Anthropology of Health and Illness
Course Syllabus

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 understand best 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 un/under-insured as well as issues surrounding health and wellness on college campuses. You will have a chance to produce knowledge about health and illness through ACE partnerships on and beyond the Carleton campus. 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 paper linked to several academic civic engagement opportunities (the default), and a library research paper on a topic of your choice. 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. While not everyone can make it to class for every session, 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. Respect, including pronouns: I am dedicated to making our classroom a respectful environment where everyone can participate comfortably. One part of this is that we should all refer to everyone by their chosen name, the correct pronunciation of their name, and their chosen pronouns. Another aspect of respect is recognizing that this course necessarily deals with difficult topics, and that what might be an obvious trigger for you may not be so for others, and vice versa.

E. Punctuality: Please hand in assignments and be prepared for oral presentations on time. Deadlines are deadlines. 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).

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

G. 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/soan/resources/citation/. You are required to follow CMOS citation style. This is part of practicing writing like an anthropologist.

H. 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/.

Please see the “Helpful Information” section below to find out about the Writing Center and Writing Assistance for Multilingual Writers.

I. Accommodations/Special Needs: Please see the “Helpful Information” section for a statement about accommodations for students with disabilities and how to contact Chris Dallager, Director of Disability Services (507-222-5250; edallager@carleton.edu) to arrange a confidential discussion regarding equitable access and reasonable accommodations. 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 will be uploaded to or linked through Moodle.

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

Further &/or 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. 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. 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.

C. Response or “Think” Paper (25% of grade)

Each student is required to write a three-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. While demonstrating that you have read all the readings for your chosen unit, this response paper should focus on one or two issues that cut across the readings and discuss them in depth, rather than treat each topic in each of the readings in a superficial manner. I will look for your intellectual reactions—using relevant medical anthropological concepts—to specific points and/or general analyses, and your observations on how these readings have confirmed, augmented, or challenged your prior assumptions and experiences. For help, you may want to consult the sheets on “Key Concepts” and “What is Medical Anthropology?” in this syllabus. Write concisely; the page limit is intended to help you sharpen your argument.

Please remember to cite your sources, using anthropological (Chicago Manual author-date) citation style. Response or “think” papers are always due at 9:00 a.m. on the day following your assigned unit (for example, if the topic is discussed on a Tuesday, your paper is due 9:00 Wednesday morning). Please upload or send me your paper as an MS-Word document, including 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, 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, Courtney Kimmell, 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** will result in a ten-page paper and oral-presentation based upon an academic civic engagement project with a variety of community partners (Northfield Union of Youth, the Food Recovery Network, the Office of Health Promotion, and the CCCE and members of BIOL 310). You can find descriptions of each project at the end of this syllabus. Most of these projects ask that you prepare some sort of write-up or project summary 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 Friday, January 10, 5:00 pm (Week I) all students should hand in their application indicating their preferences for final project options. Please hand your applications in electronically via Moodle or mail to pfeldman@carleton.edu, kimmellc@carleton.edu, and walkera3@carleton.edu.

- By Monday morning, January 27, 9:00 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 bibliographies in electronically via Moodle or mail to pfeldman@carleton.edu and kimmellc@carleton.edu.

- By Saturday, February 8, 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 Minix 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 15% of your final grade. Please hand your topic proposals in electronically via Moodle or mail to pfeldman@carleton.edu and kimmellc@carleton.edu.

All Final Papers are due Wednesday, March 11 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 two class meetings of term. These presentations will be conducted like presentations at professional academic 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 7-21)
2. Birth, Death, Body and Mind (January 23-February 4)
3. Therapy Management, Medical Pluralism, and Cross-Cultural Medical Ethics (February 6-13)
5. Student Presentations (March 3-10)

B. Due Dates
Applications for final projects: January 10, 5:00 p.m.
Preliminary annotated bibliographies: January 27, 9:00 a.m.
Term paper proposals and expanded bibliographies: February 8, 9:00 a.m.
Final term papers: March 11, 4:00 p.m.
Plus... one response/“think” paper, due 9:00 a.m. the day following class on your “unit” (sign up)

C. Grading
Class Participation 10%
Reading/Thinking Paper 25%
Preliminary Annotated Bibliography 10%
Term Paper Proposal 15%
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 make use of my scheduled office hours. I’m there for you! Click here to sign up for OFFICE HOURS. If you can't come during my normal office hours, e-mail me about scheduling another time.

