

Medical Anthropology :

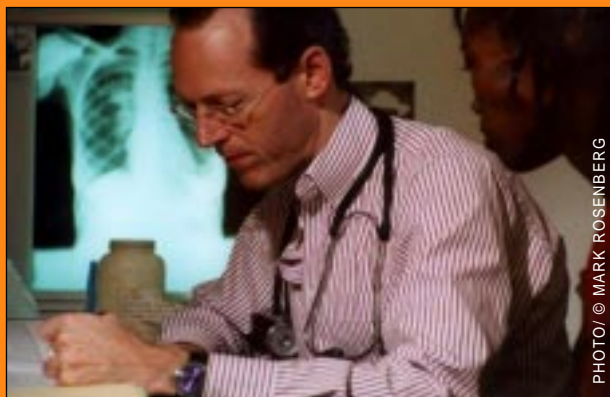


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Paul Farmer, MD, is a Harvard professor and currently the medical co-director of the Clinique Bon Saveur in rural Haiti. Above and below, he sees patients at the clinic in Cange, Haiti. At left, he speaks to a group of community health workers or “accompagneurs.”



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The Search for Knowledge

Although not as action-packed as Indiana Jones makes it appear, anthropology is the study of humankind—its culture, language, history, and social relationships. Throw in the treatment of disease, and you've got a rich and satisfying career.

AS A MEDICAL ANTHROPOLOGIST, PAUL FARMER, MD, might be faced with figuring out how migrant farm workers can get equal access to emergency care. Then again, since his main interest is infectious disease, he might just as well be found elsewhere in the world, using his clinical knowledge to face the social challenges of providing treatment.

“Now I get to be a medical anthropologist all the time, and a physician only some of the time,” he says. The Harvard professor is currently the medical co-director of the Clinique Bon Saveur in rural Haiti, where he focuses on running the hospital in conditions his counterparts in America might consider impossible. He deals with frequent blackouts and is constantly search-

ing frantically for film for x-rays.

“I get to see first hand the social inequalities which produce and reproduce an entirely preventable disease such as TB,” he says. With this first hand knowledge, Farmer speaks at conferences and authors books such as *Infections and Inequalities* (University of California Press, 1998). While Farmer enjoys the challenge of applying cultural, linguistic, and historical insights gleaned from anthropology at the Clinique Bon Saveur, other medical anthropologists prefer a more sedate and academic approach. Medical anthropology encompasses every aspect of medicine, and it encourages an understanding of self, along with an empathy for the strengths, weaknesses, rights, and needs of others, as well as the ability to relate to others with greater human understanding.

Many titles, similar interests

Medical sociologists, epidemiologists, gynecologists, linguists, public health policy analysts, medical historians, and clinical physicians are just some of the job titles belonging to the eclectic members of the

Continued

Skiping School

Guido Majno, Professor Emeritus of Pathology at the University of Massachusetts, believes that getting through graduate school requires curiosity and perseverance. "It takes attention to detail and acceptance that there may be no answers for some of the questions you explore in your papers, whereas clinical physicians are used to finding an answer eventually through diagnostic laboratory tests and careful consideration of symptoms the patient presents," he says.

Majno has never earned a degree in medical anthropology but he had enough interest in the subject to author the book *The Healing Hand* in 1975 (Harvard University Press), of which a second edition is planned. "You don't need a PhD to want to satisfy curiosity...there are innumerable questions still unanswered about the human past, including why smallpox was never described or mentioned in the *Bible*, how Alexander the Great really died, and which culture first came up with the notion that mermaids could drive men to mental illness." He offers the following suggestions for getting involved as a novice in medical anthropology without the long haul of graduate school:

1. The direct approach. Narrow down your interests to a few conferences, contact the participants for reprints of their published papers and keep open the lines of communication. Those steeped in anthropology will likely be more willing to communicate openly about their projects and research interests than they would with others competing for the same grants and recognition.

2. Co-write or author a paper. After reading some published papers, you can offer to co-author a paper as a clinician with the

principal author. Clinicians often bring points of view to the table that anthropologists had not previously considered. Such work entails some research, writing, proof-reading, and editing before submitting for publication to an academic journal. Check out the resources at www.medanthro.net.

3. The consultant route. Summaries of archaeological digs both ongoing and upcoming are published in medical historiography and social medicine journals, and general interest publications such as *Smithsonian*, *Natural History*, and *Science*. Contact the parties involved and provide your services on a voluntary or contract basis as a medical consultant. This gives you a chance to take a trip to a dig and provide your views to anthropologists, historians, and sociologists who might miss a crucial clue due to a lack of basic knowledge of anatomy, pediatrics, gerontology, forensic medicine, pathology, or the effects of the environment and lifestyle of their discoveries.

4. Dabble in alternative healing. Take a course in complementary healing methods such as acupuncture or herbal folklore. "It opens the mind and tends to get one interested in tackling different cultures and their ways of interpreting and treating disease," says Majno.

