: **Chapter 2 in *Reimagining Global Health*.**
 4. Discussion board post: *Reimagining Global Health*, Chapter 2.
 5. Read: “**Colonial Medicine and Its Legacies**”: **Chapter 3 in *Reimagining Global Health*.**
 6. Discussion board post: *Reimagining Global Health*, Chapter 3.

Module II. Ethical Frameworks in Global Health and Clinical Practice

By June 25

1. Read: **"Health for All?" and International conference on Primary Health Care, "Declaration of Alma-Ata": Chapter 4 and Appendix** in *Reimagining Global Health*, pp. 74-110, 355-358.
2. Discussion board post: *Reimagining Global Health*, Chapter 4 and Appendix.
3. Read: **"Values and Global Health": Chapter 9 in *Reimagining Global Health*.**
4. Discussion board post: *Reimagining Global Health*, Chapter 9.
5. Read: **"Global Health Priorities for the Early Twenty-First Century" and "A Movement for Global Health Equity?": Chapters 11 and 12** in *Reimagining Global Health*.
6. Discussion board post: *Reimagining Global Health*, Chapters 11 and 12.

By July 2

1. ***When People Come First: Critical Studies in Global Health*, chapter 3** ("Human Rights and a People-Centered Approach to Health Policy") **and chapter 12** ("Therapeutic Markets and the Judicialization of the Right to Health"). This collection, edited by two anthropologists, brings the perspective of critical medical anthropology to the field of global health.
2. Discussion board post: *When People Come First*, Chapter 3 and/or Chapter 12.
3. Read: R Gillon, "Medical ethics: four principles plus attention to scope," *British Medical Journal* (BMJ) 309 (1994):184–188. <https://doi.org/10.1136/bmj.309.6948.184>. Canvas.
4. Discussion board post: "Medical Ethics."
5. Read: **A Kleinman, "Moral Experience and Ethical Reflection: Can Ethnography Reconcile Them? A Quandary for The New Bioethics,"** *Daedalus* 128, no. 4 (Fall, 1999), 69-97.] Canvas.
6. Discussion board post: "Moral Experience and Ethical Reflection"

By July 9

No further readings

Paper 1 (Health Ethics) due.

Module III. Cultural Approaches in Medical Anthropology

By July 16

1. Read: **S Holmes, *Fresh Fruit, Broken Bodies: Migrant Farmers in the United States*.** Entire.

2. Discussion board post: *Fresh Fruit*, Chapters 1-3.
3. Discussion board post: *Fresh Fruit*, Chapters 4-5.
4. Discussion board post: *Fresh Fruit*, Chapters 6-7.

By July 23

1. Read: **A Kleinman and P Benson, “Anthropology in the Clinic: The Problem of Cultural Competency and How to Fix It,”** *PLoS Med* 3(10): e294, 2006. <https://doi.org/10.1371/journal.pmed.0030294>. Canvas.
2. Discussion board post: “Anthropology in the Clinic”
3. Read: **J Livingston, “Pain and the Politics of Relief in Botswana’s Cancer Ward”:** Chapter 7 in *When People Come First*, pp. 182-206.
4. Discussion board post: “Pain and the Politics of Relief in Botswana’s Cancer Ward”
5. Read: **Dána-Ain Davis, “Obstetric Racism: The Racial Politics of Pregnancy, Labor, and Birthing,”** *Medical Anthropology*, 38:7 (2019), 560-573. Canvas.
6. Discussion board post: “Obstetric Racism”

By July 29

Paper 2 due. (This is also the due date for any late work.)

