

Funding for medical anthropology under threat in Canada

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By



A number of medical anthropologists working in Canada have recently published [a manifesto](#) bringing attention to a development which, they argue, may bring about “the possible extermination of one of the most vibrant, high-demand and policy-relevant health disciplines, the only scholarly field that places culture at the centre of the analysis of health and that characteristically does so in both national and international contexts” ([Graham et al. 2011](#)). At issue is a 2009 decision by the [Social Sciences and Humanities Research Council](#) (SSHRC) of Canada – which has generally been the primary source of funding for Canadian medical anthropologists – to greatly reduce funding for health-related research. In making this decision, SSHRC seems to have been motivated both by budgetary pressures and by the perception of an overlap in funding between it and the [Canadian Institutes of Health Research](#) (CIHR). As the authors of the manifesto explain, “Social science and humanities health researchers were told that SSHRC would no longer fund their research and “to explore eligibility” with CIHR, ([Graham et al. 2011](#)).

And although the CIHR announced in 2009 that it was “working closely with our partners at SSHRC ... to establish guidelines for determining whether applications are suitable for SSHRC or CIHR,” the authors of the manifesto point out that:

“While CIHR has supported some medical anthropology, our researchers have had less success with CIHR for critically

engaged, qualitative research, particularly in international settings. CIHR had envisioned ‘population research’ to include the social, cultural and environmental aspects of health and disease as one of the ‘four pillars’ of research (biomedical, clinical, health systems and services, and population research) that it funds. Yet, despite this, CIHR has acknowledged ‘barriers to Pillar Four researchers fully participating in CIHR research,’” ([Graham et al. 2011](#)).

The authors of the manifesto — Janice Graham, [Naomi Adelson](#), [Sylvie Fortin](#), [Gilles Bibeau](#), [Margaret Lock](#), Sandra Hyde, [Mary Ellen Macdonald](#), [Ignace Olazabal](#), [Peter Stephenson](#), and [James Waldram](#) – argue that the kind of interpretive or critical research carried out by many medical anthropologists does not fall under the rubric of “qualitative health research” as it is understood at CIHR:

“We are deeply concerned that what is currently understood as ‘qualitative health research’ at CIHR does not include the critical social sciences; rather, it is evaluative and positivist in orientation. It does not derive from ethnographically based, theoretically engaged empirical studies conducted by anthropologists trained to work intensively to elicit and contextualize values and perceived health care needs at the local level. Even as CIHR is mandated to fund social sciences health research, we face a decade-long history of inattention by CIHR to the fundamental epistemological research modalities, objectives and outcomes common in the social sciences. To date, no CIHR peer-review committee is composed substantially of social scientists,” ([Graham et al. 2011](#)).

You can read the entire manifesto, entitled “[The end of medical anthropology in Canada?](#)” on the *University Affairs* website in [English](#) and in [French](#). An extended version of this piece, complete with some policy recommendations is available in the [Fall 2010 edition](#) of *Culture*, the newsletter of the [Canadian Anthropological Society](#).

Image: [University Affairs](#)

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