5. Get out of the office. Instead of heading for the golf course on your next vacation, volunteer to work for an organization such as Doctors Without Borders (www.msf.org) or Physicians for Peace (www.physicians-forpeace.org). "You'll think about patient outcomes, languages, and social barriers to recovery in a new light when you have to figure out how to make a patient understand that one is supposed to swallow a prescribed liquid instead of rubbing it on the skin," Majno says with a laugh.

Society of Medical Anthropology (SMA). The 1,411-member organization publishes the *Medical Anthropology Quarterly*. As part of the **American Anthropological Association**, one of the purposes of SMA is to guide its members toward sources of funding for their research. SMA members are involved in both academic and fieldwork, and some of the members which are also physicians maintain their clinical practices as well.

"Medical anthropologists in academics work in universities and colleges teaching seminars on a wide range of health-related topics, and speaking at conferences in the social sciences, medicine, and public health on areas of expertise," explains Mark Nichter, PhD, MPH, the president of the SMA. Nichter is a professor in the **University of Arizona's School of Public Health and Department of Family and Community Medicine** and coordinates the university's graduate program in medical anthropology. Like other academic-based medical anthropologists, he is expected to carry out ongoing research, publish papers and books, and supervise the theses of several graduate students.

Nichter notes that anthropology is a very wide ranging multidimensional discipline. Fieldwork may include anything from digging in archaeological sites to reading historical accounts of epidemics, observing present day patterns of behavior affecting the transmission and distribution of disease to the study of ethnomedical systems, as



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well as studying the impact of globalization on health transition or studying the political economy of our own health-care system.

Research in medical anthropology is supported by grants from the government, private foundations, universities, and non-profit organizations. Many physician/medical anthropologists who continue their clinical practices after being appointed for an academic post work in teaching hospitals or for public health programs or international health agencies.

Farmer adds that medical anthropologists often co-author their papers with purely clinical physicians, so working in a teaching hospital can be an advantage. "Some people call what I do 'operational research,' others call it responsible documentation. I'm not really carrying out clinical trials in the traditional sense, but if I happen to figure out a way to administer ARVs (anti-retrovirals) to the poor and illiterate with advanced AIDS in an especially unusual or unprecedented way, that might end up in medical journals," he says.

Clinical vs. academic focus

While a few medical anthropologists in academic circles, such as Dr. Jim Yong Kim of the [department of social medicine at Harvard University](#), continue to practice clinical medicine on the side, most of their days are filled with reading academic journals, teaching, grading papers, authoring a textbook or writing papers. "I find myself switching back and forth between my interests," says Kim. "The beauty of working in a university hospital is that I can postpone my paper-writing to another

day when I'm just too tired, mentally, after clinical rounds."

But there's a limit on how long the paperwork can be postponed. Dr. Holly Wardlow at the [University of Iowa's Department of Anthropology](#) finds that her days are

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occupied in reading the work of others in her field of non-Western cultural concepts and treatments of AIDS and HIV. "Sometimes you have to revise your papers several times before they are accepted for publication, and you can't postpone your responses to editorial boards for too long," she says. "Even when I'm researching in the field I have to keep track of the daily activities and expenses because I have to be accountable for the grant money I spend. It's definitely no holiday when you're in the field."

Scheduling research time and paper writing time around family commitments is usually more feasible as an anthropologist than as an attending physician. "There are deadlines to meet, such as abstract submissions for meetings, but these things can often be done from home or within office hours. You get to have drop-in office hours for your students and after you're tenured,

there's a faculty secretary to block your calls. It's a lot less rushed than the average patient consultation," says Wardlow.

Servando Hinojosa agrees. "There's little drama in my daily routine," says the associate professor of anthropology at the [University of Texas-Pan American](#). Hinojosa's research has centered on the highland Maya people of Guatemala since 1990, and his work focuses on how Maya bonesetters, who are untrained in Western trauma techniques, treat bodily injuries. "Unless you find a whole piece of something in an archaeological dig, your biggest 'Eureka!' may be finding a relevant paper among your search of thousands in academic journal databases."

Who's suited

An interest in details, researching, reading, and writing, and a great deal of curiosity about the social aspects of medicine are critical for success as a medical anthropologist, and not just so grants will keep coming in. Those with a great deal of empathy and a strong interest in how health and disease progresses and develops in a society or culture, combined with the ability to manage time independently, are well-suited for long-term anthropological research which tends to be open-ended.

Dr. Mark Luborsky, the director of aging and health disparities research and a professor of anthropology and gerontology at [Wayne State University](#) in Michigan, believes that physicians interested in stepping into anthropology have the edge over anthropologists who might wish to add a medical degree. "Medical anthropology is a holistic field, and the medical terminology

is much more demanding and getting a solid grasp of medical details requires more diligence," he says. "If you're trying to apply for a grant on a medical topic, if you're a pure anthropologist, you might get lost trying to figure out the biochemistry, physiology, and anatomy and trying to work that into something socially important that a grant selection committee would understand. Physicians already have that knowledge covered." Luborsky admits, though, that getting grants on subjects less popular than aging with less media attention is more challenging, and those interested in this field of work must be patient and be willing to apply for grants until they succeed.

