



CAMOSUN COLLEGE
School of Arts & Science
Department of Social Sciences

ANTH-270-001
Culture, Health and Illness
Winter 2019

COURSE OUTLINE

The course description is online @ <http://camosun.ca/learn/calendar/current/web/anth.html>

Ω Please note: This outline will not be kept indefinitely. It is recommended students keep this outline for their records, especially to assist in transfer credit to post-secondary institutions.

1. Instructor Information

(a) Instructor	Tara Tudor		
(b) Office hours	Monday 12:30-1:30 and Wednesday 2:30-3:30		
(c) Location	Young 212A		
(d) Phone	250-370-3375	Alternative:	
(e) E-mail	tudor@camosun.ca		
(f) Website			

2. Intended Learning Outcomes

Upon completion of this course the student will be able to:

1. Explain the main approaches in medical anthropology and its significance as an applied field of study.
2. Assess the influence of culture on ideas of best medical practice.
3. Write discussion papers on ethnographic materials from Western and non-Western societies.
4. Explain the role of culture in the illness experience, HIV/AIDS, the pharmaceuticalization of health, structural violence, and reproductive technologies.

3. Required Materials

(a) Texts

Joralemon, D. (2010). *Exploring Medical Anthropology*. Third edition. Upper Saddle NJ: Pearson Education.

(b) Articles

Berry, N. (2006) Kaqchikel midwives, home births, and emergency obstetric referrals in Guatemala: Contextualizing the choice to stay at home, *Social Science and Medicine* 62:1958-1969.

Bourgois, P and Schonberg, J. (2009) Chapter 3: A Community of Addicted Bodies. In *Righteous Dopefiend* Berkeley: University of California Press.

- Bode, M and Hariramamurthi, G. (2014). Integrating folk healers in India's public health: acceptance, legitimacy and emancipation, *eJournal of Indian Medicine* 7:1-20.
- Cohen, L. (1999). Where it Hurts: Indian Material for an Ethics of Organ Transplantation, *Daedalus* 128(4): 135-66.
- Farmer, P. (2009). On Suffering and Structural Violence: A View from Below, *Race/Ethnicity: Multidisciplinary Global Context* 3 (1): 11-28.
- Hewlett, B. (2005). Medical Anthropology and Ebola in Congo: cultural models and humanistic care *Bulletin de la Societe de Pathologie Exotique* 98(3): 230-236.
- Kleinman, Arthur (1989) Introduction. The Illness Narratives: Suffering, Healing and the Human Condition. Perseus Books.
- Lang, C., MacDonald, M., Levesque, M., and Decoursay, A. (2010) Kadiminekak Kiwabigonem: Barriers and Facilitators to Fostering Community Involvement in a Prenatal Program in an Algonquin Community, *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health* 8 (1):55-81.
- Luhmann, T.M. (2007). Social Defeat and The Culture of Chronicity: Or, Why Schizophrenia Does So Well Over There and So Badly Here, *Culture, Medicine and Psychiatry* 31: 135-172.
- Miller, C.J. (2016). Dying for Money: The Effects of Global Health Initiatives on NGOs Working with Gay Men and HIV/AIDS in Northwest China, *Medical Anthropology Quarterly* 30(3):414-430.
- Sousa, A. (2016). Diagnostic Neutrality in Psychiatric Treatment in North India. In T Luhmann, and J. Marrow, (Eds) *Our Most Troubling Madness: Case Studies in Schizophrenia Across Cultures* (pp. 42-45). Berkeley: University of California Press.

4. Course Content and Schedule

Part 1: Introduction to Medical Anthropology

In part one of the course students will be introduced to the main methods, concepts and theories in medical anthropology.

January 7: Introduction to medical anthropology
 January 9: Seminar – social determinants of health
 January 14: Theoretical approaches in medical anthropology
 January 16: Seminar – structural violence
 January 21: Systems and sectors of health care
 January 23: Seminar – intersecting and integrating sectors of health care

Part 2: The Anthropology of Biomedicine

In the second part of this course students will focus on topics pertaining to biomedicine. While we will continue our cross-cultural perspective, we focus more on biomedicine in North America.