UNIVERSITY RESOURCES AND POLICIES

*****Please see <https://onestop.utexas.edu/faq-covid19/> for links to COVID-19 policies and ways to assess University resources while away from campus*****

Academic Integrity

Each student in the course is expected to abide by the University of Texas Honor Code: “As a student of The University of Texas at Austin, I shall abide by the core values of the University and uphold academic integrity.” This means that your work on papers and the discussion board must be your own. Plagiarism is taken very seriously at UT. Therefore, if you use words or ideas that are not your own (or that you have used in previous class), you must cite your sources. Otherwise you will be guilty of plagiarism and subject to academic disciplinary action, including failure of the course. You are responsible for understanding UT’s Academic Honesty Policy and the University Honor Code, which can be found at http://deanofstudents.utexas.edu/sjs/acint_student.php

Services for Students with Disabilities

This class respects and welcomes students of all backgrounds, identities, and abilities. If there are circumstances that make our learning environment and activities difficult or if you have medical information that you need to share with me, please let me know. I am committed to creating an effective learning environment for all students, but I can only do so if you discuss your needs with me as early as possible. Any student with a documented disability who requires academic accommodations should contact Services for Students with Disabilities at 471-6259 (voice) or 512-410-6644 (Video Phone) as soon as possible to request an official letter outlining authorized accommodations. For more information, visit <http://ddce.utexas.edu/disability/about/>.

Q Drop Policy

If you want to drop a class after the 12th class day, you'll need to execute a Q drop before the Q-drop deadline, which typically occurs near the middle of the semester. Under Texas law, you are only allowed six Q drops while you are in college at any public Texas institution. For more information, see: <http://www.utexas.edu/ugs/csacc/academic/adddrop/qdrop>

The Sanger Learning Center

Did you know that more than one-third of UT undergraduate students use the Sanger Learning Center each year to improve their academic performance? All students are welcome to take advantage of Sanger Center's classes and workshops, private learning specialist appointments, peer academic coaching, and tutoring for more than 70 courses in 15 different subject areas. For more information, please visit <http://www.utexas.edu/ugs/slc>

Undergraduate Writing Center: <http://uwc.utexas.edu/>

UT libraries: <http://www.lib.utexas.edu/>

Instructional Technology Services: <http://www.utexas.edu/its/>

Counseling and Mental Health Center

Do your best to maintain a healthy lifestyle this semester by eating well, exercising, avoiding drugs and alcohol, getting enough sleep and taking some time to relax. This will help you achieve your goals and cope with stress. All of us benefit from support during times of struggle. You are not alone. There are many helpful resources available on campus and an important part of the college experience is learning how to ask for help. Asking for support sooner rather than later is often helpful. If you or anyone you know experiences any academic stress, difficult life events, or feelings like anxiety or depression, we strongly encourage you to seek support. For more information, visit <http://www.cmhc.utexas.edu/individualcounseling.html>

Student Emergency Services

Students facing an immediate threat should call 911. Student Emergency Services is available to help students and their families during difficult or emergency situations. For more information, visit <http://deanofstudents.utexas.edu/emergency/>

BCAL

If you have concerns about the safety or behavior of fellow students, TAs or Professors, call BCAL (the Behavior Concerns Advice Line): 512-232-5050. Your call can be anonymous. If something doesn't feel right—it probably isn't. Trust your instincts and share your concerns.

Sex- and Gender-Based Discrimination

Title IX is a federal law that protects against sex and gender-based discrimination, sexual harassment, sexual assault, sexual misconduct, dating/domestic violence and stalking at federally funded educational institutions. UT Austin is committed to fostering a learning and working environment free from discrimination in all its forms. When sexual misconduct occurs in our community, the university can: 1) Intervene to prevent harmful behavior from continuing or escalating. 2) Provide support and remedies to students and employees who have experienced harm or have become involved in a Title IX investigation. 3) Investigate and discipline violations of the university's relevant policies.

Under Texas Senate Bill 212 (SB 212), the professor and TAs for this course are required to report for further investigation any information concerning incidents of sexual harassment, sexual assault, dating violence, and stalking committed by or against a UT student or employee. Federal law and

university policy also requires reporting incidents of sex- and gender-based discrimination and sexual misconduct (collectively known as Title IX incidents). This means we cannot keep confidential information about any such incidents that you share with us. If you need to talk with someone who can maintain confidentiality, please contact University Health Services (512-471-4955 or 512-475-6877) or the UT Counseling and Mental Health Center (512-471-3515 or 512-471-2255). We strongly urge you make use of these services for any needed support and that you report any Title IX incidents to the Title IX Office at titleix@austin.utexas.edu