Popular Sector

- Preoccupied with health maintenance not illness
  - not schooled formally to do health care in the popular sector
  - but important as a family, in popular culture, we are "lay experts"

- Perhaps why "sick role" may be quickly referred to or employed - "better stay at home from school for a few days"

- Folk or professional sectors lay out a different set of beliefs or values in the cognitive structures

- The individual does not see these 3 alternatives as equally viable
  - each one brings something to the table, but we can be biased in which we choose, believe one is more worthy of using more than the other
  - isn't a collective consciousness of what should be done in terms of home remedies, it is what has been handed down

- The Popular Sector is diffused - multiple opinions on what you might have and what you should do - here you are defined a sick family member

- The Professional sector is the most powerful - is institutionalized and social power is in large part function of institutionalization - in the professional sector you are defined as a patient - doctor patient confidentiality
  - supported by public sector (gov't funding)
  - degreed people who work in this area
  - consensus that socialized medicine is important and we endorse... in Canada
  - referred to as patient because you are going to licensed professional
  - very professional and legit process, deemed very prestigious

- The Folk Sector is where you are referred to as a client
  - someone is going to sell you kind of remedy or do performance on you

- Special form of care is applied in each of the sectors
- Different sectors lead to different languages
- Communication across the sectors is a problem
- Each sector is like a separate "culture"

- Popular culture is concerned with health and health maintenance
  - as opposed to illness

- To build consensus across 3 sectors would be very difficult; they all have 3 different approaches, with own values

Professional Sector of Health Care

- Organized healing professionals
  - deal with biomedical aspects of disease & illness
  - modern scientific take of health and wellness

- Modern scientific medicine

- Also some professional indigenous medical systems
  - if we go to India for example, we will find biomedical approach couched in the way that society sees biomedical medicine being practiced
  - wouldn't expect the same treatment if had illness across the 3 cultures

- Freidson describes how allopathic (modern/biomedical) medicine gained dominance and marginalized other healing traditions
-if you want to get second opinion, this could be taken as an insult. because they have taken all exams and licensed, etc.

- Professional sector: patient has loss of autonomy.
- Doctors in particular do not listen to women. ex. if mom brings in child and says "he's been doing this and this" they don't want to hear it
- Locus of power for health care and decision to be made shifts from the patient and families to the health care professionals, to the doctors
  - as far as they are concerned, they are experts, and thus their patients are ignorant and should be passive and accept what they say
- Moral offensive if you don't listen to your doctor; this is how much power they have
- Professional insensitivity is systematically fostered in both undergraduate and postgraduate medical education
  - trained to be de-attached from the patient, because they have to see so much death and dying
  - taught to look objectively at patient
  - not to be personal with patients ex. if old dying man asks "Is there a heaven?" you are not allowed to respond, because it is not biomedical
- In reality one needs to look at the "whole" patient - beliefs, values, feelings about illness & treatments
  - however, very difficult to be empathetic, and deal with tragedy
- Professional sector is not the "only" or "true" view but one among a range

The Folk Culture of Health Care
- Folk medicine shades into two other sectors
- Folk sector both sacred & secular (in 2 parts)
  - Sacred = shaman - ritual curing
  - Secular = herbalism, special systems of exercise - yoga
- Folk sector is expanding to the broader health care system
- One serious issue: does one really get well from them? (Efficacy of folk healing as a problem as no or little follow up research is available)
  - very little research that is available to indicate if it is true
  - cannot validate if it is something that works for people