B. Inclusion and Course Materials Assistance
I strive to create an inclusive and respectful classroom that values diversity. Our individual differences enrich and enhance our understanding of one another and of the world around us. This class welcomes the perspectives of all ethnicities, genders, religions, ages, sexual orientations, disabilities, socioeconomic backgrounds, regions, and nationalities. I also recognize the potential financial burden of course expenses such as books and printing. If you need assistance to cover course expenses, please speak with me, preferably during the first week of class. Please note that the CCCE can cover travel costs for students to work with community partners for ACE projects.

C. 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 Kristin has made specifically for our class: https://gouldguides.carleton.edu/soan262!

D. Accommodations for Students with Disabilities
Carleton College is committed to providing equitable access to learning opportunities for all students. The Disability Services office (Henry House, 107 Union Street) is the campus office that collaborates with students who have disabilities to provide and/or arrange reasonable accommodations. If you have, or think you may have, a disability (e.g., mental health, attentional, learning, autism spectrum disorders, chronic health, traumatic brain injury and concussions, vision, hearing, mobility, or speech impairments), please contact disability@carleton.edu or call Jan Foley, Student Accessibility Specialist (x4464) or Chris Dallager, Director of Disability Services (x5250) to arrange a confidential discussion regarding equitable access and reasonable accommodations. If you would like to know more about assistive technologies such as text-to-speech (Kurzweil), speech-to-text (Dragon) software, and audio recording Smartpens, contact aztechs@carleton.edu or visit go.carleton.edu/aztech.

E. The Writing Center
I urge all students to utilize The Writing Center, located in 420 4th Libe; it 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.

F. Writing Assistance for Multilingual 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, 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.

G. Public Speaking (think ahead to 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.

H. Learning Strategies and Time Management
Oscar Alvarez, Academic Skills Coach, is eager to help you develop learning strategies that work in the Carleton context. His goals are to heighten your awareness of your personal strengths and to offer different ways you can approach your academic work so you’re more efficient and effective. For details and resources: Learning Strategies & Time Management. If you prefer to learn these skills and strategies on your own, visit "Helpful DIY Resources."

I. Student Well-Being
Carleton College urges you to make your health and well-being your priority throughout this ten-week term and your career here. It is important to recognize stressors you may be facing, which could be personal, emotional, physical, financial, mental, or academic. Sleep, exercise, and connecting with others can be strategies to help you flourish at Carleton. If you are having difficulties maintaining your well-being, feel free to contact me and/or pursue other resources, such as Student Health and Counseling or the Office of Health Promotion.

J. On-Campus Public Health Resources
Carleton College maintains two public health web pages of interest: the Academic Public Health Page, and the Public Health Pathways Page. You might also be interested in the Pre-Health Advising Page.
VI. CLASS SCHEDULE: TOPICS AND ASSIGNMENTS

Part One: Medical Anthropology and Civic Engagement

WEEK I: THE PHYSICAL, THE SOCIAL, AND THE CULTURAL IN HEALTH REVEALED THROUGH ENGAGED MEDICAL ANTHROPOLOGY

T 1-7  Introduction


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

Th 1-9  Medical Humanitarianism and Engaged Medical Anthropology

Guest speakers: Debby Walser-Kuntz (Biology), Janet Lewis Muth (Office of Health Promotion), Meredith Stolte (Northfield Union of Youth), Grace Liao and Emily Moses (Food Recovery Network), Emily Oliver (ACE Director), Abby Walker (ACE Intern), Courtney Kimmel (ACE TA)

(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 article as a case study in engaged medical anthropology. Read the Carney article to think about the effect “projects” [such as Carleton’s Food Recovery Network] can have on health care access.)

Re-read the ACE project descriptions (pp. 19-24 of syllabus) and come to class prepared with questions for the community partners.


F 1-10  Final Project Applications Due, 5:00 p.m. Please send simultaneously to Pamela Feldman-Savelsberg (pfeldman@carleton.edu), Abby Walker (walkera3@carleton.edu), and Courtney Kimmell (kimmelle@carleton.edu).

