I. COURSE DESCRIPTION

Disease may appear to be a simple matter of biological states and symptoms, but health and illness are culturally defined and socially conditioned. As such, they are vital to anthropological attempts to understand the human condition. In what ways are health, illness, and healing matters of interpretation and belief? How are ideas about well-being and affliction connected with other ideas in a meaningful cultural matrix? In what ways are health, illness and healing also matters of social relations and social organization? How do they involve social interactions among individuals and groups? How do they reflect and/or influence political and economic relations?

To answer such questions, this course takes an ethnographic approach to beliefs and practices regarding health and illness in numerous societies worldwide. Through a comparison of cases from the U.S. and other locales we will reach a deeper understanding of the North American version of allopathic medicine (“biomedicine”) as well as other forms of medical knowledge. By examining patients, practitioners, and the social networks and contexts through which therapies are selected and applied, we aim to better understand medical systems as systems of thought and practice. We also aim to uncover the intellectual and practical significance of the anthropological study of misfortune. A theme tying together the diverse topics of the course is the production of medical knowledge in various settings— as well as the production of anthropological knowledge about health, illness, and medicine. To best understand the production of knowledge and the production of health and illness in our own backyard, very early in the term we examine health and healthcare of under-insured in the rural Midwest, through partnerships with HealthFinders, Owatonna Hospital, Growing Up Healthy, and the Rural Immigration Network; we end the term with an examination of the ethics and social structuring of omissions, indirection, and secrets affecting HIV and cancer risk—in other words, with the production of “not knowing” about the social determinants of health.

II. COURSE REQUIREMENTS IN OVERVIEW

The requirements for this course include completion of reading assignments by the class meeting for which they are assigned, class attendance and participation, one four page response paper on a topical set of readings from the syllabus, leading discussion on a day’s readings as part of a team, and a final
research paper (including proposal, bibliography, and oral presentation). There are two options for the final paper: a library research paper on a topic of your choice, and a paper linked to the academic civic engagement opportunities at HealthFinders Collaborative. To make this class successful, there are some principles of positive behavior we must follow:

**A. Attendance** is important because your presence adds something to class. I understand that not everyone can make it to class for every session, but frequent absences will count against you. As a courtesy, please tell me why you were absent; for an “excused” absence, you must give me a legitimate and trustworthy reason before class. Make friends with classmates to share notes in case of absences, or if you feel you missed something even while attending. More importantly, ask questions, call me, or come to my office hours if anything is unclear to you or if you want to discuss something related to this class.

**B. Listening:** I assume and expect that we will all be enthusiastic and respectful participants in class, which means that we learn from our readings and from each other in courteous, constructive debate. We can only do this if we listen to each other.

**C. There are many ways of participating:** questioning, commenting, listening carefully when other students ask questions or propose a new or different way to think about the materials we are studying, eye contact, nodding, active note-taking.

**D. Punctuality:** Please hand in assignments and be prepared for oral presentations on time. Deadlines are deadlines, including presentations for which you have signed up. Nonetheless, if you talk to me beforehand about extenuating circumstances, I am not an ogre and will accommodate your needs within the realm of fairness. **Departmental policy is to subtract one letter grade for each day an assignment is late.** Final papers more than 3 days late will be accepted only if you have been granted an "EXT" by the Dean of Students Office (your class dean).

**E. Academic honesty:** Cite correctly and do not plagiarize. Please the College's policy on Academic Integrity, which can be found here.

**F. Citation norms:** The American Anthropological Association decided in September 2015 to move to the Chicago Manual of Style (CMOS)’s author-date option. A brief description of this citation style is found at the end of this syllabus. A more extensive style sheet is found on our departmental website at: [http://apps.carleton.edu/curricular/soa/resources/citation/](http://apps.carleton.edu/curricular/soa/resources/citation/). **You are required to follow CMOS citation style.** This is part of practicing writing like an anthropologist.

**G. Writing portfolio:** You may find one or more of the writing assignments in this course to be appropriate for your writing portfolio, which is due at the end of your sixth term. I will work with you to revise, if necessary. For more information on the portfolio, consult the folder you received as a first-year student, talk with your advisor, or read about it on the web at: [http://www.acad.carleton.edu/campus/wp/](http://www.acad.carleton.edu/campus/wp/).

**H. Second-Language Writers:** If you are a second language writer and believe you might benefit from working individually with a writing consultant on a regular basis this term, email Renata Fitzpatrick, Second-Language Writing Coordinator, call her at x5998, or stop by her office in 201 Scoville. She can arrange once or twice-a-week meetings between you and a specific writing consultant throughout the term.

**I. Accommodations for Students with Disabilities:** Carleton College is committed to providing reasonable accommodations to students with disabilities. Students seeking accommodations should contact the Coordinator of Disability Services, Andy Christensen, at 222-4464 or anchrist@carleton.edu, to begin the process. Carleton faculty are strongly encouraged to wait for official notification of accommodations before modifying course requirements for students. I appreciate it if you seek accommodations so I can be notified early in the term.

Students with any other concerns needing special consideration should also bring this to my attention early in the term.

These **principles of positive behavior** are strategies to help you learn and to help you do what anthropologists do: participate, observe, discuss, analyze, write, learn details, contextualize in the big picture, and make sense of things.
III. COURSE REQUIREMENTS IN DETAIL

A. Required Reading

Readings should be completed before the class session for which they are assigned. Think about the issues raised, how they relate to issues in previous readings, to your own life, and to the lives of those you know and care about. Jot down your questions and confusions, and use these to contribute to class discussions. See the “General guide to reading” at the end of this syllabus for a useful reading strategy.

Readings consist of book length ethnographic monographs (available in the bookstore), and scholarly articles. All assigned articles are on e-reserve via the library’s website.

Required texts (available in the bookstore) are as follows:


Recommended readings are supplemental texts for those of you with special interest in a particular subject, to use in papers and/or class presentations, or for future perusal. Some are entire books, and some are articles. I do not expect you to read them for class. They are not on library/e-reserve, with a few exceptions. The references are for you to look up if you are interested.

B. Class Participation (10% of grade)

This is a combination seminar/lecture class, focused around discussion of readings, films or slides, and concepts. Part of each class session will involve some lecture material, to provide background information or clarify terms, and part will be discussion guided by the professor. Twenty to thirty minutes of most class sessions, however, are yours; discussions will be led by student teams after consultation with the professor. Student participation in all discussions is essential both for your own learning and for that of the other students in class. This requires that you have read and thought about the readings for the day, and that you listen carefully when other students ask questions or propose a new or different way to think about the materials we are studying.

In grading class participation I will take into consideration class attendance, and most importantly, discussing readings and issues in a thoughtful and prepared way. If your final grade is “on the edge,” thoughtful participation in a medical anthropological or community mental health blog, either individually or in small groups, will be looked upon favorably.

