

SUPPLEMENTARY MATERIALS

Imanni Sheppard, PhD

Medical Anthropology as Activism

ABSTRACT

This presentation is a brief look at what it means to be a medical anthropologist, what we do, and how our work can benefit the Black community or other marginalized communities. The nexus of social scientific research, determinants of health, and quality of life variables provide a foundation for discussing the potential of medical anthropology to be the work of an activist. Issues of underrepresentation and the lack of equity relative to health care and medicine are also parsed out for student discussion.

Keywords: Medical Anthropology, Equity and Medicine, Health and Wellbeing, Activism

PPT Script:

A LITTLE BIT OF BACKGROUND

I started out in Sports Medicine and fell in love with Anthropology my junior year of undergrad. So, I changed my major. After that, I was the only Black person in the Medical Anthropology program when I started my master's, the only Black person in the Medical Humanities program when I started my PhD (and the 1st Black person to graduate from their PhD program), and the only Black professor when I started my first tenure-track position. So, we are deeply underrepresented in those fields and if we want to make any form of lasting or systemic change in our society, we will need to change that.

Are there other occupations that don't have a lot of Black people in them? Why do you think that happens? What can YOU do to change that?

WHO I AM/my academic background

Medical Anthropologist and Medical Humanist

BA: Biological Anthropology = biological anthropologists generally study some aspect of human evolution as well as how people's biological and social factors affect who they are, how they look, how they behave, or how they think about things, for example.

MA: Medical Anthropology = medical anthropologists study how people experience health and disease/illness in humans relative to the societies they live in and their natural environments

PhD: Medical Humanities = medical humanists study all of that plus the history behind them, the laws associated with them, how they show up in art or poetry, and the ethics (moral right or wrong) of medical decision making

WHAT I DO

Mostly what I do is called social scientific research. Social scientific research could be investigating how people were mentally, physically, and emotionally affected by hurricane Katrina—I wrote a book about that a few years ago and it is now sold in the US, the United Kingdom, the Middle East, the Netherlands, Singapore, Sweden and several other countries around the world. Sometimes, it is doing research on a neighborhood to see how or if the introduction of new architecture will negatively affect the health of the people in that neighborhood. That's called a Health Impact Assessment (HIA). Sometimes my work means making infographics to help people understand how to wear their masks properly and why they should do it. It might be evaluating housing in my community to get a sense of how it affects people health and wellbeing. Ultimately, the objective is to be able to take my academic knowledge (what I learned in school) and apply it to and in the real world to help people.

MEDICAL ANTHROPOLOGY AS ACTIVISM

All of this work is designed to help people have equitable access to the kinds of foods, housing, education/information, healthcare and/or medicine that will improve their health outcomes. It's about using what you have and what you know to advocate for people that may have been silenced or disregarded by our society. People may not be aware of, have the resources for, or access to the kinds of things or policies that can help to make their quality of lives better—but medical anthropologists can help with that. And, in pushing for the betterment of your

communities and the communities around you, you are being an activist. You are working to change society for the benefit of the people who live there. That is revolution. That IS activism.

How do you think equity can be applied in health care and medicine?

If we look, for a moment, at the next slide, what we see is a graphic of the kinds of things that affect the health and wellbeing of Black people, in particular. That means that there is a lot of work that needs to be done, a lot of advocacy that the Medical anthropologist can offer, and a lot of change that can happen if we dedicate ourselves to making our communities heard and healthy.

So, as a medical anthropologist, you can do that research. You can go out into your community or the global community and find out what is making people sick and help them to get what they need to be well. Then, you can go into your classroom and teach your students how to do what you just did, and discuss with them the effects of social systems that caused people to get sick or robbed of their ability to access what they needed to get well. You can teach people to be better to each other and to be cognizant of how their behaviors may affect the health and wellbeing of someone else. E.g. stress or pollution or poverty or stratification or hate. Those things directly affect eighty percent of our body's ability to be healthy.

So, when people say Black Lives Matter, what they should be thinking of the totality of that life:

The health and wellbeing of Black people matters

The education of Black people matters

Access to affordable housing and healthy food options matter

Black mental health matters

The safety of Black people matters

And the list goes on and on. All of those things affect our health and wellbeing.

And our health and wellbeing matters

ANY QUESTIONS?