Figure 2, pg. 42: Patients and Healers in the Context of Culture
- Pertains to patients & healers
- Elements: physical environment (outer ring in the grey) -> where the sick would take themselves (go to Folk, Popular, or Professional sector)
- Hospital has this physical environment. Big 'H' etc.
- You are the individual who is at the centre of it all
- You have feelings as the patient, as to what effects this health care process has upon you (grey circle in middle) -> do you feel hopeful, that they have best interests in mind, do you understand your situation? etc.
- patients and healers -> if positive experience, he refers to it as "symbolic reality" -> mediating the sickness and the care.
- Clinical people and you. they do their job, and it is your job to understand and follow instructions
- Are you someone who they say can get well and do? Say can and don't? Say you can't and do? Etc.
  - attached to symbolic reality. another level -> you as the individual can have yourselves talking to yourself in
• Medical methods of male "regular doctors" and "irregular female healers"
• Role of the rising American business establishment - the Foundations
• "Rock a Felas" gave the men a lot of $ to make medicine, supported them, are filthy rich. Men aligned themselves with them and other rich people, to legitimize themselves
• Men made the AMA: American Medical Association -> if part, means you're a legit doctor
• Women were competent, men incompetent
• Political people in power made legal things to make sure men doctors were recognized in society
• 1830 - Licensing Laws
• The opposition of the Popular Health Movement. led by the working class women in particular, who are working in the small industries and making the Rock a Fellas and alike rich
• Men: Counter movement of the "regular doctors". 1848 -> pulled together first organization called "American Medical Association." took control of medicine, had support of rich, politicians, etc. said, "if you're not in the AMA, you're not a real medical doctor, you're a threat to health"
• Men did take a few female doctors into their circle, but only if they were in total agreement with them. (thought midwives were useless and bad)
• Foundations conditions for funding
- millions of dollars to support medical schools they felt needed that kind of money. the foundations decided to support, and which ones not to
- convinced foundations to accept only universities conforming to men doctoring
• Abraham Flexer and the 1910 report
- sent out by foundation, to find out which medical schools they were going to fund, and which without funds
- closed 6/8 black medical schools that he visited
- when he looked at "irregular" schools, he had the power to close them and did so, including female schools; so they didn't have the chance to prove they weren't "irregular doctors"
- was able to do this through money. had money on their side
- middle and upper class white males took over
• Medicine becomes a white male middle and upper class profession
• Last holdouts - midwives
- new, regular doctors wanted to get rid of midwives
- began to ridicule midwives as hopeless, dirty, incompetent, etc.
- at this point in time you first see optromiticians began to lay women down to give birth, but men doctors took away this "gravity" way of giving birth
• Underestimated the loyalty and commitment people had to these female healers, who had been healers for everyone including the poor because they didn't charge anything
• The church in partnership with the "regular doctors"
• 5th-13th century anti medical stance
• 13th century revival of learning medicine
- Arabs developed many medicines, Church takes note of this
- Church then recognizes medicine as a profession and something you can practice
- allow medicine to develop, but only if in agreement with church. doctor much call clergyman to treat patient with them (confess to clergyman first before given medicine)
• Church sets Catholic Doctrine as guideline to practicing medicine
• "Regular doctors" and clergy work together, observe their "wrong doing"
• Church believed they had power of individuals' mind/body/soul
Four techniques employed to achieve cognitive reduction in birthing process = 1) repetition, 2) hazing, 3) strange making, 4) symbolic inversion

- Repetition -> rep that you are the patient. taking blood, putting IV, etc. doing things that make sure you understand you’re the patient
- Hazing -> violation of privacy. vagina becomes focus, monitored, digital exams, etc.
- Strange making -> to remind you that you're not home. you don't have authority here. puts band on you, draws blood etc. you become a bystander
- Symbolic Inversion -> you are just common property now. anyone can be called in to look at you, do whatever, etc.

Cognitive Stabilization = the “ritual” mediates between cognition and chaos, the ritual restores order to the world, mothers generally satisfied with the outcome, ritual in a frame of inevitability, locked into a set of cosmic “gears,” a correct performance of a now standardized procedure, compliance and confidence on part of mother, intervention expected