C. Response or “Think” Paper (30% of grade)

Each student is required to write a four-page “think” paper on one class topic’s set of readings. Most often, this entails writing about the readings for one class session; a few topics, including each topic in which we read an entire book, however, will span two class sessions. This response paper should include a brief statement of the author(s)’ goals and the main ideas of the readings. It should then concentrate on your explication and critique of the theoretical significance of the work or works and your assessment of how it fits in with other readings from this class. If critiquing theoretical significance sounds daunting, it may be helpful to reflect on class discussion and/or to refer to Janzen’s “The Origins and Theories of Medical Anthropology” (Chapter 2 from *The Social Fabric of Health: An Introduction to Medical Anthropology*, NY: McGraw Hill, 2002), available on e-reserves. Please also consult the sheets on “Key Concepts” and “What is Medical Anthropology?” in this syllabus. If the reading assignment includes a collection of articles, think about how they relate together and reach for some synthesis in your paper. It is always more successful to choose one or two issues to discuss in depth rather than to treat each topic in each of the readings in a superficial manner. I will look for your intellectual reactions to specific points and/or general analyses, and your observations on how these readings have confirmed, augmented, or challenged your prior assumptions and experiences. I would be thrilled if you would also relate it to things you have explored in other classes, where appropriate. Please remember to cite your sources, using anthropological citation style. Response or “think” papers are always due at 8:30 a.m. on the day following your assigned unit (for example, if the topic is discussed on a Tuesday, your paper is due 8:30 Wednesday morning). If you send me your paper as an MS-Word e-mail attachment, you must include your name in the document filename (e.g. pfeldmanThinkpaper.docx).
D. **Final Term Project (total of four components: 60% of grade)**

For the final term project, you may choose between two options: Option A consists of a paper linked to one of the academic civic engagement (ACE) opportunities with various community partners, and Option B is a library research paper on a topic of your choice. **All options require an application**, due early in the term. Option A, participation in one of several ACE projects, is the “default” option, meaning that I assume and greatly encourage students to take one of the ACE options. For Option B, you must have a specific topic in mind that you are burning to investigate. I encourage everyone to come to office hours (of the prof as well as of the ACE TA) to explore their interests and the various final project options with us. Our ACE TA, Luisa Rodriguez, is happy to consult with you about the application process and about conceiving and carrying to fruition a successful ACE project. A further explanation of ACE Option A is attached to this syllabus.

Both of these options consist of four components: 1) A Preliminary Annotated Bibliography (10% of grade); 2) a Term Paper Proposal (10% of grade), 3) a Final Term Paper (30% of grade), and 4) an Oral Presentation (10% of grade).

**Final Project Options A1, A2, A3, A4, & A5** will result in a ten-page paper and oral-presentation based upon an academic civic engagement project with a variety of community partners (Owatonna Hospital, HealthFinders Collaborative, Growing Up Healthy, the Rural Immigration Network, and a collaboration with CCCE and member of BIOL 310). These projects are spread out along a continuum from greater or lesser emphasis on field research versus library research. You can find descriptions of each project at the end of this syllabus. Most of these projects include some sort of write-up or project summary to be prepared for the community partners in addition to the more academic term paper employing medical anthropological concepts that you will turn in for this class. The summary and/or any other materials made for the community partners will be considered in the grade of the final paper.

**Final Project Option B** is a ten page library research paper on a topic of your choice within the area of medical anthropology. You should clear your topic with me (don’t forget office hours!), and should have a good reason to choose this option over one of the many ACE options. The topic should allow you to make reference to concepts and readings we will have discussed in class; you will be expected to do so in the final paper.

**The four components of the final project:**

By Monday morning, **January 11, 8:00 am** (Week II) all students should hand in their application indicating their preferences for final project options. Please hand your applications in **electronically** to pfeldman@carleton.edu and rodriguezl@carleton.edu.

By Monday morning, **January 25, 8:00 am** (Week IV) all students should hand in a preliminary annotated bibliography of 5 to 10 anthropological sources. In your bibliography, be sure to include articles from scholarly journals as well as books, cited in the CMOS author-date citation style now used by professional anthropologists. Annotations should be about two sentences long, indicating what the article or book is about and how it will contribute to your final project. For example, does it explore or illustrate a concept that you might use to interpret your findings, does it serve as a model for the type of work you plan to do, or does it give background data necessary for understanding the social and/or historical context of your topic? This annotated bibliography counts for 10% of your final grade. Please hand your applications in **electronically** to pfeldman@carleton.edu and rodriguezl@carleton.edu.

By Saturday **February 6, 9:00 am** (Week V) all students, regardless of final term project option, should hand in a one page topic proposal and an additional page with a list of at least ten bibliographic sources (no need for annotations for this assignment). Paper proposals should include a description of your topic, its substantive significance for medical anthropology, its significance in terms of applying or developing medical anthropological theory, and some sense of how you plan to structure your argument. Because many paper topics will require you to use Mininet or other interlibrary loan services, I expect you to get started **weeks** before the proposal deadline. Use this proposal as a tool to sharpen the focus of your research projects and link them to medical anthropological concepts and literature. This proposal counts for 10% of your final grade. Please hand your applications in **electronically** to pfeldman@carleton.edu and rodriguezl@carleton.edu.

**All Final Papers** are due **Wednesday March 9 by 4:00 p.m.** (plan ahead: see conditions for lates above). Please save a copy for yourself for paper presentations, which will occur during the last three class meetings of term. These presentations will be conducted like presentations at professional academic meetings.
meetings. We will organize a series of panels for the Carleton Society for Medical Anthropology, with
time to discuss at the end of each panel. Presentations (which are graded) will be strictly timed; they may
be read, but are much more effective when freely spoken from an organized outline. Refreshments
included!

IV. COURSE OVERVIEW

A. Topics
1. Medical Anthropology and Civic Engagement (January 4-14)
2. Birth, Death, Body and Mind (January 19-February 2)
3. Therapy Management, Medical Pluralism, and Cross-Cultural Medical Ethics
   (February 4-16)
4. Pathologies of Power: Social Risk, Social Management, Social Silence, Social Ethics
   (February 18-Mar 1)
5. Student Presentations (March 2-9)

B. Due Dates
   Applications for final projects: January 11
   Preliminary annotated bibliographies: January 25
   Term paper proposals and expanded bibliographies: February 6
   Final term papers: March 9
   Plus... one response/”think” paper (sign up)

C. Grading
   Class Participation 10%
   Reading/Thinking Paper 30%
   Preliminary Annotated Bibliography 10%
   Term Paper Proposal 10%
   Final Term Paper 30%
   Oral Presentation of Term Paper 10%

D. Student Learning Objectives
   In this course you will learn the following: SOAN departmental SLO #1. Articulate the complexity of
   contemporary socio-cultural phenomenon in their many dimensions (e.g. temporal, structural, spatial and
   symbolic); #2. Formulate appropriate sociological and/or anthropological research questions about socio-
   cultural phenomena; #4. Apply sociological and anthropological theory to analyze socio-cultural
   phenomena; and #6. Engage the world by drawing upon your understanding of historical and
   contemporary socio-cultural phenomena. Those of you working on academic civic engagement (ACE)
   projects will also practice SOAN departmental learning objective #3: Select appropriate sociological
   and/or anthropological research methods to study socio-cultural phenomena.
V. HELPFUL INFORMATION

A. Office Hours
Please see me during my office hours at least once during the first two weeks of the term. After that, please make use of my scheduled office hours. I’m there for you! There is a sign-up on my door. If you can't come during my normal office hours, please e-mail me about scheduling another time.