January 28: Anthropology of addiction and opioid crisis
 January 30: Seminar – opioid crisis
 February 4: *Guest lecture*
 February 25: Cultural psychiatry and mental illness
 February 27: Group presentation
 March 3: Opioid crisis – day of learning
 March 4: NO CLASS
 March 6: Debrief on opioid crisis day of learning
 March 11: Medical ethics
 March 13: Group presentation

Part 3: Global Health and International Development

In part three of the course students will learn about global health issues, infectious diseases, and international development.

March 18: Global health: international development

March 20: Seminar – HIV and global health

March 25: Global health: infectious disease

March 27: Group presentation

April 1: Global health: maternal health

April 3: Group presentation

April 8: Childhood growth and development

Week	TUESDAY	THURSDAY	Reading
Week 1: Jan 7 & 9	Introduction to medical anthropology	Seminar 1: introductions & social determinants of health	Joralemon Ch.1
Week 2: Jan 14 & 16	Theoretical approaches in medical anthropology	Seminar 2: discussion of readings	Joralemon Ch. 4 and Farmer – “On Suffering and Structural Violence”
Week 3: Jan 21 & 23	Systems and sectors of health care	Seminar 3: discussion of readings	Joralemon Ch. 6, and Bode & Hariramamurth “Integrating Folk Healers”
Week 4: Jan 28 & 30	Anthropology and Addiction: opioid crisis	Seminar 4: discussion of readings	Joralemon Ch. 7 and Bourgois & Schonberg “A Community of Addicted Bodies”
Week 5: Feb 4 & 6	Guest speaker – Sarah Fletcher	Review for midterm exam	Kleinman “The Illness Narratives”
Week 6: Feb 11 & 13	Midterm Exam	Seminar 5: group project working period	CBC The Fentanyl Fix series
Week 7: Feb 18 & 20	Reading Break	Reading Break	No readings
Week 8: Feb 25 & 27	Cultural psychiatry and mental illness	Seminar 6 – group presentation	Lurhmann “Social Defeat” and Sousa “Diagnostic Neutrality”
Week 9: Mar 4 & 6	No Class in Lieu of Sunday’s Workshop	Seminar 7: Debriefing about opioid crisis day of learning Reflective Paper due	No readings
Week 10: Mar 11 & 13	Medical ethics	Seminar 8: group presentation	Joralemon Ch. 9 and Cohen “Where it Hurts”
Week 11: Mar 18 & 20	Global health: international development	Seminar 9: discussion of readings	Joralemon ch. 8 and Miller “Dying for Money”
Week 12: Mar 25 & 27	Global health: infectious disease	Seminar 10 – group presentation	Joralemon Ch. 5 and Hewlett “Medical Anth & Ebola”
Week 13: Apr 1 & 3	Global health: maternal health	Seminar 11 – group presentation	Berry “Kaqchikel midwives” and Lan et al. “KADIMINEKAK KIWABIGONEM”
Week 14: Apr 8 & 10	Global health: Childhood growth and development	Review for final exam	TBA

5. Basis of Student Assessment (Weighting)

(A) Assignments (35%)

All written assignments must be submitted to the dropbox on D2L. Students will not be permitted to email their assignments to the instructor. Papers must be typed, double-spaced, 11-12 point font. The APA format must be used for in-text citations and the references page. An undocumented (meaning no citations) paper will receive a zero. The late penalty for all assignments is 5% per day. Please read the handouts for the assignments carefully. The handouts are available through D2L.

1. Opioid Crisis Day of Learning and Reflective Paper (15%)

Due: March 3 (day of learning) and March 6 (reflective paper)
Please see assignment handout for more details.

2. Group Project & Presentation (20%)

Students will participate in a class group presentation during one seminar period in the semester. Each group will have three or four students. I have chosen four topics for the presentations, which are listed below. One paper should be submitted per group. Please refer to the handout for more detail.

Global Mental Health and Task Sharing – February 27

The lack of recognition of and treatment for mental illness in many countries means an enormous treatment gap, particularly in low-income countries. Global mental health advocates argue that task-sharing is the best way forward to addressing the treatment gap.

