# Part 11: Medical Anthropology

## Discussion Questions (Collated from the text)

1. What was the social and political genesis of Abelino’s knee pain? What does his knee pain have to do with this position within the farm’s ethnicity–citizenship–labor hierarchy?
2. What do Crescencio’s headaches reveal about his position within the labor hierarchy? Apply the concept of symbolic violence to understand and explain his experiences of suffering, both physical and emotional.
3. Discuss and assess the linkages between migrant health status and their labor and living conditions.
4. To what degree are migrant workers able to access healthcare services? How does this compare with the popular American narrative regarding undocumented immigrants and the stability of the American healthcare system?
5. Compare and contrast the health fair run by the Evangelical Christian missionary to the exchanges Holmes had with migrant farmworkers. What is the role of anthropology in public health initiatives with migrant workers?
6. How does this selection parallel the selections by Scheper-Hughes (Reading 8.3), Farmer (Reading 5.1), and Bourgois and Schonberg (Reading 11.3)?
7. How is obesity among the Latinx population the result of structural factors? Why don’t public health intervention programs take these structural factors into consideration?
8. What is “biocitizenship”? Have you observed examples of “biopedagogy” and “bioabuse” in your own life?
9. What does Greenhalgh and Carney’s ethnographic research illustrate about the idea that Latinx are unaware of the importance of diet and exercise in maintaining a normal weight?
10. Discuss the role of social marginalization associated with immigration. What role does it play in diet and obesity? How are experiences gendered?
11. Consider this question raised by the authors: “What wider effects does the assumption of ignorance—which gets embedded in programmatic interventions as well as the ubiquitous media messages about minority responsibility for the obesity epidemic—produce?”
12. What are “techniques of the body,” and how are they racialized among the Edgewater homeless?
13. Discuss the difference between the outlaw and outcast habitus. How is this ethnicized and racialized? How are these habituses produced? What is the role of structural political-economic forces (that are at work “invisibly”) in shaping habituses?
14. How did ethnically distinct techniques of the body result in different interactions and experiences when accessing healthcare?
15. Discuss the relationship between neoliberalism and knowledge-based public health interventions.
16. What is the relationship between cutting, agency, and structural violence?
17. Is cutting a “technique of the body”? In what way and for who?
18. Discuss the parallels between the politics of healthcare detailed in this article and that in Reading 11.3 (“A Community of Addicted Bodies”). Compare the regime of “managed care” faced by the community of homeless addicts to that faced by the youth cutters.
19. Compare and contrast the dominant “technocratic” model of pregnancy and birth with the approach of direct-entry midwives.
20. What is the role of power in shaping birthing options for women in the United States?
21. How might the licensure of direct-entry midwives benefit poor and marginalized women?
22. Why do so few women give birth at home in the United States? What does the limited number of home births suggest about American culture?
23. How is this case study an example of engaged and public anthropology?