Universities post openings for tenured or tenure-track positions in academic journals. Positions are also filled through recruiting at conferences and seminars, and even by being published in academic journals. Requirements for fieldwork tend to be less demanding, but there is a tacit expectation of experience and intimate knowledge of a specialized field related to the job opening.

Tenure-track positions (meaning that you're on your way to becoming a permanent faculty member), pay, on average, \$50,000 to \$56,000. Tenured positions of associate professor and higher have average salary ranges from \$60,000 to \$75,000, with research stipends of \$4,000 to \$20,000 depending on your track record and the amount of work produced. "You may receive grants which exceed these amounts and universities take that into account when deciding on your stipend," says Luborsky. "Once you are tenure-

tracked, you have flexibility to apply for fieldwork grants, academic grants, pursue more or less clinical medicine or author more papers and books," Luborsky says. "There may be a minimum time commitment required for each aspect of your career, but there is seldom any rigorous supervision as long as you keep up or improve the university's reputation." Those promoted to Professor Emeritus, department chair, or dean positions receive annual salaries of \$100,000 and higher.

Other employment opportunities come from exploration, educational institutions, and non-profit groups such as the [National Geographic Society](#), the [Smithsonian Institution](#), or the [World Health Organization](#). "You may be in the position of advising anthropologists, leading a research or archaeological team, or writing a book for organizations," says Farmer, who is a member of [Partners In Health](#) (PIH), the charitable organization that sent him to work in Haiti. "Experience in dealing with the public and speaking at formal functions is usually required to represent such organizations."

Getting there

A career in medical anthropology usually requires graduate school work or several years of clinical experience in the field, as well as publication in academic journals and attendance at conferences. A graduate degree in anthropology may not be necessary if you have sufficient clinical experience and contacts. Unlike the title "physician," which is conferred by completing medical school, "anthropologist" is more of a functional title.

If you decide to pursue a graduate degree in anthropology, use your time wisely, says Wardlow. "While you're a graduate student, you should already be making contacts and discussing your research interests with other, more senior persons in medical anthropology," Wardlow says.

Kim agrees. "You may even have contacts at the moment who are anthropologists or clinical physicians who publish in social medicine journals you could get in touch with," he says.

Most large universities have graduate studies in anthropology with a health/medical component, but it's up to the physician/student to find the appropriate thesis adviser. "You may want your thesis to be more clinical," says Farmer. "Therefore, you might choose an adviser who is primarily a clinician but still graduated from the anthropology department."

Because research topics for the doctorate degree are extremely narrow and detailed, it is important to find an adviser who has sufficient interest and knowledge in your chosen topic, or who can assist you in choosing a topic and guide your graduate work—someone with a wide knowledge of medical history and sociology. Unless you get your MD and PhD degrees concurrently, getting a graduate degree takes five to six years, including writing and defending a thesis. "Fortunately for me, my family was very supportive of my career goals and interests, and we did not need to have a second income," says Servando Hinojosa. He attended the University of Texas at Austin, receiving his bachelor's in anthropology there in 1990. He then received his masters in anthropology at UCLA in 1993 and went on to Tulane

University, where he earned his anthropology doctorate in 1999. Hinojosa credits having excellent role models in persistence and time management to give him the staying power for graduate studies.

For many graduate students, especially those with families, the pressure to earn greater income and to spend more time with the family makes dropping out easier to live with than six long years in school after medical school.

Stipends for work as a teaching or research assistant can help with the financial burden a bit. Salaries for these positions range from \$16,000 to \$25,000, but usually last a non-renewable maximum of four years.

“Graduate work is very much a self-motivated and self-structured situation, even with a thesis adviser,” Hinojosa says. “As a doctorate student, especially if you’ve already begun a career as a physician, you are not going to get the same spoon-feeding that some students fresh out of a bachelor program are going to get.”

This may be one of the reasons why two in five graduate students are “ABD,” meaning All But the Dissertation. In addition, your personality must be suited to supervision and public speaking in weekly group meetings with a thesis adviser. Luborsky suggests that many physicians who have been running solo practices will not be able to adjust to this structure easily.

For a physician like Paul Farmer, who could not see himself doing anything but medical anthropology as his main profession, graduate school is merely a path to fulfilling a dream. “I discovered medical anthropology in 1980,” he says. “I’m

interested in serving the poor, and TB afflicts the poor disproportionately. TB also widens the growing gap between rich and poor—it is one of the leading causes of young adult death in much of the world, even though it is altogether preventable. I’m a medical anthropologist who writes books and papers and speaks at conferences because the persistence of TB is an affront to those who believe that the fruits of science should be available to those who need them the most—or that health ought to be a human right.” He adds, “I am so glad I found my calling because I am not aware of any other profession in which I could respond to social inequalities with ingenuity, relative independence, and persistence to produce the level of satisfaction I experience as an academician, a medical doctor, and morally as a human being.” ■

Jasmine Pui is a free-lance writer based in Edmonton, Canada, and Nashville, Tennessee. This is her first article for UO.