B. Ask a Librarian
Ask a librarian—especially our social science superhero specialist librarian Kristin Partlo—for help with your research in this class. You can drop by the library’s Research/IT desk to ask any question you have, at any point in your process. Librarians help students find and evaluate articles, books, websites, statistics, data, government documents, and more. For more information on hours and librarians, visit the Gould Library website at go.carleton.edu/library. Don’t forget to look at the course guide she has made specifically for our class: www.gouldguides.carleton.edu/soan262!

C. Special Needs
Carleton College is committed to providing reasonable accommodations to students with disabilities. Students seeking accommodations should contact the Coordinator of Disability Services, Andy Christensen, at 222-4464 or anchrist@carleton.edu, to begin the process. Carleton faculty are strongly encouraged to wait for official notification of accommodations before modifying course requirements for students.

D. The Writing Center
The Writing Center, located in 420 4th Libe, has peer writing consultants who can work with you during any stage of the writing process (brainstorming to final proofreading). Hours and more information can be found on the writing center website. You can reserve specific times for conferences in 420 4th Libe by using their online appointment system. Walk-ins are welcome, though writers with appointments have priority.

E. Writing Assistance for Students Whose First Language Is Not English
If you are a second language writer and believe you might benefit from working individually with a writing consultant on a regular basis this term, email Renata Fitzpatrick, Multilingual Writing Coordinator, call her at x5998, or stop by her office in 420D 4th Libe. She can arrange once- or twice-a-week meetings between you and a specific writing consultant throughout the term.

F. Public Speaking (think ahead to discussion leading and oral presentations)
Speech coaching is a student-staffed resource designed to assist you with class presentations, comps talks, and other speech-related events. Your coach can assist you with speech & communication skills including clarity, organization, articulation, projection, body language, eye contact, and effective use of aids (e.g., notes, PowerPoint, Keynote, etc.). Depending on your goals, your coach can also work with you on the content of the presentation: organization, voice, clarity, and, ultimately, persuasive impact. Individuals and groups are welcome to request a speech coach by completing a brief, online form. The speech coach will meet you at a mutually convenient time and place. For more information, visit go.carleton.edu/speakeasy.

G. Time Management
All Residential Life Area Directors are trained to work with you to improve your time management and academic skills. Their goals are to heighten your awareness of your personal strengths and skills and to offer different ways you can approach your academic work so you're more efficient and effective. Meetings are by appointment; you simply need to email one of them to arrange a visit. For details and resources: Academic Skills Coaching website.
VI. CLASS SCHEDULE: TOPICS AND ASSIGNMENTS

Part One: Medical Anthropology and Civic Engagement

WEEK I: GETTING STARTED

T 1-5  Introduction


Please also read: the course syllabus, including the sheets on “Key Concepts,” “What is medical anthropology?” and the ACE project descriptions.


Th 1-7  Medical Humanitarianism and Engaged Medical Anthropology

Guest speakers: Charlie Mandile and Juliana Lima (HealthFinders Collaborative), Natalie Ginter, Susan Shaft, and Anne Draeger (Owatonna Hospital), Daria Kieffer (ACE Director)

(N.B. Read the Dilger et al. article to discern themes in ethical considerations of practicing "engaged medical anthropology." You can skip the “contributions” section on pp. 6-7. Read the Tiedje/Plevak and Huschke articles as case studies in engaged medical anthropology. Read the Carney article to think about the effect “projects” (such as Carleton’s own Food to Family project) can have on health care access. If you are considering project option A2, read Carney now; as a class, we will discuss it next Tuesday.)


WEEK II: THE PHYSICAL, THE SOCIAL, AND THE CULTURAL IN HEALTH—HERE IN OUR BACKYARD

M 1-11 Final Project Applications Due, 8:00 a.m. Please send simultaneously to Pamela F-S (pfeldman@carleton.edu), Daria Kieffer (dkieffer@carleton.edu), and Luisa Rodriguez (rodriguezl@carleton.edu).

T 1-12 Health and Illness in our Backyard: Civic Engagement (en)counters Health Inequalities


Th 1-14 Health and Illness in our Backyard: Contexts and Consequences of Access Denied
Guest speaker: Kristin Partlo, Liaison Librarian to the Social Sciences & Data


Part Two: Birth, Death, Body and Mind

WEEK III: THE BOOKENDS OF LIFE: BIRTH

T 1-19 Pregnancy and Birth in our Backyard
Guest speaker: Leah Eby, SoAn Alum ’13, Growing Up Healthy Coordinator
Special guest: Susan Shaft, Owatonna Hospital


Th 1-21 Authoritative Knowledge and Birth

Guest speaker: Natalee Johnson, Certified Nurse Midwife


WEEK IV: DEATH AND THE SENTIENT BODY

M 1-25 Annotated Bibliography due 8:00 a.m

T 1-26 Defining Death through Technology and Ritual


Th 1-28 The Mindful Body

Guest speaker: Kathryn L. Geurts, Department of Anthropology, Hamline University


WEEK V: THE EMBODIED MIND AND THE SOCIAL RELATIONS OF HEALING

T 2-2 The Embodied Mind: “Somatization” and Trauma


Part Three: Therapy Management, Medical Pluralism, and Cross-Cultural Medical Ethics

Th 2-4 Managing Therapies and Medical Pluralism


**4a 2-6 HAND IN PAPER PROPOSAL** (for all options: 1 page text + 1 page bibliography)
*(please hand in electronically to pfeldman@carleton.edu by 9:00 a.m.)*

**Midterm Break**

**WEEK VI: THERAPY MANAGEMENT REGARDING VACCINE REFUSAL, & CROSS-CULTURAL MEDICAL ETHICS**

**T 2-9** Vaccines, Far and Near: The Politics and Network Dynamics of Medical Knowledge among Polio Eradication Resisters and Vaccine Refusers


Please peruse at least one of the following websites:

http://www.polioeradication.org/

http://www.cdc.gov/vaccines/

… and look at the charts and maps of at least one of the following blogposts/articles:

