

## ANG 6737 Medical Anthropology

Tuesdays, 4:05 – 7:05 p.m.  
105 Classroom Building ([CBD](#)), Room 0216

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In reality, if medicine is the science of the healthy as well as of 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

### Course Description and Objectives

Medical anthropology is a broad and vibrant discipline that draws on the four traditional subfields of anthropology—cultural, biological, linguistic, and archaeology—to examine the biocultural basis of health and to understand the cultural dimensions of illness experience and treatment. This seminar examines the major theoretical frameworks and key areas of empirical research in contemporary medical anthropology. We will focus on three broad topics: (1) the biocultural basis of health; (2) critical and interpretive analysis of sickness, health, and healing; and (3) applications of anthropology in medicine, nursing, and public health.

### Teaching Philosophy

The aims of graduate school are fundamentally different from those of undergraduate education. Undergraduate education is concerned primarily with instilling the essential knowledge in a field and—at its best—with preparing students for a lifetime of learning. Graduate education is about turning students into professional researchers and teachers. These different aims correspond to distinct responsibilities for both teachers and learners at the graduate and undergraduate levels. As aspiring professionals, you are responsible for taking initiative to master the key ideas and literature in the field and for seeking out the resources you need. My role is to facilitate your learning and professional development as independent

scholars by introducing you to pertinent literature, by challenging you to evaluate and synthesize the material, and by rewarding individual initiative. The course format, assignments, and evaluation of your performance are designed to meet these aims.

## Course Format

In practice, my teaching philosophy means that you will be actively engaged in mastering the course material. The course will be conducted as a seminar. You will be required to complete assigned readings before class and come prepared to discuss and analyze the issues the readings address. Each week, one or two students will be assigned to lead our discussion and synthesize the material.

## Course Materials

### Required Readings

Briggs, C., & Martini-Briggs, C. (2016). *Tell Me Why My Children Died: Rabies, Indigenous Knowledge, and Communicative Justice*. Durham, NC: Duke University Press.

Farmer, P. (1999). *Infections and Inequalities: The Modern Plagues*. Berkeley: University of California Press.

Hahn, R. A., & Inhorn, M. C. (2009). *Anthropology and Public Health: Bridging Differences in Culture and Society*, 2<sup>nd</sup> edition. New York: Oxford University Press.

Holmes, S. (2013). *Fresh Fruit, Broken Bodies: Migrant Farmworkers in the United States*. Berkeley: University of California Press.

Livingston, J. (2012). *Improvising Medicine: An African Oncology Ward in an Emerging Cancer Epidemic*. Durham, NC: Duke University Press.

Solomon, H. (2016.) *Metabolic Living: Food, Fat, and the Absorption of Illness in India*. Durham, NC: Duke University Press.

The books are available locally at the UF Bookstore. Additional required readings will be made available electronically on the e-Learning website ([elearning.ufl.edu](http://elearning.ufl.edu)).

### Supplementary Resources

Baer, H. A., Singer, M. & Susser, I. (1997). *Medical anthropology and the world system: a critical perspective*. Westport, CT: Bergin & Garvey.

Joralemon, D. (2010). *Exploring medical anthropology*, 3<sup>rd</sup> edition. Boston: Allyn & Bacon.

McElroy, A. & Townsend, P.K. (2009). *Medical anthropology in ecological perspective*, 5<sup>th</sup> edition. Boulder, CO: Westview Press.

Trostle, J. A. (2005). *Epidemiology and culture*. New York: Cambridge University Press.

Sargent, C. F., and Johnson, T. M., eds. (1996). *Handbook of medical anthropology: contemporary theory and method*, Revised edition. Westport, CT: Praeger Publishers.

Singer, M., & Erickson, P. I. eds. (2011). *A companion to medical anthropology*. Malden, MA: Wiley-Blackwell.

Wiley, A. S. & Allen, J. S.. (2009). *Medical anthropology: A Biocultural approach*. New York: Oxford University Press.

## Course Outline

1. Introduction
2. Ecology, adaptation, and evolution
3. Culture, political economy, and health
4. Health transitions
5. Nutrition, poverty, and health
6. Infections and inequalities, I
7. Infections and inequalities, II
8. Social suffering and structural vulnerability
9. Embodiment, local biologies, and syndemics
10. Narrative, communicative justice, and global health
11. Anthropology of global biomedicines
12. Culture, discourse, and global health
13. *No class – AAA meetings*
14. Anthropology and public health, I
15. Anthropology and public health, II

## Course Requirements and Grading

Your final grade has three components: class participation (25 percent), seminar moderator (25 percent), and a research paper (40 percent). Final grades will be A (90-100), A- (87-89), B+ (84-86), B (80- 83), B- (77-79), C+ (74-76), C (70-73), C- (67-69), D+ (64-66), D (60-63), D- (57-59), E (<57).

