Global Health in Social Medicine  
*Engaging Health Humanities through Medical Anthropology*  
MEHU 6354  
Spring Term 2017  

**Course Instructor:** Jerome Crowder, Ph.D.  
Tuesdays, 9a-12p. PCP 2.264  

**Course Description:**  
This course offers a cross-cultural exploration of medical systems, healers, and healing approaches through a critical ethnographic lens. Since every culture and society around the world has had to deal with injury and illness, each has a well-developed concept about the healing process, healers, diagnosis, medical treatment, medical knowledge and health practices. We must also consider what “global” means, not simply international, but how all health systems around the globe are interconnected, including our state, city and island. We will consider these and other topics with a commitment to understanding the broader structural issues at play.  

**Course Expectations and Assignments:**  
- Students will be required to lead at least two seminars throughout the semester.  
- Students will be required to journal each week on their reactions to the readings and can later update their journals following class to discuss how their ideas changed or give impressions of other material presented in class (e.g. film). All journals will be kept on Blackboard. Each entry should be between 500 and 750 words. Journal entries are due before class begins.  
- Based upon weekly reactions, students will formulate 3 brief (5 page) analytic reflection papers that consider themes in comparison to their experience and expectations of medicine (ethno/bio) and culture. One will be submitted every five (5) weeks.  
- The final paper will be accompanied by a multimedia in-class presentation which will demonstrate the culmination of the student’s thinking about one specific theme or comparative themes. Students need not have any previous multi-media experience to produce a successful final presentation. More on this later!  
- Any appeals for grading changes must be submitted to the instructor within 5 business days after the return of the graded assessment to the student.  

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<thead>
<tr>
<th>Grading Criteria</th>
<th>Percentage</th>
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<tr>
<td>Seminar Participation</td>
<td>20%</td>
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<tr>
<td>Journal writing</td>
<td>10%</td>
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<td>Reflection papers (3)</td>
<td>15%</td>
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<td>Final Presentation</td>
<td>20%</td>
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<tr>
<td>Final Paper</td>
<td>35%</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
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Prerequisites: NONE, but MEHU 6352 Foundations of Social Medicine is strongly encouraged.

Enrollment restrictions: NONE. However, all non-IMH students must speak with the instructor before registering.

Course Evaluations:
End-of-course evaluations are required for all GSBS courses that are graded A-F. The GSBS Executive Committee voted in July and August 2007 to reaffirm this policy, which is required for accreditation by the Southern Association of Colleges and Schools (SACS). Beginning with the fall semester 2007, students are required to complete evaluations in any course graded A-F in order to receive a grade in the course. If a completed evaluation form is not received from a student, an Incomplete (I) grade will be reported to the Office of Enrollment Services. If the course evaluation is not completed within thirty days, grade of I automatically converts to a grade of F (failure in the course). The evaluations are anonymous and are available to the course director and instructor(s) only after grades have been assigned.

Effective July 2016, GSBS policy makes an end-of-term evaluation optional for didactic courses with enrollment less than 5 students. If the Course Director chooses to do one, the comments are to be sent to the Graduate Program Director instead. The Graduate Program Director will provide a summarization to the Course Director(s). In the case where the Graduate Program Director is also the Course Director, the comments will be sent to the GSBS Associate Dean for Academic Affairs.

Honor Pledge:
On my honor, as a member of the UTMB community, I pledge to act with integrity, compassion and respect in all my academic and professional endeavors.

Absence Policy:
If you plan to be absent, please inform the instructor of those dates you will not attend. If an unplanned absence occurs, inform the instructor as soon as possible (text, phone, email). Excessive absences will significantly impact your overall standing in the course.

Plagiarism: “Perhaps the most serious and misunderstood form of academic misconduct is plagiarism, which is presenting the work, words, or ideas of another person as though they are your own, without giving the original author credit. Always remember: both using another person’s words directly and paraphrasing their ideas without giving them credit are forms of plagiarism!” (J. Marion 2014)

Required book list:
Bourgois, Philippe I., and Jeff Schonberg

Penglase, Ben

Redfield, Peter
**Week 1 (JAN11): Historical and Theoretical Foundations – The Early Years**

Colson, Anthony C., and Karen E. Selby

Fabrega, Horacio, Jr.

