PUBHLTH 290: CULTURE &/OF PUBLIC HEALTH

Janis Jenkins defines culture as "a context of more or less known symbols and meanings that persons dynamically create and re-create for themselves in the process of social interaction. Culture is thus the orientation of a people's way of feeling, thinking, and being in the world—their unself-conscious medium of experience, interpretation, and action. As a context, culture is that through which all human experience and action—including emotions—must be interpreted. This view of culture attempts to take into consideration the quality of culture as something emergent, contested, and temporal, thereby allowing theoretical breathing space for individual and gender variability and avoiding notions of culture as static, homogenous, and necessarily shared or even coherent."

This is a pretty complicated definition, and you may have to read it a few times to get the sheer immensity of it. For culture is not a simple thing; it is not a discrete variable that can be controlled or excluded. Still, culture must be part of every conversation in public health, from the most basic epidemiology to the most complex national interventions to the discipline of public health itself. Some of this is obvious – since there's that word "public" if there's not the word "population" – some of it less so, as we tend not to see how culture structures our own everyday lives. So culture needs to be taken into account when doing research and policy, but how? This class will examine how the ethnographic methods of anthropology are used to do culturally aware research and create culturally specific policy. We will also look at ethnographic

critiques of public health research, policy, and ideology that are key to improving the field, reducing suffering, and prolonging life.

TL;DR: Applied and Critical Medical Anthropology focused on Public Health

Times and location:

Thursdays, 10:00am - 12:50pm
AIRB 2008

NB: The Week 9 meeting will be cancelled and rescheduled based on mutual availability

Instructor:

Dr. Theodore Gideonse (pronounced **gid ee unz**)
email: t.gideonse@uci.edu
office hours: Wednesdays, 2:00pm – 3:30pm, or by appointment
office: AIRB 2073

Required texts:

Biehl, J., & Petryna, A. (Eds.). (2013). *When people come first: critical studies in global health*. Princeton, NJ: Princeton University Press.

Joralemon, D. (2017). *Exploring medical anthropology* (4th ed.). Edition. New York, NY: Routledge.

Keshavjee, S. (2014). *Blind spot: how neoliberalism infiltrated global health*. Berkley, CA: University of California Press.

Articles and other readings as assigned.

Grading breakdown:

Reading Responses   20 pts
Participation   10 pts
Two Presentations   30 pts
Research Paper   35 pts
Paper Proposal   5 pts

Presentation: Each student will do a formal presentation on one of the week's collections of readings and lead the initial discussion. These presentations are meant to help you practice your teaching and oral communication skills.

Research Paper: A 4000 to 5000-word research paper, focused on cultural issues surrounding a public health issue (policy, study, event, etc.) is due on the Wednesday of Exam Week. A **one-page proposal** is due Week 4.

Participation: Your active participation in the discussions of course material is essential. This includes both in-class discussions and **brief written responses**, queries, and questions regarding the readings that the presenters will incorporate into their presentations.

WEEK	TOPIC AND READINGS
Week 1	**Introductions: Culture / Public Health** • Kleinman, A., & Petryna, A. (2002). Health: Anthropological Aspects. In *International Encyclopedia of the Social and Behavioral Sciences* (pp. 6495-6499). London: Elsevier Science Ltd. • Causadias, J. M., Vitriol, J. A., & Atkin, A. L. (2018). Do we overemphasize the role of culture in the behavior of racial/ethnic minorities? Evidence of a cultural (mis) attribution bias in American psychology. *American Psychologist, 73*(3), 243-255. doi: 10.1037/amp0000099 • France, D., Gertler, H. (producers), & France, D. (director). (2012). *How to Survive a Plague* [motion picture]. United States: Sundance Selects.
Week 2	**The Basics** • Joralemon, D. (2017). *Exploring medical anthropology* (4th ed.). Edition. New York, NY: Routledge. ○ Chapters 1, 2, 3. • Good, B. (1994). "Medical Anthropology and the Problem of Belief." In *Medicine, Rationality, and Experience* (pp. 1-24). Cambridge: Cambridge University Press.
Week 3	**Application** • Joralemon, D. (2017). *Exploring medical anthropology* (4th ed.). Edition. New York, NY: Routledge. ○ Chapters 6, 7, 8, 9
Week 4	**Case: Women's Health** • Inhorn, M. C. (2006). Defining women's health: A dozen messages from more than 150 ethnographies. *Medical Anthropology Quarterly, 20*(3), 345-378.

	• Jaffré, Y. (2012). Towards an anthropology of public health priorities: maternal mortality in four obstetric emergency services in West Africa. *Social Anthropology, 20*(1), 3-18. • Yarris, K. E. (2011). The pain of "thinking too much": Dolor de cerebro and the embodiment of social hardship among Nicaraguan women. *Ethos, 39*(2), 226-248.
Week 5	**Case: Ebola & Emergencies** • Wilkinson, A., Parker, M., Martineau, F., & Leach, M. (2017). Engaging 'communities': anthropological insights from the West African Ebola epidemic. *Philosophical Transactions of the Royal Society B: Biological Sciences, 372*(1721), 20160305. • Bolten, C., & Shepler, S. (2017). Producing Ebola: creating knowledge in and about an epidemic. *Anthropological Quarterly, 90*(2), 349-368. • Venables, E. (2017). 'Atomic Bombs' in Monrovia, Liberia: The Identity and Stigmatisation of Ebola Survivors. *Anthropology in Action, 24*(2), 36-43. • Ophir, A. (2010). The Politics of Catastrophization: Emergency and Exception. In D. Fassin & M. Pandolfi (Eds), *Contemporary States of Emergency: The Politics of Military and Humanitarian Interventions* (pp. 59-89). New York: Zone Books.
Week 6	**Case: Drugs & Medication** • Bourgois, P. (2002). Anthropology and epidemiology on drugs: the challenges of cross-methodological and theoretical dialogue. *International Journal of Drug Policy, 13*(4), 259-269. • Jenkins, J. H., Strauss, M. E., Carpenter, E. A., Miller, D., Floersch, J., & Sajatovic, M. (2005). Subjective experience of recovery from schizophrenia-related disorders and atypical antipsychotics. *International Journal of Social Psychiatry, 51*(3), 211-227. • Brisson, J., & Nguyen, V. K. (2017). Science, technology, power and sex: PrEP and HIV-positive gay men in Paris. *Culture, Health & Sexuality, 19*(10), 1066-1077. • Gideonse, T. K. (2015). Survival Tactics and Strategies of Methamphetamine-Using HIV-Positive Men Who Have Sex with Men in San Diego. *PloS One, 10*(9), e0139239.
Week 7	**Critique: Evidence**

	• Biehl, J., & Petryna, A. (Eds.). (2013). *When people come first: critical studies in global health.* Princeton, NJ: Princeton University Press. 　○ Introduction 　○ Choose two of Chapters 1, 2, 3, and 4
Week 8	**Critique: Interventions** • Biehl, J., & Petryna, A. (Eds.). (2013). *When people come first: critical studies in global health.* Princeton, NJ: Princeton University Press. 　○ Choose two of Chapters 5, 6, 7, and 8
Week 9	**Critique: Markets** • Biehl, J., & Petryna, A. (Eds.). (2013). *When people come first: critical studies in global health.* Princeton, NJ: Princeton University Press. 　○ Choose two of Chapters 9, 10, 11, and 12 　○ Afterward
Week 10	**Global Health and Neoliberalism** • Keshavjee, S. (2014). *Blind spot: how neoliberalism infiltrated global health*. Berkley, CA: University of California Press.
EXAM WEEK	**FINAL PAPERS DUE**