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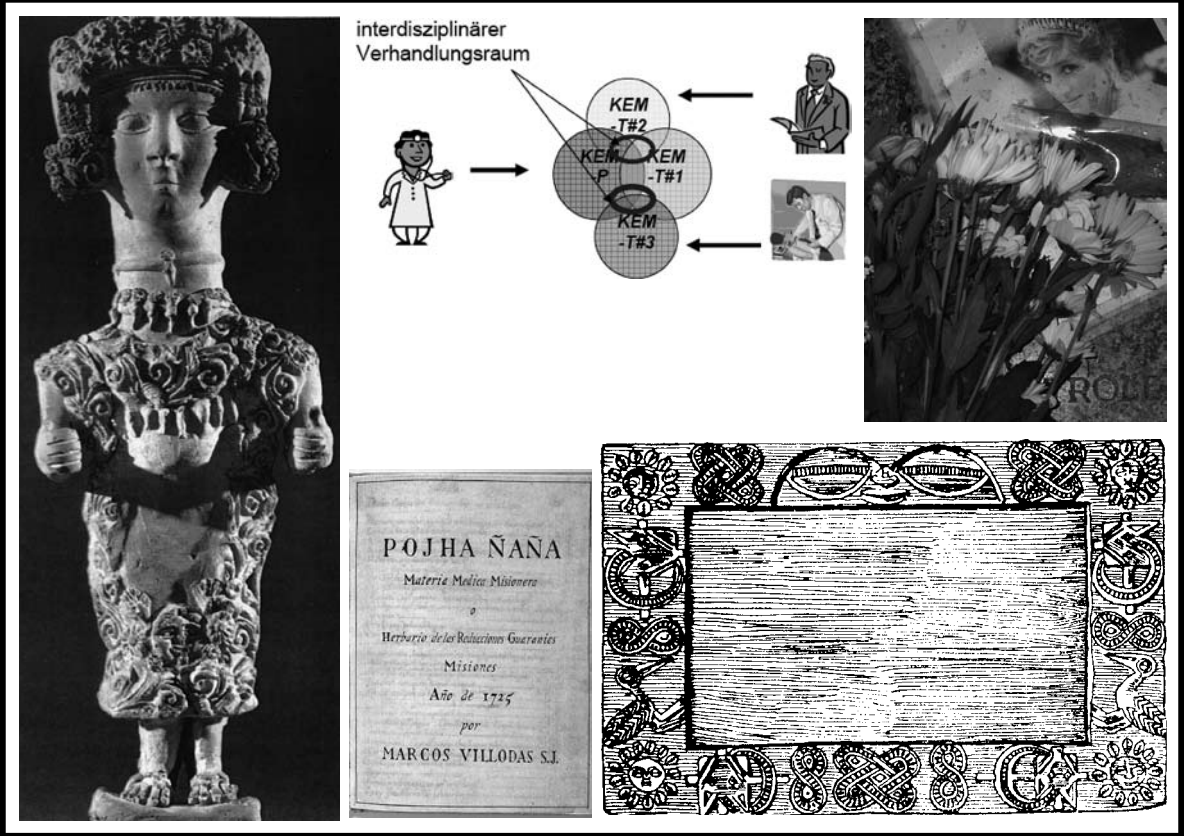

AGEM 1970–2010: 40 Jahre Forschen im „Interdisziplinären Arbeitsfeld Ethnologie & Medizin“. Rückblick und Ausblicke II: Anwendungen

Zum Titelbild/Cover picture 33(2010)3+4:

Abbildungen zu Artikeln aus diesem Heft:
links: die Göttin Tanit (Ibiza) / **Mitte oben:** Der Patient als Integrator; **unten:** Ifa-Orakelbrett /
rechts oben: Flowers in Memory of Mortal Road Accidents, Lady Diana in Paris;
unten: Ethnobotanik der Guarani 1725

Figures of articles in this issue:
left: Goddes Tanit (Ibiza) / **middle up:** The Patient as Integrator; **below:** Ifa-oracle /
right above: Flowers in Memory of Mortal Road Accidents, Lady Diana in Paris;
below: Guarani Ethnobotany in 1725.

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Medical Anthropology at Harvard—An Overview

Ruth Kutalek

While doing a study on the didactics and theory of medical anthropology at Harvard in 2006, I interviewed 20 people from various institutional and academic backgrounds—faculty, research scientists, post-docs, research fellows and students—who see themselves as medical anthropologists or as doctors with a background in anthropology. Most of them have been involved in teaching or mentoring in the wider field of medical anthropology. Among other questions I was especially interested in how they see the future of their field. As the Medical University of Vienna has implemented medical anthropology as a required subject in 2003 I was interested in finding out how this field is being integrated at other universities—Harvard being the ideal place for this inquiry because medical anthropology is based at the Medical School *and* at the Faculty of Arts and Sciences.