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6230a3.htm


http://www.motherjones.com/environment/2014/02/vaccine-exemptions-states-pertussis-map

**Th 2-11 Hmong Metaphors and Medical Metaphors: Explanatory Models and Ethics**


*Film: Split Horn*


**WEEK VII: MEDICAL ETHICS AND THE PATHOLOGIES OF POWER**

**Th 2-16 Cross-Cultural Medical Ethics: Hmong Models and Metaphors**


**Part Four: Pathologies of Power: Social Risk, Social Management, Social Silence, Social Ethics**

**Th 2-18 Loud Silences: Pathologies of Power from Health Policy to Whispered Explanations and Polite Indirection: Haiti, Cuba, Nigeria, and South Africa**

**Guest speaker: Drewallyn Riley, MPH**


Smith, D.J. (2014) “‘Feeding Fat on AIDS’: NGOs, Inequality, and Corruption.” Chapter 4 in AIDS Doesn’t Show Its Face: Inequality, Morality, and Social Change in Nigeria. Chicago: University of Chicago Press, pp. 103-120.


Smith, D.J. (2014) “‘Feeding Fat on AIDS’: NGOs, Inequality, and Corruption.” Chapter 4 in AIDS Doesn’t Show Its Face: Inequality, Morality, and Social Change in Nigeria. Chicago: University of Chicago Press, pp. 103-120.


Smith, D.J. (2014) “‘Feeding Fat on AIDS’: NGOs, Inequality, and Corruption.” Chapter 4 in AIDS Doesn’t Show Its Face: Inequality, Morality, and Social Change in Nigeria. Chicago: University of Chicago Press, pp. 103-120.


WEEK VIII: SOCIAL RISK, OPPORTUNITY STRUCTURES AND PUBLIC SECRETS: MARRIAGE AND HIV TRANSMISSION

T 2-23 Concepts and Comparative Projects in new HIV Research

Th 2-25 Keeping and Exposing “The Secret”

WEEK IX: ETHICS OF APPLIED MEDICAL ANTHROPOLOGY and STUDENT PRESENTATIONS

T 3-1 Ethics of Applied Anthropology: Cancer, Health Education, and Cultural Appropriateness + STUDENT PRESENTATIONS!
For first half of class period:
For second half of class period:
Student presentations: Annual Meeting of the Carleton Society for Medical Anthropology

Th 3-3 Student presentations: Annual Meeting of the Carleton Society for Medical Anthropology

WEEK X: STUDENT PRESENTATIONS

T 3-8 Student presentations: Annual Meeting of the Carleton Society for Medical Anthropology

W 3-9 TERM PAPERS DUE no later than 4:00 p.m. Enjoy your spring break!
RELEVANT STUDY SKILLS AND MECHANICS

Guidelines for Reading and Preparation for General Class Discussion

A. Pre-reading
   Look at the book or article reference. Ask yourself: What does the title tell me? Do I recognize the author? What other knowledge do I have about this topic or author? Looking at the date of publication, can I place this piece in the recent history of ideas (this is hard to do, especially early in the term)?

B. Reading
   Your first goal is to understand what the article or monograph is about, what the author is trying to say, and how s/he goes about doing so. What questions does the author investigate? Is the article mainly theoretical or descriptive? What theories does the author propose or rely upon, with what implications? What data or evidence does the author use to make his or her argument? Are these well-suited to the questions posed?

C. Post-reading
   Evaluate how this reading relates to our discussion topic, and to other readings or discussion topics. How could we analyze this further? What is your reaction to this reading (e.g. intellectually, emotionally)? Reading in this way will make you prepared to participate actively and meaningfully in class discussions.

Guidelines for Leading Discussions

The major guidelines for small groups leading class discussion are found on page 4 of this syllabus. Please follow them carefully, including: meeting as a group to develop a creative 20 minute discussion/activity plan; meeting as a group with me to further refine that plan; posting a reflection question or “pay particular attention to” message to your fellow students the afternoon before the class discussion; bringing handouts to class; making sure that all group members can shine; and keeping track of your timing. Develop questions or activities that engage with a particularly compelling aspect of what the class is reading. Don’t try to cover everything that we are reading (although activities that lead to synthesis are particularly appreciated!). Avoid yes/no questions, and try to create an activity somewhat different in format from your predecessors (just to have variety in the classroom). Because the class is large this term, your classmates will probably welcome some small group work. Transitions from small group to large group work are perennially challenging in the classroom (as is time spent on transitions). Two related tips: 1) have small groups prepare for a large group activity or synthetic question; 2) use playing cards or some other trick to mix and match groups, and have clearly indicated locales where the groups should gather.

Guidelines for Writing Papers

Goals for college-level writing include attention to: Audience and purpose; Clarity of prose; Clear organization; Effective use of evidence; Appropriate attribution and citation; Effective use of Standard English. Papers you write in this course will give you practice in reading, writing, and analysis. Use feedback from one paper to improve your approach and writing in the next paper. While you cannot re-write a paper for a better grade, I will read and comment on a draft of a particularly thorny section of a paper, before it is due, if you give me sufficient office hours are good for this.

Each paper should have a title page, with an interesting and descriptive title, your name, the date, and the course number and title. Papers should be 12 font with 1-inch margins, with the text section double spaced. (Think papers are 4 pages. In your final paper, aim for 10 pages. I will stop reading after 12 pages.) The text should be followed by a “references cited” section (the bibliography of works you cite in the paper) in anthropological citation style (see below). Make sure you have an introduction, a logically organized body of the paper, and a conclusion. Section headings provide useful guideposts to the way you organize your thoughts, and are particularly important for longer papers.

Here are some tips on writing well:
- Write from the top down. Start with your most important point, then develop it. Don’t keep your reader guessing. Don’t save the punch line for the end!
- Use good topic sentences. Topic sentences should tell your reader the point of the paragraph. New thoughts generally require new paragraphs. Use transition sentences for flow between paragraphs and sections. When you turn to a new thought, be sure your reader can connect backward and forward to other parts of the text.
- Use your topic paragraph effectively. Good titles are nice. So are zippy first sentences.
- Eschew the passive voice. “Jenny wrote the book” is better than “The book was written by Jenny.” This is particularly important in the social sciences, because use of passive voice masks agency.
- Vary sentence structure to enliven your writing. Avoid run-on sentences.
- Watch your spelling, grammar, and punctuation. Look out for singular/plural agreement. (Note: the word “data” is plural.) Use semicolons appropriately (that is, to separate complete sentences).
- Avoid unclear referents (like “it” without an obvious connection to what “it” is). Also avoid indirect wording. As much as possible, eradicate the phrases “there are,” “it is,” and the like from your writing.
- Watch for dangling clauses. The sentence, “Hot from the oven, I ate the pizza,” implies that I (not the pizza) am hot from the oven.
• Use parallel phrases. “I like to swim, read, and eat” is better than “I like swimming, to read, and food.”
• Learn the difference between “because” and “since.” “Since” refers to time: “Since 1940, women’s hemlines have crept up.” Know the difference between “that” and “which.” Generally, if you can use “that,” do so. Master the correct usage of “affect” and “effect,” whose meanings as nouns differ from their meanings as verbs!
• Plain English is best. Don’t be wordy. For example, you rarely need to use the term “in order to.”
• Cite your sources with author, date, and page number for quotations, as well as for specific ideas or any short, paraphrased segments. When in doubt, cite it! See section on “Anthropological Citation Style” below.
• Consider your audience. Use the appropriate tone and style; above all, don’t be boring!
• Rewriting is the key to writing well.