1. *Class participation (25%)*. I expect you to attend each class meeting and to take an active part in discussions and activities. Active participation requires that you read all assigned readings, take notes on the readings, and prepare thoughtful questions and critical discussion points. I will evaluate your class participation on the quality of your contributions, not just on how often you speak in class. The purpose of evaluating your participation is to facilitate your grasp of the material by encouraging you to prepare for class and by promoting thoughtful analysis and discussion.
2. *Seminar moderator (25%)*. Each week one or two students will be assigned to moderate the seminar. Your job is to stimulate and guide thoughtful discussion about the concepts and arguments relevant to the week's reading. If you and another student are assigned to the same week, you are expected to meet ahead of the class time to coordinate your presentation of the material. The purpose of serving as seminar moderator is to enhance your skills in

critical reading and interpretation, oral presentation, active listening, and synthesis and evaluation of arguments and ideas.

- a. *Discussion questions.* You (and your partner, if assigned) should develop 5–10 thought-provoking questions for seminar participants to address during class. You must distribute these questions by email to the course listserv at least **48 hours** before we meet for class (i.e., by Saturday afternoon at 2:00). The questions should be designed to stimulate discussion and debate.
  - b. *Discussion leader.* You (and your partner, if assigned) will be responsible for facilitating our discussion in class meetings. You should begin with a brief ( $\leq 10$ -minute) summary of the key ideas and debates from the week's readings. You should have a flexible plan for guiding our discussion through the important elements of the week's readings, using the questions you posted to the listserv. Be prepared to share your own insights about the readings.
3. *Research Paper (50%).* The research paper is an opportunity for you to develop expertise in an area of interest to you. The project may be (1) a review paper or critical essay on a theme related to medical anthropology, (2) an analysis of secondary data, or (3) primary research. The paper should be approximately 6000 words in length and should be written in the form of a journal article. The paper is due in class on **December 3**. I encourage you to discuss your plans for the paper with me as soon as possible. To be successful, you should make steady progress on the paper throughout the semester (e.g., identify a topic by the third week of the semester, generate a working bibliography by the fourth week, and start writing the first draft by the sixth week). You should be prepared to make a brief (~10-minute) oral presentation about your project on the final day of class.
  4. *Course web site.* You are responsible for all materials posted on the course web site ([elearning.ufl.edu](http://elearning.ufl.edu)), including required readings, announcements, details on assignments, and other supplementary material.

### Policy on Late Assignments

You are required to complete all assignments by the stated due dates. Late assignments will lose one half-letter grade for each day past the deadline. There are no make-up opportunities for any assignment, as you will have ample time to complete each requirement. I will not assign grades of "incomplete" except in the most unusual, extreme circumstances of incapacitating illness, death of family members, or other university-approved excuses. You must provide documentation of such circumstances from a medical doctor, funeral home, or other appropriate authority.

### Academic Honor Code

Unless it is specifically connected to assigned collaborative work, all work should be individual. Evidence of collusion (working with someone not connected to the class or assignment), plagiarism (use of someone else's published or unpublished words or design without acknowledgment) or multiple submissions (submitting the same paper in different courses) will

lead to the Department's and the University's procedures for dealing with academic dishonesty. All students are expected to honor their commitment to the university's Honor Code (available online at <http://www.registrar.ufl.edu/catalog/policies/students.html>).

### **Accommodation for Students with Disabilities**

Students requesting classroom accommodation must first register with the Dean of Students Office. The Dean of Students Office will provide documentation to the student who must then provide this documentation to the Instructor when requesting accommodation. *Please make any requests by the second week of class.*

### **UF Counseling Services**

Resources are available on-campus for students having personal problems or lacking clear career and academic goals that interfere with their academic performance. These resources include:

- University Counseling Center, 301 Peabody Hall, 392-1575, personal and career counseling
- Student Mental Health, Student Health Care Center, 392-1171, personal counseling
- Sexual Assault Recovery Services (SARS), Student Health Care Center, 392-1161, sexual counseling
- Career Resource Center, Reitz Union, 392-1601, career development assistance and counseling.

### **Syllabus Change Policy**

This syllabus is a guide for the course and is subject to change with advanced notice.