Medical Anthropology—The Beginning

Medical anthropology at Harvard has always linked the Department of Social Medicine (DSM, now Department of Global Health and Social Medicine) and the Department of Anthropology. In 1975 Arthur Kleinman had a position as Lecturer in the Department of Anthropology where he introduced medical anthropology. In 1982 he was jointly appointed to the then called Department of Social Medicine and Health Policy, chaired by Leon Eisenberg, and to the Department of Anthropology to develop the field of medical anthropology. This joint position as a Professor of Anthropology and Psychiatry was crucial for the further development of medical anthropology at Harvard because he was the only medical anthropologist with a formal appointment in Anthropology which made the Ph.D., M.D.-Ph.D. and M.A. program possible (Kleinman, personal communication 2007). In 1983 two medical anthropologists, Byron Good and Mary-Jo DelVecchio Good, were recruited. Byron Good always had a secondary appointment in anthropology. In 1984 the department changed its name to *Department of Social Medicine*. Between 1991 and 2000 Arthur Kleinman was appointed chair of the DSM. From 2004–2007 he was chair of the Department of Anthropology. Byron Good has led the DSM for six years until 2006; Jim Yong Kim from 2006–2009. In July 2008 the department changed to the *Department of Global Health and Social Medicine*, one year later Paul Farmer was named chair.

The Program in Medical Anthropology was established in 1982 and, again, links the Department of Social Medicine with the Department of Anthropology. The program includes courses for Harvard undergraduates, graduate students, medical students and postdoctoral fellows. The Department of Anthropology offers a PhD and an MA in social anthropology with a special emphasis in medical anthropology. The PhD Program in Medical Anthropology at Harvard has had more than 50 graduates, many of whom are now teaching in medical school and faculties of arts and sciences around the U.S. There have been several dozen MA students. Hundreds of undergraduates have either taken medical anthropology courses or have concentrated on medical anthropology as a special interest. In April 2005 a MD-PhD Program in the Social Sciences has been approved at HMS. What is new about this program is that it is being supported by NIH's (National Institutes of Health) MD-PhD funding. This is happening at other medical schools in the U.S. as well (Kleinman, personal communication 2007).

Several fellowship programs have been important in training medical anthropologists: the MacArthur Foundation, which brought together clinical medicine with medical anthropology in an MD-PhD program, an NIMH training program in "clinically relevant medical anthropology", focusing on culture and mental health, the Carnegie Fellowship program in Health and Behavior in East Africa, and the Freeman Foundation Fellowship for China and Southeast Asia, among others. Two medical anthropologists, Paul Farmer and Jim Kim, additionally received the so-called MacArthur genius award.

Other programs, such as the Program in Infectious Disease and Social Change (PIDSC), build a bridge between a more academic side of medical anthropology at the DSM and a more clinically applied Division of Social Medicine and Health Inequalities

at the Brigham's and Women Hospital which was initiated in 2001, the Massachusetts General Hospital, and Partners In Health (PIH), a not-for-profit NGO committed to social justice and to providing health care in a partnership with the poor. Partners in Health, which became one of the most important health care providers in Haiti after the earthquake, has recently become featured in the New England Journal of Medicine (Kidder 2010).

This highly interactive network of committed people reflects the very heterogeneous academic background of medical anthropologists at Harvard. Many are medical doctors—often specialized in infectious diseases or psychiatry—, who are frequently working clinically in disadvantaged countries, similarly being engaged in research projects and teaching at the Medical School. Others are social anthropologists, public health experts, sociologists or epidemiologists. Some of them have a profound education in two areas, a combination of medicine and anthropology being the most common. Clearly, defining who is a medical anthropologist and who is not is anything but easy. Self-definitions might range from "medical doctor with an anthropological background" to "medical anthropologist and health policy expert".

Harvard has always been known for its rather medical approach of medical anthropology. From its formation period the core theoretical interests of medical anthropology have been, among others, the construction, experience and meaning of illness, explanatory models, the understanding of the healing process, narrative and experience, the interrelatedness of health care activities and medicine as a cultural system. Thematically, mental health and global policy, the study of bio-medicine, subjectivity, violence and suffering, and social inequalities have been a focus (Kleinman 1974/75, 1980; Good 1994; DelVecchio Good 1998; Farmer 1999; Kim & Farmer 2006; Biel, Good & Kleinman 2007). It is the intellectual development of medical anthropology at Harvard that has attracted so many now well-known scientists to the field (Kleinman, personal communication 2007).