**Anthropological Citation Style**

In papers for this and other anthropology classes, you should use the correct citation style, following the major anthropological professional journals. This means you need to cite, both in the text and in a section titled “References Cited” following the text, works from which you have drawn ideas as well as works you quote. The American Anthropological Association has recently decided to forego its prior, discipline-specific citation style in favor of the author-date style in the *Chicago Manual of Style*, which can be located on their website.

**In the course of your text**, you should cite authors whose ideas you use with their last name and the date of publication; you can even include more than one citation if you got the idea from more than one source (Ginsburg 1989; Ginsburg and Rapp 1991). If you quote an author, e.g. that “the powers of village women... [do not] provide women with the last word,” (Harding 1975:308), you include the page number(s). Note the placement of punctuation, and that the citation and period/comma are outside of the quotation marks.

**References Cited** (please, not “Bibliography” or “Works Cited”), placed starting on a new page at the end of your text, includes only publications cited in the text. All entries must be listed alphabetically by last name of author, and chronologically arranged for two or more titles by the same author. The layout should be as follows:

1a) for a **journal article**, showing the volume and issue numbers, and page numbers:


1b) If you find and read/download the **journal article from an online source**, include the DOI (Digital Object Identifier) if the journal lists one. A DOI is a permanent ID that, when appended to http://dx.doi.org/ in the address bar of an Internet browser, will lead to the source. If no DOI is available, list a URL. Include an access date.


2) for a **chapter in a book of collected essays** (Author. date. “chapter title.” In *Book Title*, edited by Editors, pages. Place of Publication:Publisher.).


3) for a **book** (title is capitalized; date, place of publication [use the first one listed], and publisher all included):


4) for an **article in a newspaper or popular magazine**:


5) for **website content**, include as much of the information you’d need for a printed publication’s citation as possible (including author’s name, date of publication, title, publisher), followed by the URL of the site you are citing. Because such content is subject to change, include an access date or, if available, a date that the site was last modified. In the absence of a date of publication, use the access date or last-modified date as the basis of the citation.


**Following this style is a requirement. Ask if you have questions.**
KEY CONCEPTS IN MEDICAL ANTHROPOLOGY

- **disease-illness-sickness** is the widely used tripartite scheme of anthropologist Allan Young; disease is the Western biomedical practitioner’s category, and refers to biological states and symptoms. Illness is the lived experience of sufferers and their families and significant others, and involves the cultural ways in which we define signs as “symptoms.” Sickness is the category that links illnesses and diseases to large-scale economic, political, and social matters, shaping who gets sick as well as healer-patient interactions. **Medicalization** is a related term referring to the process whereby conditions come to be viewed and interpreted as diseases and hence as amenable to biomedical intervention.

- **the social context of healing** is the social setting in which healing takes place and the consequent social ramifications. Social relations are often made and unmade, strengthened and weakened, maintained and changed in the course of healing.

- **the cultural construction of the human body** is the culturally-specific ways in which the human body is made meaningful in given human communities and linked to other domains of social life, such as religion and politics, often by means of metaphors and other symbols. Recent anthropological work relates ideas about the body to anthropologies of emotions and the senses. Related terms include **somatization** and **psychosomatic illness**.

- **ritual and symbolism** are key fields of study more broadly in anthropology, and crucial to understanding culturally-specific ideas about health and illness as well as forms of healing.

- **explanatory models** include folk models (e.g. Kongo “disease of man,” Haitian “sent sickness” or Latin American *nervos*), popular models (e.g. lay American models of hypertension or cancer), or, strictly speaking, **biomedical** (allopathic medicine) models of health and illness conditions. In each healer-patient interaction, each person brings their own explanatory model to the encounter, and consultation is often a negotiation among these models. This concept was particularly developed by Arthur Kleinman. A somewhat distantly related concept is that of **culture-bound syndromes**.

- **authoritative knowledge** is the knowledge that counts in a particular situation. Decisions, such as when to push during childbirth or whether or not a feverish child needs a spinal tap to check for meningitis, are made by those with authoritative knowledge. Whose knowledge gains authority may change from situation to situation (e.g. a hospital vs. a home setting). This concept was particularly developed by Brigitte Jordan.

- **medical pluralism** is a mixture of different types of health care institutions, each with their own ideas and practices, co-existing in a particular locale. Sometimes these different institutions compete with each other, and sometimes they cooperate. This common state of affairs is affected by history and by power relations within society. Colonial and postcolonial policies, for example, often recognize, legitimate, and professionalize certain types of traditional practitioners and not others, while introducing new forms of medial and spiritual healing. A related concept is **plural medicine**, which refers to a mixture of types of diagnoses, therapies, and practitioners within a particular type of medicine (such as “Traditional Chinese Medicine”).

- **therapy management** is a social process that pulls significant others in the lives of sufferers into the processes of interpreting affliction and of taking therapeutic action on the basis of these interpretations. Dissension within the therapy management group leads to consultation of multiple healers. The therapy management group helps to interpret the type of illness, decide on the timing, type and sequencing of therapies, and to escort and support the sufferer. This concept was particularly developed by John Janzen.

- **cross-cultural medical ethics** is a growing field that deals with bridging possible misunderstandings and differences in explanatory models and assumptions about who should be involved in therapy management. It is particularly important in situations of cultural pluralism, for example when immigrant or refugee populations interact with the biomedical health care system in the United States. Related concepts include **cultural competence and cultural responsiveness**.

- **the social determinants of health**, as defined by the World Health Organization, are “the circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics” (WHO 2011:n.p.).

- **social inequality** is a key concept in the social sciences, with enormous impact on health care inequities, on the interaction between patients and healers, and on illness models and health education efforts that blame the victim. It affects each of the ideas and processes mentioned above.