WEEK II: FROM SOCIAL DETERMINANTS TO SOCIAL CONSEQUENCES

T 1-14  Diabetes: A Case Study of Social Determinants of Health

Guest speaker: Oumar Diallo ’12, DPH candidate, University of North Carolina-Chapel Hill; former Country Manager, CDC-Foundation, MenAfriNet


Th 1-16 Access Denied: Portals into Health Inequalities

WEEK III: FROM ACCESS DENIED TO GIVING BIRTH
T 1-21 Contexts and Consequences of Access Denied

Part Two: Birth, Death, Body and Mind
Th 1-23 Authoritative Knowledge and Birth

WEEK IV: DEATH AND THE BODY
M 1-27 Annotated Bibliography due 9:00 a.m.
T 1-28 Death: Social Determinants and Medical/Ritual Management
Culhane-Pera, K. et al. 2003. “Part IV. End-of-Life Care: Case Stories and Commentaries.” In Healing by Heart: Clinical and Ethical Case Stories of Hmong Families and Western Providers, 253-294. Nashville: Vanderbilt University Press (cases will be split up among class members; assignment TBA). Recommended (makes a bridge between childbirth and death):

Th 1-30 The Sentient Body
Guest speaker: Kathryn L. Geurts, Department of Anthropology, Hamline University
**WEEK V: THE EMBODIED MIND AND THERAPY MANAGEMENT**

**T 2-4 The Embodied Mind: “Somatization” and Trauma**


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

**Th 2-6 Managing Therapies and Medical Pluralism**


Bossart, R. 2003. “‘In the city, everybody only cares for himself’: Social Relations and Illness in Abidjan, Côte d’Ivoire.” *Anthropology and Medicine* 10(3):343-360.


**Sa 2-8 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: CROSS-CULTURAL MEDICAL ETHICS**

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


Film: *Split Horn*

**Th 2-13 Cross-Cultural Medical Ethics: Hmong Models and Metaphors**

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

WEEK VII: HIV/AIDS—SOCIAL RISK, OPPORTUNITY STRUCTURES AND PUBLIC SECRETS

T 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 ('05), Continuous Quality Improvement Coordinator, Maternal and Child Health Section, Public Health Division, Oregon Health Authority


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.


Th 2-20 Marriage And HIV Transmission: Keeping and Exposing “The Secret”


WEEK VIII: ETHICS OF APPLIED MEDICAL ANTHROPOLOGY

T 2-25 Concepts and Comparative Projects in new HIV Research


N.B.: Diabetes Public Health Lunch: A Collaboration between BIO 310 and SoAn 262

Leighton 236, 12:00-1:00 p.m.

Th 2-27 Ethics of Applied Anthropology: Cancer, Health Education, and Cultural Appropriateness


Part Five: Collaborative Medical Anthropology: Engaging Our Community Partners

WEEK IX: CARLETON SOCIETY FOR MEDICAL ANTHROPOLOGY

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

Th 3-5 Student presentations: Annual Meeting of the Carleton Society for Medical Anthropology

WEEK X: CARLETON SOCIETY FOR MEDICAL ANTHROPOLOGY

T 3-10 Student presentations: Annual Meeting of the Carleton Society for Medical Anthropology

W 3-11 TERM PAPERS DUE no later than 4:00 p.m.

Enjoy your spring break!
FURTHER READINGS

For your future reference, organized by class topics & weeks

Week 1

Week 2

Week 1, 2, & 3


Week 3


Week 4


Week 5


Week 6


Recommended films: Between Two Worlds: The Hmong Shaman in America; Threads of Life.

Week 7 & 8


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 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 time. 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 3 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
(Chicago Manual of Style Author-Date Version)

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 various journals published by the American Anthropological Association use the author-date style in the Chicago Manual of Style, which can be located on their website. (Remember to use the author-date tab!)

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, including 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/
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. This year, our projects address both access and barriers to food, housing, and mental health services, and health consequences of these and other stressors. The projects emphasize participants’ points of view, and build bridges between Carleton College and various non-Carleton communities. Your work employing anthropological concepts and methods to understand the issues at hand—the lives of Carleton students; of local youth, of immigrant, refugee, and/or food insecure families living in Rice county; and of communities and scientists dealing with the persistent, unequally distributed, increasing prevalence of diabetes—can help our partner organizations to improve living conditions and well-being. Each of these ACE final projects will result in a ten-page paper and oral presentation. Please read the following descriptions carefully before applying for these ACE projects.