## Course Schedule and Readings

### Week 1 (Aug. 27) Introduction and overview

- Expectations—mine and yours
- History and scope of the field
- Medical anthropology and allied disciplines

#### Required reading

Hahn & Inhorn, Introduction (p. 1-31)

Holtz, T. H., Holmes, S., Stonington, S., & Eisenberg, L. (2006). Health is still social: contemporary examples in the age of the genome. *PLoS Medicine*, 3(10), e419.

Leslie, C. (2001). Backing into the future. *Medical Anthropology Quarterly*, 15(4), 428-439.

Hemmings, C. P. (2005). Rethinking medical anthropology: How anthropology is failing medicine. *Anthropology & Medicine*, 12(2), 91-103.

Sobo, E. (2011). Medical anthropology in disciplinary context: Definitional struggles and key debates (or answering the cri du coeur). In M. Singer & P. I. Erickson (Eds.), *A Companion to Medical Anthropology* (pp. 9–28). Malden, MA: Wiley-Blackwell.

#### Further reading

Joralemon, *Exploring Medical Anthropology*

Lieban, R. W. (1977). The field of medical anthropology. In D. Landy (Ed.), *Culture, disease, and healing: studies in medical anthropology*. (pp. 13-31). New York: Macmillan.

Inhorn, M., C. (2007). Medical anthropology at the intersections. *Medical Anthropology Quarterly*, 21(3), 249-255.

### Week 2 (Sept. 3) Labor Day—No class

### Week 3 (Sept. 10) Ecology, adaptation, and evolution

- Biocultural adaptation
- Disease ecology
- Evolutionary medicine

#### Required reading

Trevathan, W. R., Smith, E. O., & McKenna, J. J. (2007). Introduction and overview of evolutionary medicine. In W. R. Trevathan, E. O. Smith, & J. J. McKenna (Eds.), *Evolutionary Medicine and Health: New Perspectives* (pp. 1-54). New York: Oxford University Press.

Townsend, P. K. (2011). Ecology of disease and health. In M. Singer & P. I. Erickson (Eds.), *A Companion to Medical Anthropology* (pp. 181–197). Malden, MA: Wiley-Blackwell.

McDermott, R. (1998). Ethics, epidemiology and the thrifty gene: biological determinism as a health hazard. *Social Science and Medicine*, 47(9), 1189-1195.

Singer, M. (1996). Farewell to adaptationism: unnatural selection and the politics of biology. *Medical Anthropology Quarterly*, 10(4), 496-515.

### 🌀 Further reading

Wiley, A. S. (1992). Adaptation and the biocultural paradigm in medical anthropology: a critical review. *Medical Anthropology Quarterly*, 6(3), 216-236.

Nesse, R. M. & Williams, G. C. (1998). Evolution and the origins of disease. *Scientific American*, 279(5), 86-93.

Brown, P. J., Inhorn, M. C., & Smith, D. J. (1996). Disease, ecology, and human behavior. In C. F. Sargent & T. M. Johnson (Eds.), *Handbook of medical anthropology: contemporary theory and method*. (Revised ed., pp. 183-218). Westport, CT: Praeger Publishers.

## Week 4 (Sept. 17) Culture, political economy, and health

- Critical medical anthropology
- Critical biocultural approaches
- Thinking with the body
- Interpretive and meaning-centered approaches

### 📖 Required reading

Singer, M., Valentin, F., Baer, H., & Zhongke, J. (1992). Why does Juan Garcia have a drinking problem? The perspective of critical medical anthropology. *Medical Anthropology*, 14(1), 77-108.

McElroy, A. (1996). Should medical ecology be political? *Medical Anthropology Quarterly*, 10(4), 519-522.

Leatherman, T., & Goodman, A. H. (2011). Critical biocultural approaches in medical anthropology. In M. Singer & P. I. Erickson (Eds.), *A Companion to Medical Anthropology* (pp. 29-48). Malden, MA: Wiley-Blackwell.

Lock, M. & Scheper-Hughes, N. (1996). A critical-interpretive approach in medical anthropology: rituals and routines of discipline and dissent. In C. F. Sargent & T. M. Johnson (Eds.), *Handbook of medical anthropology: contemporary theory and method*. (Revised ed., pp. 41-70). Westport, CT: Praeger Publishers.

## Week 5 (Sept. 24) Health transitions

- Health in prehistory
- Epidemiologic transitions
- Globalization and health

### 📖 Required reading

Martin, D. L. & Goodman, A. H. (2002). Health conditions before Columbus: Paleopathology of Native North Americans. *Western Journal of Medicine*, 176(1), 65-68.