- **the socio-ecological model** is utilized in public health to understand the dynamic interrelations and interactions of personal and environmental factors; modeled as a series of concentric circles, working outward from individual to interpersonal, community, institutional, and macro-/public policy levels.
DEFINING MEDICAL ANTHROPOLOGY

The Society for Medical Anthropology website (http://www.medanthro.net/definition.html) poses the definitorial question, “what is medical anthropology?” Here is their answer:

What is medical anthropology?
- Medical Anthropology is a subfield of anthropology that draws upon social, cultural, biological, and linguistic anthropology to better understand those factors which influence health and well being (broadly defined), the experience and distribution of illness, the prevention and treatment of sickness, healing processes, the social relations of therapy management, and the cultural importance and utilization of pluralistic medical systems. The discipline of medical anthropology draws upon many different theoretical approaches. It is as attentive to popular health culture as bioscientific epidemiology, and the social construction of knowledge and politics of science as scientific discovery and hypothesis testing. Medical anthropologists examine how the health of individuals, larger social formations, and the environment are affected by interrelationships between humans and other species; cultural norms and social institutions; micro and macro politics; and forces of globalization as each of these affects local worlds.

Medical anthropologists study such issues as:
- Health ramifications of ecological "adaptation and maladaptation"
- Popular health culture and domestic health care practices
- Local interpretations of bodily processes
- Changing body projects and valued bodily attributes
- Perceptions of risk, vulnerability and responsibility for illness and health care
- Risk and protective dimensions of human behavior, cultural norms and social institutions
- Preventative health and harm reduction practices
- The experience of illness and the social relations of sickness
- The range of factors driving health, nutrition and health care transitions
- Ethnomedicine, pluralistic healing modalities, and healing processes
- The social organization of clinical interactions
- The cultural and historical conditions shaping medical practices and policies
- Medical practices in the context of modernity, colonial, and post-colonial social formations
- The use and interpretation of pharmaceuticals and forms of biotechnology
- The commercialization and commodification of health and medicine
- Disease distribution and health disparity
- Differential use and availability of government and private health care resources
- The political economy of health care provision.

SOME MEDICAL ANTHROPOLOGICAL BLOGS
ACCESS DENIED: A Conversation on Unauthorized Im/migration and Health, http://accessdeniedblog.wordpress.com/
Voices from Medical Anthropology (SMA), http://socmedanthro.wordpress.com/
Somatosphere: Science, Medicine and Anthropology collaborative website: http://somatosphere.net/
Growing Up Healthy: Connecting the families of Rice County, Minnesota, http://growinguphealthy.org/
HealthFinders Collaborative, http://healthfindersmn.org/
Rural Immigration Network, http://ruralimmigration.net/
ACADEMIC CIVIC ENGAGEMENT OPTIONS

This term, students in Anthropology of Health and Illness have the opportunity to choose from a number of Academic Civic Engagement (ACE) projects with local community partners in Rice and Steele counties. All of our partners seek to improve health conditions, health care, and health care access for residents of southern Minnesota. Many of these residents are relatively recent immigrants working in agriculture-related and plastics industries in our rural/small-town environment. In addition to their low income and often their lack of health insurance, this population faces a number of challenges affecting their health and general well-being. Your work employing anthropological concepts and methods to understand their lives can help our partner organizations to improve conditions for our neighbors here in Rice County and in neighboring Steele County. Each of these ACE final projects combine field and library research, and will result in a ten-page paper and oral presentation. Please read the following descriptions carefully before applying for these ACE projects.

A1: Owatonna Hospital Post Natal Care Project

Background: Owatonna Hospital, a non-profit regional medical center that serves patients in and around Steele County, Minnesota, has seen a gap in post-birth follow up of infants 0-14 days old. Best Practice is for all babies to be seen by a provider at 48 hours post discharge to check for a number of neonatal wellness indicators, including risk for newborn jaundice which if undetected can lead to a serious, brain-damaging complication called kernicterus. Unfortunately, Owatonna Hospital finds that not all of the ca. 550 babies born annually in Owatonna are being seen by 48 hours after discharge from the hospital; they note increasing numbers of babies being readmitted to the hospital with high bilirubins (jaundice).

The Project: Owatonna Hospital leadership would like Carleton students to help them do a “gap analysis” by assessing health care, public health, early childhood, and other local organizations that provide services for new moms and babies. The goal would be to identify what is needed to fill the gap in newborn patients’ care, who would be the most likely to provide the service, and what funding sources are available. Assessing potential models of care, in Steele County as well as in other locales (e.g. Rice County’s “Baby Stop” program), and opportunities for collaboration will be an important element of this project. Questions to address include:

- What information or services/screenings does each organization offer?
- Who is offering these services, when, and where?
- What is the process for follow up or referral?
- How are these services and their importance being communicated to the health care provider? To the baby’s parents?
- What opportunities for collaboration exist between Owatonna Hospital and other organizations?
- What constraints are particular to the regional hospital in a rural setting context?

Interviews: Collaborating with Natalie R. Ginter, Director of Community Engagement and Development at Allina Health, South Region (the parent company of Owatonna Hospital), students will interview representatives of local organizations including the hospital, the clinic, Steele County Public Health, Community Education and the Amazing Newborn Clinic (a partnership among the school district, hospital, and clinic). We hope that students also will be able to engage in a discussion with new moms (possibly at the Amazing Newborn Clinic) to help identify barriers mothers may be experiencing. This will involve one or two trips to Owatonna, with transportation coordinated by CCCE. Students will also research other locales’ experiences dealing with post-natal care, screening for newborn jaundice, and prevention of kernicterus.

Preparation: Students will meet with Natalie Ginter and Susan Shaft (Birth Center Manager) and Anne Draeger (Director of Patient Care) to learn more about the project and to prepare their interview questions. They will conduct web-based research about other models to prepare the most informed questions. They will also read up on in-depth interview techniques, and begin finding scholarly research regarding post-natal care, and hospital-provider-patient interfaces. On-campus resources include Daria Kieffer and Kelly Scheuerman (CCCE), Luisa Rodriguez (TA), and Kristin Partlo (library).

Follow-up: An important part of this project will be developing a means to convey the results of this research to hospital leadership, clinical providers and staff, and to local pediatric and family practice
physicians. This will require translating for these audiences the medical anthropological concepts that help you interpret your research findings. You will convey your results in an executive summary, in an oral presentation to hospital staff and interested community partners, or in an in-class oral presentation to which partners will be invited.

Final paper: Students are also required to write a ten-page paper for the class, simultaneously based upon their fieldwork and library research.

A2: HealthFinders Pura Vida Life Histories Project

Background: One of our class’ long-term ACE partner organizations is HealthFinders Collaborative (HFC), a local non-profit organization that seeks to improve health care and health care access for low-income residents of Rice County. Many of these residents are relatively recent immigrants working in agriculture-related and plastics industries in our rural/small-town environment. In addition to their low income and often their lack of health insurance, this population faces a number of challenges affecting their health and general well-being. Often, their health status declines following immigration to the United States. Your work employing anthropological concepts and methods to understand their lives can help our partner organization to improve conditions for our neighbors here in Rice County.