Social Sciences and Medical Anthropology in the New Curriculum

> "Getting doctors and medical students interested in social science in an era where scientism is triumphant is very difficult (…) it's a matter of doing missionary work." (Leon Eisenberg[1], personal communication 2006)

Already in the 1920s Abraham Flexner criticized the overweight of biologic matters in American medical education and the neglect of cultural and philosophic background (Cooke *et al.* 2006). Understanding of the cultural, social and community context of health care is therefore one of the core competencies which have been formulated within the new curriculum. Consequently, social sciences basic to medicine, among them medical anthropology, have been "upgraded" in the new curriculum.

From the beginning medical anthropologists have been strongly involved in teaching the social sciences part in the new curriculum. Implementing social medicine into the new curriculum as a required subject has not been easy, however. Social sciences are often perceived as having less value in the hierarchy of biomedical knowledge. Yet, even with the rapid development of biomedicine social sciences will be significant in the health system (Caan & Hillier 2005, Dogra & Karnik 2004).

Through the social medicine requirement of the old curriculum at HMS courses in the field of medical anthropology were offered which were designed to give in-depth coverage of specific topics. These courses have been especially popular among students. In the new curriculum social medicine is a requirement for medical students. There have been discussions whether social medicine should be taught through required courses, or through a selection of social medicine electives. It has been argued that many of the elective courses, especially medical anthropology, had been so successful in the past because they were not mandatory, and teachers had highly motivated students attending their classes. Today, the social science requirement includes the courses "Introduction to Social Medicine"[2] and "Introduction to Global Medicine: Bioscience, Technologies, Disparities, Strategies"[3]. Several seminars and electives are also offered.

In the new curriculum the faculty of the Department of Global Health and Social Medicine is

responsible for teaching the social medicine part. Former head Jim Kim: "We have some work to do in social medicine to make it clear to everyone in the Medical School why it's become a mandatory course. That's the challenge. I think that once we are finished with this course my hope is to ensure that everyone in the Medical School understands exactly why social medicine should be a required course." Paul Farmer: "I think that the best way to teach social sciences relevant to medicine is to show medical students (…) just how relevant these things are to the work they have already chosen to do." (all personal communication)

With the "Harvard Medical School Medical Education Reform Initiative" and the implementation of the new curriculum at HMS in 2006 substantial changes have taken place. Pervasive themes like social and cultural competence are present longitudinally in all five parts of the new curriculum. Cultural competence has been acknowledged as one of the five great challenges facing medical education. It has been included as one of the core competencies required for Harvard medical students (Barlow 2006, White & Hoffman 2006). Students will be familiarized to the social implications of health, the cultural background on the experience of health care and the social and political factors that affect health and clinical management (Howley *et al*. 2005).

In 2007 Dean Jeffrey S. Flier initiated the *Harvard Medical School Strategic Planning*, which aims at identifying existing and new areas in teaching and research. In strengthening the educational mission of the Harvard Medical School, the Education advisory group recommended "increasing opportunities for education in global health" (Flier 2008), especially when connected to social science. "Our hope is that by merging our strengths in both social science and biomedicine, HMS can engage members of both communities to make the bench researchers' discoveries more effective through the knowledge of health care delivery systems—in the United States and in the developing world—that the social scientists can provide." (*ibid*.: 10–11.) The *Social Sciences and Global Health Advisory Group* in 2008 formulated major goals for social sciences in the medical area. It recommends, to "build the infrastructure necessary to move Harvard to the forefront in new *Social Science Development and Implementation*".

Where is Medical Anthropology Going?

> "I think a lot of medical anthropology in the future may go way beyond the academy."
> Arthur Kleinman 2006

The theoretical phase, the building up of medical anthropology as a discipline, has been largely completed in the last couple of decades. Students are increasingly interested in applied medical anthropology, global health issues and the responsibilities of the Western world towards contributing to equality in health care. They are concerned what role they individually, as future scientists or clinicians, can play in achieving these goals. It's about "making this work relevant." (Paul Farmer, personal communication 2006)