Miner, Horace

**SUGGESTED**

Burd, Mark

**Week 2 (JAN 18): Historical and Theoretical Foundations continued**

Foster, George M., and B. G. Anderson.

Gordon, Deborah R.

Hahn, Robert A., and Arthur Kleinman

McElroy, Ann, and Patricia K. Townsend.

Worsley, Peter

Agar, Michael

Alland, Alexander, Jr.

Lewis, Gilbert
2007 On "Medical System" And Questions in Fieldwork. IN On Knowing and Not Knowing in the Anthropology of Medicine, edited by Roland Littlewood, 28-38. Walnut Creek, CA: Left Coast Press.

Fassin, Didier

Morgan, Lynn M.

Singer, Merrill

Seligmann, Linda J.

SUGGESTED
Singer, Merrill

Week 4 (FEB 1): Migration, Globalization & Health

Redfield, Peter

Willen, Sarah S., Jessica Mulligan, and Heide Castañeda
**Week 5 (FEB 8): Health, Illness and Disease**

Bolton, Ralph

Buckser, Andrew

Hunt, Linda M., C. H. Browner, and Brigitte Jordan

Rubel, Arthur J., and Carmella C. Moore

Singer, M. & H. Baer

**Week 6 (FEB 15): Ethnomedicine (& Biomedicine)**

Bastien, Joseph W.

Fabrega, Horacio, Jr.

Foster, George M.

Hinojosa, Servando

**Redfield, Peter**


Lock, M. & V. Nguyen

Singer, M. & H. Baer
**Week 7 (FEB 22): Medicalization - Culture & Anthropology as Cultural Critique**

Marcus, George E., and Michael M. J. Fischer  

Lock, M. & V. Nguyen  

**Week 8 (MAR 1): BIRTH**

**FILM** *At Highest Risk* (2006, 42 mins.) Rebecca Rivas

**READINGS**

Borthwick, Jane  
2006  *At high risk: becoming a mother in the Peruvian Andes*. The Lancet 368(9542):1145-1146. (Film Review).

Davis-Floyd, Robbie E. *Birth as an American Rite of Passage*. Berkeley: University of California, 1992, p.1-42, 154-240

Singh, Holly Donahue  


Lock & Nguyen  

Price, Sara  

**SUGGESTED**

Davis-Floyd, Robbie E. "Obstetric Training as a Rite of Passage." *Medical Anthropology Quarterly* 1, no. 3 (1987): 288-318.
**Week 9 (MAR 8): Global Health, Health Disparity & Health Inequity**

Hicks, Kathryn


Nichter, Mark

Pigg, Stacy Leigh

Singer, M. & H. Baer
2012  Health Disparity, Health Inequality. In Introducing Medical Anthropology: A Discipline in Action (2nd Ed.). Ch. 6 (175-205).

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**Week 10 (MAR 15): The Environment**

Singer, M. & H. Baer

Reiter, Paul

Coimbra, Carlos E. A., Jr.
Week 11 (MAR 22): Prisons and State Violence

Bosworth, Mary and D. Campbell, B. Demby, S. M. Ferranti, M. Santos

Cunha, Manuela

Jenkins, Janis H.

Lockhart, Chris

Penglase, R. Ben

Phillips, Coretta and Rod Earle

Rhodes, Lorna A.

SUGGESTED
Penglase, Ben R.

Week 12 (MAR 29): Physical Therapy / Circumcision (male/female)

Boyle, Gregory and George Hill

Castro-Vázquez, Genaro

Johnson, Helen; D. Flores, M. Egan, et al.

Khumalo-Sakutukwa, Gertrude, T. Lane, H. van-Rooyen, et al.


Potter, M., S. Gordon and P. Hamer


Silverman, Eric K.