**A1: Carleton College Public Health Lunch Project: Diabetes—Intersections of Social Determinants and Immunology (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. In 2016, students focused on the cultural and social dimensions of vaccines and vaccine refusal, and in 2017 on “pathologies of power” in the Zika outbreak. In 2018, with a new Ebola vaccine developed, they revisited the topic of the Ebola virus to investigate “Lessons Learned from Epidemics Past and Present.” This year the classes will explore the biological, cultural, and social determinants and consequences of Type 2 Diabetes Mellitus. We concentrate on Type 2 diabetes because it most clearly features the social determinants of health, and is also at the center of debates about race and racial stereotypes in medicine.

**The Project:**
SOAN 262 students who choose this option will write their ten-page term paper on an aspect of the social and cultural dimensions of diabetes mellitus 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 diabetes. 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.

**Key Responsibilities:**

The Immunology and Anthropology Diabetes teams will meet together twice with both professors—on Monday or Wednesday of Week 3, and during Week 6. We will conduct a Doodle Poll to set these meetings once the two sub-teams have been set up. We will provide short readings for these meetings to help you think across our two disciplines for an interdisciplinary public health collaboration. The final, public presentation will be during Common Hour on Tuesday February 25 in the Library Athenaeum.

In addition to meeting with the professors, the anthropology and immunology teams will meet both separately and together as many times as they see fit to prepare the Public Health Lunch, an exercise in health education, one of the main sub-disciplines of Public Health. In SOAN262, the entire class will address research related to the social relations surrounding diabetes and its increasing prevalence. Students working on this project are expected to read beyond assigned works, and to do so in time to develop ideas to share with their BIOL 310 collaborators.

**Learning objectives and give-backs:**

- Understand key medical anthropological and public health concepts (e.g. the socio-ecological model, therapy management, explanatory models, racial stereotyping) that inform the intertwining of physical health, mental health, and the social determinants and unequal consequences of (ill) health regarding diabetes.
- Collaborate across disciplines to deepen understanding of the interdisciplinary nature of public health, and to practice team learning.
- Translate for a broader audience the research completed as a team as well as the research each student completes for their term paper.

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

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**A2: Food Recovery Network Food Access Project**

**Background:**

The Food Recovery Network, partnering with Bon Appetit, the CCCE, the Sustainability Office and community partners in Northfield and Faribault, works to recover surplus food from the dining halls and redistribute it to food insecure individuals in Rice County. According to the U.S. Census, in 2016, 10.6% of the Northfield population, slightly below the national average, was living in poverty. In Faribault, 17.3% percent of the population was living in poverty, which lies above the national average.

Carleton’s chapter, as part of the national Food Recovery Network (FRN), was founded in January 2014, the first such branch in the state of Minnesota. Since then, it has expanded significantly and currently recover surplus food from Sayles Cafe, Burton Dining Hall, and LDC, as well as retail recovery from Cub and Target in partnership with the Food Shelf – the local food pantry that supplies food to the Northfield community. Striving to reduce food waste from the dining hall, Carleton’s FRN achieves three-fold goals of addressing food access, reducing our campus carbon footprint, and connecting in a meaningful way to our surrounding community.

Six nights a week, Carleton student volunteers recover surplus food from Burton Dining Hall and LDC after dinner. A few volunteers commit a half-hour each night to package this food, which then gets placed in a Food Recovery designated refrigerator overnight. Communicating with the chefs and dining hall managers, the students recover approximately 25 pounds of food per night in each dining hall. The next day the food, which varies from specialty Indian dishes to pizza, is transported and donated to end users in the Northfield and Faribault area by other student and staff volunteers.
The Project:

While the FRN quickly drops off food for some community partners, volunteers stay to hand out food at two community partners – **Greenvale Park Elementary School and Church of St. Dominic**. Partnering with these two organizations, the FRN is able to reach two populations at higher risk of food insecurity – children and people of color. While a consistent number of people do take food at these locations, the FRN has noticed an apparent stigma around food recovery that is causing some individuals to not take food. While the FRN has a general understanding of food access as a stigmatized practice, it would like to gain a deeper understanding of how this manifests for individuals in the Northfield community.

Students engaged in this project will conduct interviews, surveys, and/or participant observation to explore the following research questions. We encourage students to use a variety of research methods that best fit the specific question(s) you would like to explore!