Cognitive Transformation = symbolic message fused with the individuals emotion and belief, aligning rituals with desired perceptions of the patient, map the technocratic model of birth on to the mother, mother subordinate to all
-everything is done for the baby. you are just a bystander and complier, your submission is for the heath of the baby
- Affectivity and Intensification = Rituals are emotionally charged and ensure long term learning
- Preservation of the status quo = perpetuates the power structure, legitimizes the doctor’s position, legitimizes cultural privilege of patriarchy (doctor are boss)
- Positions dictate power relationship = woman laying down, doctor standing up, delivery is toward doctor
- Episiotomies and caesarian sections serve both to legitimize and to raise the status of obstetrics as a profession by ensuring that childbirth is not natural but a surgical procedure
- Effecting Social Change = women are empowered by their personally directing their child’s birth
- Alternative Paradigms = a holistic model, home births, other practical and healthy ways to give birth
- The discussion of the situation in B.C. with Dr. Raz Moda = Dream Team Approach to Birthing
- instituted practice which has been very successful
- UK -> 7/10 are midwives babies, but very rare in Canada
- Netherlands -> 9/10
- Raz method is much more natural and empowering for the women and satisfying, not as dictating for the professional sector
- Choices = deliveries 1/3 by midwives, 1/3 by doctors, 1/3 by obstetrics/ gynecologist specialist
- Dream team does not compete for clients/patients, work in co-operation and respect, specialist called in only if there are complications
- mutual respect for one another. family & midwives do all the delivery
- there are risk factors when doing birthing at home
- Normalization is the goal of the Dream team, mother is listened to and she has input, may ask for a birthing tub, relationship between all is to be fluid and respectful, a consensus of approach is nurtured, a comfortable relationship between the mother and the delivery entourage, deconstruction of patriarchal practice
- make mother's comfortable, be part of the delivery, make it how they want, etc. must listen to the mother
- also have to be safe and healthy for both mother and child
- Raz Moda: Dream Team
- evolutionary practice. started in Zimbabwe
Music Therapy

The good:
- Has been thought music can help decrease depression, stress, pain, blood pressure, increase confidence, attention and relaxation
  -provide wholeness after sadness/anxious/panic attack
  -music used: soldiers returning from war, post-traumatic stress syndrome, music is played to calm them

The bad:
- Music can be associated with poor health
- There has been a relationship between music and drug use, urban violence, negative self perception etc.
  -Some music degrades women
- Develop hearing loss
- To hype soldiers up and kill, play loud & aggressive music... D:

Bono & U2: Possession Trance? Andrews et al. 2010
- Advocates for health, welfare and justice
- Offers an idealism and optimism
- Socially and politically aware
- Rebellious and defiant
- Spoke to the physical emotional and social consequences of military conflict
- Comments on displacement resulting from conflict
- Presents politically inspired works. Written songs about inspirational persons such as Martin Luther King
- Spoke to political stance: state violence and neglect
- Sang about capitalism infested urban spaces
- Spoke to and concerned about the information age, new technology and the emerging Europe
- Sang about the peace process in Northern Ireland
- Articulated a stance on living fast and self neglect
- Presented songs of feeling, journeying
- Against poverty
- Spoke to the fact one not need die alone
- Presented music about personal development, attachment and pilgrimage

Summary
- Firm religious beliefs have underpinned U2’s social and health activism
- Have not been spokespersons for a particular religion
- Music related to faith, hope, love, peace in midst of a world of doubt, despair and violence
- Speaks to the need for religious co-existence and transcendence
- Notes the need for harmony and humanitarianism
- Speaks to a commitment to social justice through intervening to assist others

Celeb. Diplomacy & Politics
- Initiate awareness of health inequities (Farm Aid, Band Aid, Live Aid)
- Encourage fund raising (drop the debt)
- Form boycotts
• Market is a blind power without social orientation
• The state needs to decide how healthcare is delivered and distributed
• Research indicates the field of healthcare is person oriented, uncertain, sensitive and complex
• Money, competition, legal insecurity, professional career ambitions influence clinical decisions, consciously or unconsciously
• There exists a contradiction between market pressure and individual patients’ needs
• German law = public health insurance pays for all “medically necessary treatments”
• In Germany the medical profession gets to define what “necessary means” = indicators of necessary: age, privately or publically insured, professional education, social status all become criterion
• German physicians refuse to ration treatment on financial grounds every day = moral dissonance
• Medical necessity recalibrated by evidence based medicine which is seen as a industrial mode drawn from business = cost effective adaptation
• Healthcare still driven by solidarity but privatization and commercialization are coming on strong

Not on PPT:

Sicko - Examples of Commodification
• Becky Malke -> health insurance intake person
  -started to cry because realized they are not going to get health care
  -narrow definition of who qualifies
  -they take people who don’t have a history of illness
  -cost, less. benefit, more -> insurance company goal
• Dr. who looked at applicants
  -would get a bonus for more applicants she denied for insurance
  -“I don’t know if I killed anybody because of it” :
• Young woman who had procedure
  -found out that at one point she had yeast infection
  -for that reason, they demanded back the money
• Insurance policies are cancelled/taken back from people after they’ve paid money
  -to maximize profit for the company
• Judy & Tracey
  -husband had liver cancer
  -his brother was a perfect match, willing to do procedure
  -turned down for the procedure because deemed "experimental"
  -he dies...