Thompson, Di
2008 An Ethnographic Study of the Physiotherapist’s Perceptions of their Interactions with Patients on a Chronic Pain Unit. Physiotherapy Theory and Practice 24(6):408-422.

Van Howe, Robert S., M. R. Storms

Vincent, Louise
2008 ‘Boys will be boys’: traditional Xhosa male circumcision, HIV and sexual socialization in contemporary South Africa. Culture, Health and Sexuality 10(5):431-446.
Weiss, Helen A., M. A. Quigley & R. J. Hayes  

**Week 13 (APR 5): Representations of Suffering and Media**  
Bourgois, Philipe & Jeff Schonberg  

Cohen, Lawrence  

Das, Veena  

Farmer, Paul  

Fassin, D.  
2010 Humanitarianism as a Politics of Life. (In the Reader: Page 452)

Squiers, Carol  

**SUGGESTED**  
Benjamin, Walter  
1936 The work of art in the age of mechanical reproduction. IN Illuminations: Essays and reflections, pp.1-22.

Briggs, Charles  
http://www.againstthegrain.org/program/183/id/191420/mon-5-04-09-politics-flu  

Briggs, Charles L. & Clara Mantini-Briggs  

Kleinman, A. and Joan Kleinman  
Martin, Emily
1994 The body at War: Media views of the immune system. IN Flexible bodies: The role of immunity in American culture from the days of polio to the age of AIDS. Boston: Beacon Press, Pp.49-62

Throop, C. Jason

Scarry, Elaine
**Week 14 (APR 12): Death & Dying**

**FILM** *A Japanese Funeral* (2010, 11 mins.) Karen Nakamura

Chapple, Helen S.

Du, Shanshan

Hay, Chris

Long, Susan Orpett

Nourse, Jennifer Williams

Sion, Brigitte

Stewart, Pamela J., and Andrew Strathern
**Week 15 (APR 19): Transplants**

Lock, Margaret.
2002 “Boundary Transgressions and Moral Uncertainty” in Twice Dead: Organ Transplants and the Reinvention of Death, 32-56

Lock M. & V. Nguyen

Sanal, Aslihan.

Scheper-Hughes, Nancy.

Sharp, Lesley.

Waldby, Catherine & Robert Mitchell.

**WEEK 16 (APR 26): Contemporary dilemmas (presentations)**
Some Quotes to Consider

In reality, if medicine is the science of the healthy as well as the ill human being (which is what it ought to be), what other science is better suited to propose laws as the basis of the social structure, in order to make effective those which are inherent in man himself? Once medicine is established as anthropology, and once the interests of the privileged no longer determine the course of public events, the physiologist and the practitioner will be counted among the elder statesmen who support the social structure. Medicine is a social science in its very bone and marrow . . .

Rudolph Virchow, Die Einheitsbestrebungen, 1849

I should perhaps briefly state the reasons that have progressively led me – a microbiologist not trained in medicine—to explore some of the biological and social implications of man’s response to his total environment. My concern with such problems emerged from an increasing awareness of the fact that the prevalence and severity of microbial diseases are conditioned more by the ways of life of the persons afflicted than by the virulence and other properties of the etiological agents. Hence the need to learn more of man and of his societies in order to try to make sense of the patterns of his diseases.

René Dubos, Man Adapting, 1965

If we must know more in order to live in a changed world, if we must know more so we can act with clear reason rather than with prejudice, with humanity rather than with inhumanity, with wisdom rather than with folly, all of us must undertake the task of understanding in order to learn and of learning in order to understand.

Eric Wolf, Anthropologist

During the last 150 years, the Western world has virtually eliminated death due to infectious disease.

John Cairns, prominent biologist Cancer, Science and Society, 1975

It is much more important to know what kind of person has a disease, than what kind of disease a person has.

Sir William Osler

The causes of many diseases are a complex interplay of multiple factors, many of which are due to social injustice.

Barry Levy & Victor Sidel, 2006