- What are the barriers to food access in the Northfield community?
- What are the barriers to taking recovered food? Do individuals feel self-conscious or stigmatized into not taking food? Who do they perceive as judging them?
- How does Food Recovery fit into the larger context of the Northfield food system? Are people at Greenvale and St. Dominic also getting food from other sources? What overlaps and gaps exist in this system?

Learning objectives and give-backs:

- Understand key medical anthropological and public health concepts that illuminate the connections between food access and health and wellbeing
- Draw connections between epidemiology and food insecurity
- Examine how food is a health care resource and how individuals experience hunger/stigma/food access in Northfield
- Learn about the food systems model and apply it to the Northfield context
- Understand Food Recovery Network’s reach and engagement
- Gain experiences conducting participant observation (at Greenvale and St. Dominic Church)

Key responsibilities:

- Attend at least one Food Recovery volunteer shift in Burton or LDC. Program directors and other volunteers will train students.
- Participate in food distribution at Greenvale or St. Dominic Church at least once. We encourage more frequent visits to establish relationships with staff/community members and to gain a more in depth understanding of the different social mechanisms at play.
- Develop and conduct oral surveys drawing from participant observation and library research.

Special skills: All or most students involved in this project should have at least intermediate Spanish language ability. Prior experience with qualitative research is preferred.

Contacts:
Grace Liao, Food Recovery Network Program Director: liaog@carleton.edu
Emily Moses, Food Recovery Network Program Director: mosese@carleton.edu

Final paper:
Students are required to write a ten-page paper for the class, based on their fieldwork with the FRN as well as library research, and employing anthropological sources, frameworks, and concepts.

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**A3: Office of Health Promotion Diving Deeper into Stress Project**

**Background:**

Carleton’s Office of Health Promotion opened in the fall of 2016, operating through a public health lens. Specifically, it focuses on prevention, promotion, and upstream factors that influence opportunities for the pursuit of health and well-being. The OHP identified four priority areas in 2016 based on student data, key interviews, and national trends: Mental Health, Alcohol, Sleep, and Stress. Perceptions of stress at Carleton tend to reflect chronic levels of high stress that are primarily driven
by the academically rigorous, fast-paced 10-week term. Yet, stress is a very complex phenomenon influenced by many factors and experienced differently by all individuals (and even within individuals, depending on the context). In an effort to de-pathologize stress at Carleton, as of fall 2019 OHP has removed it from the priority areas, and has placed “stress management” under the broader umbrella of Mental Health and Well-being. This move is intended to convey that stress is a normal part of life and that managing stress is a skill that contributes to one’s mental well-being. To best serve Carleton students, OHP needs to better understand students’ experiences of stress and where there are gaps in campus resources to support students in managing the stressors they experience (both daily stressors, like homework, and larger things, like traumatic events).

The Project:
This project takes a deeper look at experiences of stress and attempt to disentangle some of the underlying features. OHP is particularly interested in understanding how stress is experienced differently for different groups of students, what institutional structures/practices contribute to student experiences of stress, and how students currently manage (or don’t manage) their stress. Students engaged in this project will seek to more fully understand the following from a student perspective:

1. What does stress look like at Carleton (interpersonally, where it comes from, its lived dynamics)?
2. What cultural/social issues is stress a symptom of? What are its underlying causes (e.g. Carleton expectations, small town locale, national politics,…)?
3. How is stress experienced for different communities on campus (e.g. women, men, LGBTQIA+ students, students of color, first generation students, international students, athletes,…)?
4. What tools or strategies are students already using to manage personal and collective stress? Are students aware of efforts to combat stress culture?
5. How might stress play into other issues of concern for OHP (drug/alcohol use, disordered eating, sleep,…)? Do students acknowledge unhealthy behaviors as strategies they use for managing stress?

Students engaged in this project will conduct interviews and/or focus groups to collect information from diverse perspectives on campus. Individual or small groups of team members will choose a slightly different question to focus on. For example, one student might examine coping/stress management strategies and therapy management communities that already exist on campus; another student could look at how stress might be experienced by two different Carleton communities; and another student could look into student perceptions of underlying causes of stress.