Bloom, B. R. (2005). Public health in transition. *Scientific American*, 292(9), 92-99.

Barrett, R., Kuzawa, C. W., McDade, T., & Armelagos, G. J. (1998). Emerging and re-emerging infectious diseases: the third epidemiologic transition. *Annual Review of Anthropology*, 27, 247-271.

Navarro, V. (1999). Health and equity in the world in the era of "globalization". *International Journal of Health Services*, 29(2), 215-226.

Godoy, R., Reyes-García, V., Gravlee, C. C., Huanca, T., Leonard, W. R., McDade, T. W. et al. (2009). Moving beyond a snapshot to understand changes in the well-being of Native Amazonians: Panel evidence (2002-2006) from Bolivia. *Current Anthropology*, 50(4), 563-573.

Anderson-Fye, E. P. (2004). A "Coca-Cola" shape: cultural change, body image, and eating disorders in San Andrés, Belize. *Culture, Medicine & Psychiatry*, 28(4), 561-595.

Popkin, B. M. (2007). The world is fat. *Scientific American*, 297(3), 88-95.

### 🌀 Further reading

Gandy, M. & Zumla, A. (2002). The resurgence of disease: social and historical perspectives on the 'new' tuberculosis. *Social Science & Medicine*, 55(3), 385-396.

Barkey, N. L., Campbell, B. C., & Leslie, P. W. (2001). A comparison of health complaints of settled and nomadic Turkana men. *Medical Anthropology Quarterly*, 15(3), 391-408.

Schrecker, T., Labonte, R., & Devogli, R. (2008). Globalisation and health: the need for a global vision. *The Lancet*, 372(9650), 1670-1676.

Koivusalo, M. (2006). The impact of economic globalisation on health. *Theoretical Medicine and Bioethics*, 27(1), 13-34.

## Week 6 (Oct. 1) Nutrition, poverty, and health

- Culture change and metabolic disorders
- Malnutrition and global health

### 📖 Required reading

Solomon, *Metabolic Living*

### 🌀 Further reading

Fitchen, J. M. (1988). Hunger, malnutrition, and poverty in the contemporary United States: some observations on their social and cultural context. *Food and Foodways*, 2, 309-333.

Sobo, E. J. (1997). The sweetness of fat: health, procreation, and sociability in rural Jamaica. In *Food and Culture: A Reader* (pp. 256-271). New York: Routledge.

Ritenbaugh, C. (1982). Obesity as a culture-bound syndrome. *Culture, Medicine and Psychiatry*, 6(4), 347-363.

Gibbs, W. W. (2005). Obesity: An overblown epidemic? *Scientific American*, 292(6), 70-77.

Moffat, T. (2010). The "childhood obesity epidemic": Health crisis or social construction? *Medical Anthropology Quarterly*, 24(1), 1-21.

## Week 7 (Oct. 8) Infections and inequalities, I

### Required reading

Farmer, *Infections and Inequalities*, Ch. 1-4 (p. 1-126)

### Further reading

Wiley & Allen, Ch. 8-9 (p. 215-285)

Trostle, Ch. 5 (p. 96-121)

## Week 8 (Oct. 15) Infections and inequalities, II

### Required reading

Farmer, *Infections and Inequalities*, Ch. 5-10 (p. 127-282)

Dunavan, C. P. (2007). Awakening to global health. *Health Affairs*, 26(4), 1135-1140.

### Further reading

Wiley & Allen, Ch. 10 (p. 286-323)

Trostle, Ch. 6 (p. 122-149)

## Week 9 (Oct. 22) Social suffering and structural vulnerability

- Labor, migration, and health
- Health consequences of social inequalities

### Required reading

Holmes, *Fresh Fruit, Broken Bodies*

### Further reading

Kleinman, A., Das, V., & Lock, M. (Eds.). (1997). *Social Suffering*. Berkeley: University of California Press.

Bourgois, P. (2003). Crack and the political economy of social suffering. *Addiction Research & Theory*, 11(1), 31-37.

Quesada, J., Hart, L. K., & Bourgois, P. (2011). Structural vulnerability and health: Latino migrant laborers in the United States. *Medical Anthropology*, 30(4), 339-362.

Metzl, J. M., & Hansen, H. (2014). Structural competency: Theorizing a new medical engagement with stigma and inequality. *Social Science & Medicine*, 103, 126-133.