Medical Tourism and Biomedical Ethics – March 13

Organs are not the only things travelling around the globe. Report on several types of medical tourism or transnational health-seeking behaviors that have developed in recent years (e.g. flying to less developed countries for less expensive surgery, using surrogates in India, etc.). Biomedical ethics must consider the social realities of poor countries that impose new ethical considerations.

HIV and Structural Violence – March 27

HIV continues to be a major global public health issue, with 2.1 million new HIV infections in 2015. The majority of those infected live in low-and middle-income countries. Despite these challenges, more and more people are receiving antiretroviral treatment (ARVs). Inequality based on economics, ethnicity and gender increase risk of transmission and make access to ARV uneven. In order to reduce new infections and increase access to ARVs, HIV must be considered to be both a medical and social issue.

Indigenous Midwifery and Applied Medical Anthropology – April 3

Reducing child mortality and improving maternal health are 2 of the millennium development goals. Given the difficulty in providing maternity care in rural areas, national health care systems need to work with local midwives, particularly when serving indigenous populations with cultural models of birth that differ from national cultural models of birth.

(B) Exams (55%)

Midterm (25%) – February 11

Final (30%) – Exam Period

The midterm exam consists of definitions, as well as short and long answer questions. The midterm exam will be based on course material (lectures, readings, seminar discussions, and documentaries) up to and including February 16th. The final exam is based on material covered after the midterm exam. However, it will also include some general concepts and theories covered in the first half of the course. The format is the same as the midterm exam. DO NOT make work or travel plans until the final exam schedule is posted in early February. Exams MUST be written on the assigned date unless a medical certificate is presented to the instructor. Please read the instructional policies for more information on missed exams.

(C Participation (10%))

Seminars are a time for students to engage substantively on issues raised in the readings and materials presented by classmates. Your participation mark will come from your attendance and active engagement in the seminars throughout the semester. In order to fully contribute to these discussions it is imperative that each student complete the course readings and come prepared to contribute with relevant and insightful comments. Preparation for this part of the course involves coming to class with at least two points or comments that you would like to make about the assigned readings for that day along with a copy of the readings. Students will be asked to submit a copy of their questions or comments at the beginning of class, which will count as their participation mark. The questions or comments do not need to be type written. Comments should reflect careful consideration of the material; questions should generate group discussion. Students will not be permitted to make up participation marks through additional work if they miss the discussion classes. I strongly recommend that you take notes during seminar.

6. Grading System

Standard Grading System (GPA)

Competency Based Grading System

7. Recommended Materials to Assist Students to Succeed Throughout the Course

INSTRUCTIONAL POLICIES

7.1 Attendance

Students are expected to attend lectures as material covered in lecture will be included in the exams, and will augment and supplement the material in the readings. As well, announcements regarding course content and exams will be made in class. I will not provide my personal notes to students who miss class.

7.2 Late Assignments

Unexcused late assignments will result in mark deductions of 5% per day and no feedback will be given. Failure to turn in an assignment will result in a mark of zero. Assignments more than 2 weeks late will not be accepted. If you are unable to hand-in an assignment on the appropriate day you must make alternate arrangements with me well in advance of the deadline. No assignments will be accepted after the last day of classes without clear documentation of extenuating circumstances and prior consent.

7.3 Mark/Grade Challenges and Appeals

A student wishing to question a mark assigned by the instructor on any course evaluation component must clearly articulate in writing the specific element of the assignment being questioned as well as a reason supporting a change in the mark. The Student Appeals Procedure can be found in the college calendar.

7.4 Student Responsibility

It is each student's responsibility to familiarize her/himself with course and college policies. Students experiencing difficulties during the term are encouraged to talk to the instructor at the earliest opportunity.

7.5 Cell phones, laptops, and other electronic devices

Please turn off your phone when you come to class; if it is essential to keep it on, please turn off your ringer. Do not use your phone for texting, messaging, checking email, etc... Students are welcome to use a laptop in class, but please do use it for entertainment purposes. The reason for this is two-fold. One, it is distracting to the students sitting behind you. Two, studies have shown that when students multi-task in class (text, watch movies, check email) they do worse on exams and assignments. If a

student is found to be engaging in these activities during class and disrupting other students will be prohibited from using their laptop in class; phones may be confiscated and returned to students at the end of class.