Learning Objectives
- Understand key theoretical concepts in the promotion of mental well-being – including cultural differences
- Understand the role of campus culture, identity, social relationships, and organizational structures in the causes and mitigation of stress, especially in educational settings
- Identify themes and patterns from qualitative research data
- Apply medical anthropological concepts to a public health issue affecting students at Carleton

Key Responsibilities
- Develop research questions and methodology
- Review research about various forms of stress and their cultural and social determinants, as well as co-morbidities and longer-term consequences
- Conduct interviews/focus groups with a variety of students, and possibly student support staff
- Analyze qualitative data to identify themes and patterns for development of future programming and/or message campaigns
- Talk with your community partner to discuss give-backs (e.g. writing a research brief)

Contact:
A4: Northfield Union of Youth: Lived Barriers to Accessing Housing and Mental Health Care for Youth Project

Background:

Founded in 1993, the Northfield Union of Youth (NUY) provides enrichment opportunities and social services to young people between the ages of 12 and 24. The NUY functions primarily out of The Key, a no-barrier youth center located on 6th street, where youth are able to establish positive connections, access basic but necessary resources, and participate in leadership opportunities on one of our three active youth boards. Two of these youth boards, the Housing Board and the Mental Health board, are oriented toward providing support for youth experiencing housing insecurity and mental health challenges. Under the umbrella of these two programs, the NUY hosts events meant to educate and raise consciousness about mental health issues from the youth perspective, provides daily necessities like food and toiletries, and administers a host-home program that provides housing and stable relationships for youth experiencing homelessness.

The Project:

SOAN 262 students who choose this project will address the following questions: what are the barriers young people, particularly minors, face when trying to access mental health care, and what are the factors and barriers that contribute to youth homelessness in the Northfield area? Through this project, the NUY would like to have a tool that functions somewhat like a Choose Your Own Adventure novel. Adults in the community who struggle to understand the youth experience can use this tool, based on data collected by Carleton students, to understand the daily barriers that make mental health resources and housing so difficult to access for many young people.

Learning Goals:

- Understand and apply key medical-anthropological and public health concepts to youth housing insecurity and mental health in a local Northfield context
- Practice creative and varied data collection methods that keep in mind the needs and structure of the community partner
- Understand and learn to conduct research respectfully while working alongside the grassroots youth-leadership structure of NUY
- Create collaborative public scholarship for community partner from qualitative research

Key Responsibilities:

- Establish, with community partner, appropriate research methods. These may include creating an anonymous survey, narrative-prompting tools, focus groups, and/or expert interviews with youth and support staff at NUY.
- Conduct library research on laws, regulations, and programs related to youth homelessness and mental health, as well as medical anthropology research about homelessness, mental health, youth, and their intersections.
- Analyze qualitative data, connect it with library research, and synthesize important findings into public scholarship
- Work with community partner(s) to discuss and create give-backs, such as a Choose Your Own Adventure style tool, which communicate to local adults the daily barriers that make mental health resources and housing so difficult to access for many young people.

Contact:

Meredith Stolte, Youth Advocate and Community Development Coordinator, Northfield Union of Youth, meredith@unionofyouth.org, 406-407-0989.
Final paper:

Students are required to write a ten-page paper for the class, simultaneously based upon their fieldwork and library research, and utilizing medical anthropological concepts. Students will share data but write individual papers, each with their own focus.

ACE Student Learning Outcomes

Participating in these projects will allow you to gain the following ACE Program SLOs directly: a) understanding issues in their real-world complexity; b) recognizing and honoring different forms of knowledge that may reside in/with community partners; c) 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: d) 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); e) develop your leadership skills; and f) nurture a commitment to life-long civic engagement.

ACE TA and nitty-gritty details

Courtney Kimmell, our wonderful SOAN 262 ACE TA, will help you with nitty-gritty details that emerge, as well as with conceptual issues regarding your projects. Courtney is a double major in SOAN and Biology, and is a senior pre-medical student. When taking BIOL 310, she collaborated in an ACE project with this class, preparing a Public Health Lunch regarding lessons learned from the Ebola epidemic. She will reserve common hour times for meeting with groups, and will hold individual office hours in the SOAN lounge (Leighton 226) on Wednesdays and Thursdays 10:00am-noon, and by appointment. You can best reach Courtney by email (kimmellc@carleton.edu), but you should also feel free to call or text her at 651-328-3632. Other ACE-specific resources include Director of Academic Civic Engagement Emily Oliver (eoliver@carleton.edu), and Abby Walker, Program Associate for Community and Civic Engagement (walkera3@carleton.edu).