The Project: The HealthFinders project for this term was initiated by Juliana Lima, the Pura Vida Program Lead, and will be conducted in conjunction with HFC’s Pura Vida Healthy Lifestyles program. Pura Vida encourages participants to take control of their health by providing them with the tools, skills, and motivation needed to maintain a healthy lifestyle. It focuses on the importance of exercise, nutrition, stress management and community involvement through a variety of activities facilitated by English- and Spanish-speaking volunteers. Pura Vida offers a women’s-only fitness class at the HealthFinders clinic in Faribault. For more information, please visit http://healthfindersmn.org/programs/pura_vida/.

Juliana Lima would like to identify and understand life events related to the health changes largely Latina Pura Vida participants experienced when immigrating to the United States; by identifying those situations, participants in the Pura Vida program would more easily be able to acknowledge and reinforce their healthy behaviors, and work to change unhealthy behaviors and other barriers to wellness.

Pura Vida participants aim to lose weight and either to prevent or manage diabetes, but face several challenges maintaining a diet rich in the fruits and vegetables they crave. Conducting life history interviews with Pura Vida participants could provide a twofold benefit. First, analyzing women's life history narratives could reveal particular life events as well as structural barriers (e.g. food deserts, cost, children's changing food preferences due to school lunch and assimilation) to women's nutrition and exercise. Juliana could use this analysis in shaping the content of her Pura Vida courses as well as the English language individualized health coaching for Pura Vida participants. Second, the act of narrating and reflecting upon their life histories may give Pura Vida participants a greater sense of self-efficacy as they pursue their health goals. In sum, your task in this project is to aid Pura Vida clients to gain a better understanding of how their life histories, including significant events, contribute to their current health.

Interviews and Observations: Through interviews about the participant's health history, eating habits, exercise routine, obstacles, and life events, students participating in this project will gather health and wellness narratives (similar to “illness narratives” described in medical anthropological literature). They will analyze information drawn from these narratives, using medical anthropological concepts to frame their interpretations. The results will be used to inform future health and wellness courses offered through HealthFinders Collaborative. Students will attend some Pura Vida classes (participant observation), and will work with Juliana to identify participants for individual and small focus-group interviews.

Preparation: Students from SOAN 262: Anthropology of Health and Illness, will conduct these interviews following some coaching in ethnographic methods. They will also read up on in-depth and life-history interview techniques, and begin finding scholarly research regarding food assistance and exercise programs for immigrants and for the un/underinsured, illness narratives, medical humanitarianism, the ethics of engaged medical anthropology, and the so-called Latino Health Paradox. Spanish-language competency is preferred for this project. On-campus resources beyond the course instructor include Daria Kieffer and Kelly Scheuerman (CCCE), Luisa Rodriguez (TA), and Kristin Partlo (library).

Students will work with Juliana and with the ACE TA to develop and pre-test their interview guideline. This questionnaire will address the participant's health history, eating habits, exercise routine, obstacles, and life events that affect their own health and that of their family members. The questions will
be composed and presented to elicit participants health narratives in a natural and conversational manner. The interviews will be conducted at the site(s) of the Pura Vida classes (e.g. Greenvale School).

Before beginning their field research, all students will have to sign a confidentiality agreement, and will have to follow rules of confidentiality outlined in the IRB proposal for this project. To ground their observations and conversations students will be required to examine the HealthFinders literature review (available on the HealthFinders website) and to read any previous student projects that are relevant to their chosen target population.

**Follow-up:** An important part of this project will be developing a means to convey the results of this research to HealthFinders staff. This will require translating for these audiences the medical anthropological concepts that help you interpret your research findings. You will convey your results in an executive summary, in an oral presentation to clinic and Pura Vida staff and interested community partners, and/or in an in-class oral presentation to which partners will be invited.

**Final paper:** Students are also required to write a ten-page paper for the class, simultaneously based upon their fieldwork and library research.

### A3: Growing Up Healthy: Impacting Health Equity Through Early Education and Childcare Project

**Background:** One of our class’ long-term ACE partner organizations, Growing Up Healthy (GUH), was established in 2007 to address the social factors influencing the health of low-income families in Rice County. To accomplish this, GUH works with partner organizations and immigrant and refugee families to transform communities through cultivating neighborhood leadership, fostering social connectedness, and collectively advocating for change within neighborhoods and systems. GUH currently works with Neighborhood Leaders in five neighborhoods in Rice County (two in Northfield and three in Faribault). These Neighborhood Leaders meet monthly to discuss neighborhood issues, concerns, and opportunities and work together to strategize potential solutions. The resulting outcomes are groups of leaders from historically marginalized communities empowered to better advocate for their peers and foster important connections both within and beyond their neighborhoods. Each Neighborhood Team also meets regularly with members of the GUH Advisory Board, comprised of the heads of the major governmental and social service agencies that impact the lives of the neighborhood residents. These meetings provide a chance for the residents to speak directly with decision-makers about issues and barriers they are experiencing, and for the two groups to think collectively about potential solutions. Often this includes providing feedback to the coalition partner organizations, requiring individual organizations to evaluate their internal policies, or requiring the Advisory Board partners to work together in new ways to meet the changing needs of local residents.

**The Project:** The GUH project for this term was initiated by Leah Eby (SOAN ’13), the GUH Coordinator, and will inform the ongoing work of GUH. Each year, the Advisory Board and Neighborhood Teams work collectively to address overarching issues that impact the lives of GUH neighborhood residents at both the grassroots and systems levels. Currently, GUH is focusing on growing and diversifying early childhood education and childcare options. Research has shown that access to quality early childhood programming is strongly linked to kindergarten readiness, future academic success, and overall health and wellbeing (after all, 40% of health is determined by social and economic factors). However, for many GUH neighborhood families, early childhood education and childcare programs are inaccessible due to transportation, cost, work schedules, and other barriers. As a result, many families leave their children in the care of family, friends, or neighbors (FFN). While some communities are working to support FFN providers in becoming licensed childcare providers, the licensing requirements (e.g., cost, infrastructure, legalities) make this option prohibitive for most GUH neighborhood FFN providers. Therefore, GUH is looking at ways to support and strengthen the FFN provider network that currently exists, recognizing that these providers are an important community asset. This project will investigate the Latino Childcare Providers Network (LCPN), a potential model for this work in Rice County. The LCPN is an innovative partnership between Bloomington Public Health (BPH) and the Latino community in Richfield, Minnesota that was established in response to concerns from the Latino community about school readiness, lack of understanding of the American school system, and obesity. The LCPN now has over 140 providers participating, with the goal of creating a support system that builds the capacity of Latino FFN providers to provide high quality care to children within
Bloomington and Richfield. For this project, your task is to research the development and implementation of the LCPN and gain a better understanding of how a similar network might be established in Rice County.