7.6 Lateness, and classroom conduct

Please try to be on time for class. If you are late, please enter the classroom quietly and do your best not to disrupt the other students. Please refrain from speaking with your classmates during the lecture. It is disruptive to the people sitting around you, as well as the instructor. Please do ask questions during the lecture; I am quite happy to be interrupted to rephrase or clarify any points I have made.

7.7 Missed Exams

Failure to attend a midterm will result in a mark of zero, unless I have been informed within 2 working days and an excused absence has been granted. In the case of illness, a medical note is required in order to write a make-up exam. If you fail to come for a make-up at the scheduled time, the exam will not be further rescheduled unless an additional medical certificate is presented to me. Unavailability of texts and pressure of other work does not constitute a reason for missing exams. Rescheduling a quiz or assignment following an excused absence will be done at the mutual convenience of the student and instructor.

8. College Supports, Services and Policies



Immediate, Urgent, or Emergency Support

If you or someone you know requires immediate, urgent, or emergency support (e.g. illness, injury, thoughts of suicide, sexual assault, etc.), **SEEK HELP**. Resource contacts @ <http://camosun.ca/about/mental-health/emergency.html> or <http://camosun.ca/services/sexual-violence/get-support.html#urgent>

College Services

Camosun offers a variety of health and academic support services, including counselling, dental, disability resource centre, help centre, learning skills, sexual violence support & education, library, and writing centre. For more information on each of these services, visit the **STUDENT SERVICES** link on the College website at <http://camosun.ca/>

College Policies

Camosun strives to provide clear, transparent, and easily accessible policies that exemplify the college's commitment to life-changing learning. It is the student's responsibility to become familiar with the content of College policies. Policies are available on the College website at <http://camosun.ca/about/policies/>. Education and academic policies include, but are not limited to, Academic Progress, Admission, Course Withdrawals, Standards for Awarding Credentials, Involuntary Health and Safety Leave of Absence, Prior Learning Assessment, Medical/Compassionate Withdrawal, Sexual Violence and Misconduct, Student Ancillary Fees, Student Appeals, Student Conduct, and Student Penalties and Fines.

A. GRADING SYSTEMS <http://camosun.ca/about/policies/index.html>

The following two grading systems are used at Camosun College:

1. Standard Grading System (GPA)

Percentage	Grade	Description	Grade Point Equivalency
90-100	A+		9
85-89	A		8
80-84	A-		7

77-79	B+		6
73-76	B		5
70-72	B-		4
65-69	C+		3
60-64	C		2
50-59	D		1
0-49	F	Minimum level has not been achieved.	0

2. Competency Based Grading System (Non GPA)

This grading system is based on satisfactory acquisition of defined skills or successful completion of the course learning outcomes

Grade	Description
COM	The student has met the goals, criteria, or competencies established for this course, practicum or field placement.
DST	The student has met and exceeded, above and beyond expectation, the goals, criteria, or competencies established for this course, practicum or field placement.
NC	The student has not met the goals, criteria or competencies established for this course, practicum or field placement.

B. Temporary Grades

Temporary grades are assigned for specific circumstances and will convert to a final grade according to the grading scheme being used in the course. See Grading Policy at <http://camosun.ca/about/policies/index.html> for information on conversion to final grades, and for additional information on student record and transcript notations.

Temporary Grade	Description
I	<i>Incomplete:</i> A temporary grade assigned when the requirements of a course have not yet been completed due to hardship or extenuating circumstances, such as illness or death in the family.
IP	<i>In progress:</i> A temporary grade assigned for courses that are designed to have an anticipated enrollment that extends beyond one term. No more than two IP grades will be assigned for the same course.
CW	<i>Compulsory Withdrawal:</i> A temporary grade assigned by a Dean when an instructor, after documenting the prescriptive strategies applied and consulting with peers, deems that a student is unsafe to self or others and must be removed from the lab, practicum, worksite, or field placement.