According to my interview partners the general future themes in medical anthropology will be AIDS, TB, malaria and other infectious diseases, mental illness, medical ethical questions, social inequalities, human rights abuses, violence and trauma, biotechnology and global pharmaceuticals. Also broader health policy issues will be more significant. Paul Farmer: "I think the future of medical anthropology is really very bright. I think increasingly it will be linked to pragmatic interventions, policy interventions, to other disciplines." (personal communication 2006) Salmaan Keshavjee of PIH wants medical anthropology to come up with active solutions. "How do we use the theory that we take from medical anthropology and translate it into medical policy?" (personal communication 2006) In terms of mental health care, Alex Cohen would like to see a greater concern about systems of care—"human rights, lack of care and the quality of care offered by mental health systems all over the world." (personal communication 2006)

The collaboration of the different institutions related to social medicine, including medical anthropology, has been very successful. "The extraordinary working relationship between PIH (Partners in Health), DSMHI (Division of Social Medicine and Health Inequalities in the Department of Medicine, Brigham Hospital) and DSM (Department of Social Medicine) has led to a new kind of model of what social medicine means. It has led to a model that really integrates research, clinical activities and service development as a means of taking on some of the most significant global health problems. (…)

We have moved with this department in redefining what social medicine means in taking on some of the major global health problems, doing very fundamental academic work in association with attempting to solve those problems, making it clear that in the field of social medicine activities in the community and basic research should not be separated from each other." (Byron Good at the Department's event on June 2, 2006)

Anne Becker, former editor-in-chief of the journal *Culture, Medicine and Psychiatry* sees a challenge for medical anthropology in doing translational work between medicine and social sciences, "how can medical anthropologists convey the richness of their field (…) to people who will ultimately translate that into a major public health impact." (personal communication 2006) This translational work will also be necessary within the discipline of medical anthropology, between those who primarily see themselves as physicians or physician-anthropologists and those who see themselves primarily as anthropologists.

There has been a development in the last years, to support disadvantaged countries with clinical work and an increasing number of students want to do such kind of work. Joia Mukherjee of the Division of Social Medicine and Health Inequalities at Brigham and Women's Hospital says "I think there is a movement in medicine to say, well 90% of the disease burden in fact is in poor countries, so let's try to shift some of the focus there. (…) I see there is a movement of young people that want to use their talents and skills to do something meaningful. So we should support that, university should support that." (personal communication 2006) University is supporting people "to do work for the poor", to do actual clinical work in disadvantaged settings.

Says Jim Kim: "I think that as physicians we must start with a fundamental notion that we've got to do everything we can to bring good outcomes in both medical care and health in general to everyone. I am interested in working with students on how they can not only understand the social forces that impact clinical outcomes, but I want them to feel that they can be trained to impact those social forces in a way that will actually improve clinical outcomes." (…) "I think that's what the medical schools' responsibility is: to make sure that the graduates of Harvard Medical School go out and are either fantastic physicians who change the lives of their patients, fantastic researchers who change our understanding of the world, or, in this case, fantastic activists and implementers who are out there improving health care for poor people. I think that the medical school should be proud of doing all these things. I think that the Department of Social Medicine can play an important role in developing this third category." (personal communication 2006)

Arthur Kleinman: "This much I can tell you that if anthropology is to survive, which I believe it will in the future, medical anthropology is going to be a strong part of that. Because medical anthropology 30 years ago was on the margins of anthropology but today it's smack in the center and what probably most people in your society and my society actually know about anthropology today is coming from medical anthropology. So I think you are going to see medical anthropology do pretty well in the future, I mean academically. Medical anthropology has already begun to be effective in the world. How effective remains to be seen. But what Jim and Paul have accomplished is greatly promising. There are a whole bunch of medical anthropologists working in the field of very practical international public health development projects. That means in future many medical anthropologists will be centered in international agencies and in international programs affiliated with universities. But I happen also to believe that the work of medical anthropologists in university settings, both in medical school and in faculties of arts and sciences will continue to be robust. I have always believed that it is the exchange and interconnection between theory, research, and practice that requires medical anthropology to be both central to the university and an active part of real world programs. You see this most clearly, I believe, in Harvard's educational contributions to our field. Not only has the torch been passed across generations but those generations have powerfully influenced each other so that the former students have had as great an effect on their former teachers as the teachers have had on them. In the long run, that is what may turn out to be one of the principal achievements of our program."

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Notes

(1) Leon Eisenberg died on September 15, 2009
(2) http://ghsm.hms.harvard.edu/uploads/pdf/ism_syllabus_fall_09.pdf
(3) see for a general overview of courses: http://ghsm.hms.harvard.edu/education/courses

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* *Ethnomedizin / Ethnomedicine* was an early multilingual journal on medical anthropology and came from the German speaking world, founded at Hamburg. It existed from 1971 to 1982. http://www.agem-ethnomedizin.de/index.php/ztschr-ethnomedizin--j-ethnomedicine.html

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