## Week 10 (Oct. 29) Embodiment, local biologies, and syndemics

- Embodiment across disciplines
- The *body* in embodiment
- Developmental origins of adult health

 **Required reading**

- Lock, M. (1998). Menopause: lessons from anthropology. *Psychosomatic Medicine*, 60(4), 410-419.
- Krieger, N. & Davey Smith, G. (2004). "Bodies count," and body counts: social epidemiology and embodying inequality. *Epidemiologic Reviews*, 26, 92-103.
- Gravlee, C. C. (2009). How race becomes biology: embodiment of social inequality. *American Journal of Physical Anthropology*, 139(1), 47-57.
- Oths, K. S. (1999). *Debilidad: A biocultural assessment of an embodied Andean illness*. *Medical Anthropological Quarterly*, 13(3), 286-315.
- Singer, M., Bulled, N., Ostrach, B., & Mendenhall, E. (2017). Syndemics and the biosocial conception of health. *The Lancet*, 389(10072), 941-950.
- Mendenhall, E., Kohrt, B. A., Norris, S. A., Ndeti, D., & Prabhakaran, D. (2017). Non-communicable disease syndemics: poverty, depression, and diabetes among low-income populations. *The Lancet*, 389(10072), 951-963.
- Willen, S. S., Knipper, M., Abadía-Barrero, C. E., & Davidovitch, N. (2017). Syndemic vulnerability and the right to health. *The Lancet*, 389(10072), 964-977.

 **Further reading**

- Barker, D. J. P. (2004). The developmental origins of well-being. *Philosophical Transactions of the Royal Society of London. Series B: Biological Sciences*, 359, 1359-1366.
- Lock, M. (1993). *Encounters with aging: mythologies of menopause in Japan and North America*. Berkeley: University of California Press.
- Csordas, T. J. (1990). Embodiment as a paradigm for anthropology. *Ethos*, 18(1), 5-47.
- Csordas, T. J. (1993). Somatic modes of attention. *Cultural Anthropology*, 8(2), 135-156.
- Krieger, N. (2005). Embodiment: a conceptual glossary for epidemiology. *Journal of Epidemiology and Community Health*, 59(5), 350-355.
- Dressler, W. W. (1995). Modeling biocultural interactions: examples from studies of stress and cardiovascular disease. *Yearbook of Physical Anthropology*, 38, 27-56.

## Week 11 (Nov. 5) Narrative, communicative justice, and global health

 **Required reading**

Briggs & Mantini-Briggs, *Tell Me Why My Children Died*

 **Further reading**

- Rubinstein, R. (1995). Narratives of elder parental death: a structural and cultural analysis. *Medical Anthropology Quarterly*, 9(2), 257-276.
- Young, A. (1982). The anthropologies of illness and sickness. *Annual Review of Anthropology*, 11(1), 257-285.

Kleinman, A., Eisenberg, L., & Good, B. (1978). Culture, illness, and care: clinical lessons from anthropologic and cross-cultural research. *Annals of Internal Medicine*, 88, 251-258.

## Week 12 (Nov. 12) *Veteran's Day (Observed)—No class*

## Week 13 (Nov. 19) Anthropology of global biomedicines

- Anthropology and cancer
- Biomedicine as a cultural system

### Required reading

Livingston, *Improvising Medicine*

### Further reading

Lock, M., & Nguyen, V.-K. (2010). *An Anthropology of Biomedicine*. Malden, MA: John Wiley & Sons.

## Week 14 (Nov. 26) Anthropology and public health, I

- Anthropological framing of public health problems
- Anthropological design of public health interventions

### Required reading

Hahn & Inhorn, Parts I-II, select six chapters

Worthman, C., & Kohrt, B. (2005). Receding horizons of health: biocultural approaches to public health paradoxes. *Social Science & Medicine*, 61(4), 861–878.

### Further reading

Trostle, Ch. 6 (p. 122-149)

Kleinman, A. & Benson, P. (2006). Anthropology in the clinic: the problem of cultural competency and how to fix it. *PLoS Medicine*, 3(10), e294.

Trostle, J. A. (1988). Medical compliance as an ideology. *Social Science & Medicine*, 27(12), 1299-1308.

## Week 15 (Dec. 3) Anthropology and public health, II

- Anthropological evaluation of public health initiatives
- Anthropological critique of public health policy

### Required reading

Hahn & Inhorn, Parts III-IV, select six chapters

### Further reading

Trostle, Ch. 7-8 (p. 150-174)

Marshall, P. A. & Koenig, B. A. (1996). Bioethics in anthropology: perspectives on culture, medicine, and morality. In C. F. Sargent & T. M. Johnson (Eds.), *Handbook of medical anthropology: contemporary theory and method*. (Revised ed., pp. 349-373). Westport, CT: Praeger Publishers.