**Interviews and Observations:** Through interviews with those involved in the LCPN partnership (BPH, Church of the Assumption, etc.), students participating in this project will gather both qualitative and quantitative data about the development and implementation of the LCPN, outcomes, success stories, challenges, and suggestions for replicating the LCPN in other communities. Students will also interview local partners who would be involved in the development of the LCPN in Rice County (including representatives from Northfield Promise, Growing Up Healthy, St. Dominic’s Church, and others) in order to begin to assess the feasibility of establishing a LCPN in Rice County.

**Follow Up:** An important part of this project will be developing a means to convey the results of this research to GUH. You will convey your results in a report for GUH, and in an in-class oral presentation to which partners will be invited. The report for GUH will serve as a guide for further discussion and next steps in developing a LCPN locally. This could include an overview and history of the LCPN in Bloomington, important considerations and suggestions for replicating the LCPN in other communities, and an initial assessment of the feasibility of a LCPN in Rice County.

**Final paper:** In addition to any products produced for GUH, students on this project are required to write a ten-page paper for the class, simultaneously based upon their fieldwork and library research.

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**A4: Rural Immigration Network “Recipes for Action” and “Research Briefs” Project**

**Background:** Recognizing the importance of “conditions of reception” for immigrant health and well-being, Political Science professor Kathy Tegtmeier Pak (St. Olaf) developed the Rural Immigration Network (RIN) to address the particular needs of immigrants and their service providers in rural settings. The Rural Immigration Network (http://ruralimmigration.net/) website shares good ideas and practical information about innovative events, programs and initiatives that build community among immigrants and longer-term residents in rural towns around the United States. The goal is to provide resources that can be shared and adapted across different rural locales. The RIN website targets multiple audiences, including long-time residents, immigrants, policy makers, school staff, students, organizations, and volunteers. The RIN website publishes three types of resources: recipes for action, research briefs, and calls for research. For further information, you can read about the types of pages in the RIN here.

**The Project(s):** Students will research and write either a Recipe for Action or a Research Brief for potential publication on the RIN website. Students will combine field, archival, and library research to write up resources. Students may choose among projects and themes that have been identified by our community partners.

**Project Theme I: Growing Up Healthy’s Community Engagement Framework**

This project involves writing a Recipe for Action about Growing Up Healthy (GUH) for the Rural Immigration Network. The Recipe for Action will describe GUH’s overall work through a community engagement framework, using definitions and tools developed by the Building the Field of Community Engagement collaborative.

**Background to Project Theme I:** One of our class’ long-term ACE partner organizations, Growing Up Healthy (GUH), was established in 2007 to address the social factors influencing the health of low-income families in Rice County. To accomplish this, GUH works with partner organizations and immigrant and refugee families to transform communities through cultivating neighborhood leadership, fostering social connectedness, and collectively advocating for change within neighborhoods and systems. Community engagement is at the core of GUH’s work, and a collaborative initiative in the Twin Cities (Building the Field of Community Engagement: http://www.buildthefield.org/) recently created a framework for community engagement work designed to magnify and elevate the power of community engagement to change the way problems are solved and resources are invested. This framework is a helpful tool for conceptualizing and understanding the ongoing work of GUH and the outcomes GUH is working towards.

**Project Theme II: HealthFinders Collaborative: Bringing Clinical Care and Wellness to the Un/Under-Insured**

This project involves writing a Recipe for Action about HealthFinders Collaborative (HFC) for the Rural Immigration Network. HFC is a local non-profit organization that seeks to improve health care
A5: Carleton College Public Health Lunch: Focus on Vaccines, in Collaboration with BIOL 310

Background: For several years, professors Debby Walser-Kuntz and Pamela Feldman-Savelsberg have noticed that many students take both our courses, either simultaneously or in subsequent years. As co-curators of Carleton’s Public Health Pathways page, they were interested in providing further opportunities for collaboration (see https://apps.carleton.edu/pathways/health_wellness/public_health/). With support from CCCE, in 2015 they decided to turn the winter term Public Health Lunch into a public teach-in, organized and presented by students from their Immunology and Anthropology of Health and Illness courses. The theme that year was “Ebola: An Interdisciplinary Conversation,” focusing on various ideas of self and not-self in the biology and social relations of the 2014-15 Ebola outbreak.

The Project: SOAN 262 students who choose this option will write their ten-page term paper on an aspect of the cultural and social dimensions of vaccines and vaccine refusal that allows you to apply medical-anthropological concepts. The ACE portion of this project results in a panel discussion in the context of a “Public Health Lunch,” informing the Carleton public about new research on vaccination. This Public Health Lunch will allow anthropology students and biology students to exchange insights from their respective projects and engage the audience in public health thinking.

Preparation and Follow Up: Students from the two classes will meet together during 3rd week, 6th week, and 8th week to prepare the session. In SOAN262, the entire class will address research related to the social relations surrounding vaccination programs during 6th week. The Public Health Lunch during 8th week provides students with the opportunity to translate for a broader audience the research they do for their term paper.

Final paper: Students are required to write a ten-page paper for the class on a vaccine-related topic, based on library research using primarily medical-anthropological sources.

ACE Student Learning Outcomes

Participating in these projects will allow you to gain the following ACE Program SLOs directly: understanding issues in their real world complexity; recognizing and honoring different forms of knowledge that may reside in/with community partners; doing—taking your course content to do something with it beyond the classroom while learning in the process. Indirectly, and depending upon how you approach the project and what may grow out of it beyond this term, you may indirectly: enhance awareness of your positionality, or who you are as you seek to do civic engagement efforts (such as gender, race, and/or socio economic background); develop your leadership skills; and nurture a commitment to life-long civic engagement.

Transportation and other nitty-gritty details

Some of these ACE projects ask you to travel to our community partner’s sites. Here is the link for campus transportation information: http://apps.carleton.edu/ccce/transportation/ You should contact Cindy Plash, Administrative Assistant for CCCE, to set up transportation (cplash@carleton.edu, x5477). I encourage you to become certified campus drivers. View the requirements for eligible drivers and the training schedule. The mandatory defensive driver training session for winter term will be held on Monday January 11, 2016, 4:30 p.m. – 6:00 p.m., in Leighton 305. This date is soon and important!

Luisa Rodriguez, our wonderful SOAN 262 ACE TA, will help you with other nitty-gritty details that emerge, as well as with conceptual issues regarding your projects. Luisa is a SOAN senior, has taken this class before, and has participated in an ACE project with HealthFinders. She will reserve common hour times for meeting with groups, and will hold individual office hours in the SOAN lounge (Leighton 226) on Mondays 10:00-11:00am, Thursdays 3:00-4:00pm, and by appointment.