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Preface

Students often do not bother with the prefaces to assigned textbooks, and for understandable reasons. The comments of authors about their book are not going to be on any test and it is the contents of the book, its ideas, concepts, theory, and examples, not the book as a product of author labor or the goals and intentions of authors, that is of most immediate concern to the student reader. We hope, in this instance, that these remarks capture some student attention because they deal with an important conceptual issue and provide a glimpse behind the curtain of book publishing. When the first (2007) and second (2012) editions of this book were published, the authors recognized that while medical anthropology was not the most fitting name for the field our book was introducing to students, it was the established and widely accepted term. Indeed, medical anthropology was a label that smuggled in a lot of problematic baggage. Since the last edition, however, our discomfort grew to the point that in 2016, along with our colleagues Debbi Long and Pamela Erickson, we published a paper in a leading anthropology journal entitled “Rebranding Our Field: Towards an Articulation of Health Anthropology.” We feel strongly that the time has come to retitle medical anthropology using a more appropriate label that better reflects conceptual developments in the field. Our subfield, as shown clearly in the chapters of this book, has a wide range of concerns that includes a keen focus on biomedicine and other ethnomedical and health-care traditions. But the work of those we have come to call “medical anthropologists” addresses multiple other issues that are not specific to medicine or healing, including understanding health and illness within society and within the complex social and political-economic systems created by globalization. Consequently, we proposed the name “health anthropology”; this better describes the core issue that unites the subfield. We called for dropping the term medical anthropology because, as has long been recognized by many in the field, it is limiting and misleading, and reflects the hegemony of biomedicine at various levels. This renaming does not preclude health anthropologists working on or within biomedical, complementary, and alternative medical or indigenous medical settings, as reflected in the fieldwork of all of the coauthors of this book. It was our intention, however, that in its third edition this book be renamed *Introducing Health Anthropology: A Discipline in Action* to reflect the true breadth of the field.

This is where good intentions ran into marketing realities. Our book, and its title, were known, and *Introducing Medical Anthropology* was widely used as a textbook, the second-best-selling core text on the market in our topical niche. In our publisher’s reasonable approach to their business it was not seen as a good idea to change the title of an established text. The book was seen as having instant name recognition for professors who might assign it in a class. Changing the title, the publisher felt, could cause confusion to teachers and to bookstores looking to order books for classes. As one reviewer of our proposed name change commented, “Why not continue to use it as a marketing tool to appeal to the

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widest number of folks?” For these reasons, the title has not changed in the third edition, but the text has been updated to reflect our concerns on this matter. Throughout this text, if not on the cover, we use the terms “health anthropology,” “health-oriented anthropology,” and “health anthropologists.”

One thing that has changed is the addition of Debbi Long and Alex Pavlotski as coauthors, which, based on their areas of expertise and fieldwork experience, allow us to further examine the wide range of issues investigated in a health-oriented anthropology.

One of the goals of the third edition of this book is to affirm that health-oriented anthropologists are very involved in the process of helping, to varying degrees, to change the world around them through their work in applied projects, policy initiatives, and advocacy. Not all anthropologists teach in a college or university—many are involved full time in directly applied work—and most who do teach medical anthropology courses are involved in application. Moreover, as the landscape of academia endures major transformations, with underpaid adjunct labor now increasingly replacing stable faculty positions, anthropologists must find creative ways to bring their skill-sets out of the ivory tower and into the world. Our subdiscipline both addresses specific health issues and analyzes them in their broader context. In other words, we seek to understand health-related issues and to use this knowledge in improving human health and social well-being.

A second goal of this book is a presentation of the fundamental importance of culture and social relationships in health and illness. Through a review of the key ideas, concepts, methods, and theoretical frameworks that guide research and application in health-oriented anthropology, the book makes the case that illness and disease involve complex biosocial processes and that resolving them requires attention to a range of factors beyond biology, including local systems of belief, structures of (often unequal) social relationship, the development and globalization of new technologies, and environmental and climatic conditions.

Finally, through an examination of the issue of health inequality, such as exposure to pesticides among farmworkers, unequal access to health care, the role of poverty in the spread of disease, or environmental degradation and environment-related illness, this book underlines the need for an analysis that moves beyond cultural or even ecological models of health toward a comprehensive biosocial approach. Such an approach integrates biological, cultural, and social factors in building unified theoretical understandings of the origin of ill health, while contributing to the building of effective and equitable national health-care systems. In this manner, health anthropologists have a broad vision of planetary health and seek to be part of a collective process aimed at creating a healthier world for both humanity and the biosphere. The ultimate goal is prevailing over the social causes of disease, the structures of social injustice that diminish well-being, and the social forces driving environmental destruction, including human-created or anthropogenic climate change. For us, ultimately, bringing these issues into the classroom, especially in a time when health has become a daily issue of deep concern, is of far greater importance than the specific way the field is labeled.

About the Authors

Merrill Singer is professor in the Departments of Anthropology and Community Medicine at the University of Connecticut. Dr. Singer has published 290 scholarly articles in peer-reviewed journals and book chapters, and has authored, co-authored or edited thirty-three books. His research and writing have addressed syndemics, HIV/AIDS and STDs in highly vulnerable and disadvantaged populations, illicit drug use and drinking behavior, infectious disease, community and structural violence, and the political ecology of health, including the health consequences of climate change. Dr. Singer has been awarded the Rudolph Virchow Professional Prize, the George Foster Memorial Award for Practicing Anthropology, both the AIDS and Anthropology Research Group's Distinguished Service Award and its Clark Taylor Professional Paper Prize, the Prize for Distinguished Achievement in the Critical Study of North America, and the Solon T. Kimball Award for Public and Applied Anthropology from the American Anthropological Association.

Hans A. Baer is Principal Honorary Research Fellow in the School of Social Political Sciences at the University of Melbourne. He has published twenty-one books and some 190 book chapters and articles on a diversity of research topics, including Mormonism, African American religion, sociopolitical life in East Germany, critical health anthropology, medical pluralism in the United States, United Kingdom, and Australia, the critical anthropology of climate change, and Australian climate politics. His most recent books are *Democratic Eco-Socialism as a Real Utopia* (2018), and *Urban Eco-Communities in Australia: Real Utopias or Market Niches?* (with Liam Cooper, 2018).

Debbi Long is senior lecturer in global studies at RMIT University (Melbourne, Australia). She is a critical health anthropologist and a pioneer of hospital ethnography in Australia. She is an experienced health ethnographer, having undertaken fieldwork in Turkey, Swaziland (eSwatini), and in a variety of contexts in Australian public hospitals, including maternity, spinal, intensive care, and dialysis units. She has worked as a consultant in clinical organization and management on projects including quality improvement, patient safety, behavior change, and in industrial relations contexts. Recent research has included family violence education and compensation industry analysis. She has taught at undergraduate and postgraduate levels in anthropology departments; international development programs; medical, nursing, and allied health programs; and in indigenous foundation and support programs.

Alex Pavlotski is teaching fellow at Auckland University, New Zealand, and an honorary research fellow at Latrobe University in Australia. He is an anthropologist and graphic artist. Alex has conducted fieldwork with comic artists in

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Japan, and in Australia with an urban LGBTQI+ community; with CEOs and accountants across the country; and with recipients of government disability payments. His PhD thesis was on the global movement subculture of parkour, a multisited ethnography undertaken across twenty-four cities in eight nations. His research interests are psychological and neuroanthropology, visual representation in ethnography, cross-cultural communication, masculinity in leadership research, organizational ethnography, systems design, mind-body connectivity, and reactionary identities.