Solidarity
• England, France, Cuba
• Great desire to heal, and heal all at no cost
• Free help to others who need it
  -assign cook, nanny, etc.

Canada
• Falls under solidarity concept
• Socially structured our health care system on it
• Historically, nuns had lot of power -> worked in community, looked after health, were kind of social workers
  -became well respected
  -Church felt they were gaining too much power, so sent them to Canada
  -they established our first health giving service in Canada
• lots of French nuns o:
  -treated everyone, free of charge
  -Christian based service. not for $, but for God
Indirect Effects Of Social Class On Health: Life Chance and Health Choices

- Prosperity related to health = afford nutrition, afford a health environment
- Poor people choose to eat less healthy food, smoke cigarettes, drink alcohol
- Income determines =neighbourhood, friends, associates, pressure by peers, expectations, SES determines possible choices
- Poverty one of the strongest correlates of ill health
- Abused women not to be blamed for ill health = they have no confidence, no self esteem, can not afford to eat healthy in many cases
- Poverty = musculoskeletal disorders, smoking, hypertension, arthritis
- High SES = more likely to exercise, more leisure activities, low fat low calorie diets, non smokers, but other researchers have found no such relationship so more research is needed
- But for sure high SES allows for better health, the chance to make healthy choices = Social Structure has an impact on nutritional intake and nutritional intake affects health = the research shows the opposite may be true as people with a high SES can afford to drink and smoke. = patterns of risk need to be explored

Next Article

Albritton: Obesity and Hunger

Between Obesity and Hunger: The Capitalist Food Industry by Robert Albritton

- ¼ of globe eats too much, ¼ of the globe eats too little
- The most important factor in human health is diet
- Cheap food to capitalism is important because it allows wages to be lower (and thus profit higher), leaves workers with more disposable income
- Post W.W. two, large farms became increasingly subservient to the gigantic corporations that supplied the inputs and outputs
- In the U.S. the largest 10% got 72% of the subsidies and 60% of farms got no subsidy, large farms today depend on cheap oil and gov’t subsidies capitalism the strongest force shaping the global food system

The Profits of Obesity

- The corporations are the far greater sovereign force i.e. coca cola
- Americans consume 31 teaspoons of added sugar a day
- Over 66% of American are overweight
- Obesity is a risk factor for chronic disease but it is mostly connected to diabetes
- Between 1997 and 2004, type 2 diabetes increased 41% in the U.S.
- Globally the six fold increase in cases of diabetes since 1985 almost exactly parallels the global increase in high fructose corn syrup consumption
- Sugar may be addictive and is amongst the cheapest inputs to food processing
- Junk food tends to be very high in calories relative to nutrients

- Addictive quality of sugar can be compared to that of smoking cigarettes – over one billion people will die from smoking in the 21st century
- Brand loyalty to addictive products that generate big profits i.e. coca cola, cigarettes, cereals, soft drinks
- **Sugars, fats and salts** most addictive, and cheapest food inputs, business increase portion sizes of such cheap input foods i.e. McDonald’s super size me
  - Salt -> flavour burst
  - Vanishing calorie -> you dont think you’re eating as many calories as you really are (e.g. cheetos because its shrinks in your mouth right away). mouth feel
- Cereals that sell for 3.50 cost 25 cents to make – the rest is packaging, processing, transportation, retailing
- Potato farmers get 2 cents out of an order of French fries
- 2008 pizza hut marketed its new one pound P’zone pizza and dipping sauce which contains 1,560 calories (intake per day = 2100) and twice the recommended daily sodium intake
12. PWA (people with AIDS) Survival Strategies (3)
   1) *Positive individuals.* understand they might die. but still put pressure on the institutions, sure that there are solutions, want them to be there for people after them
   2) *Very Pragmatic* -> share info, have explanations, think about what can be done to help, very open to experiments, willing to be the guinea pigs
   3) *Very politically oriented* -> advocating for all future individuals who might get AIDS

April 9

Normalization

1. Normalization and Converging Factors (5 factors) – A predominant Profile Presented

5 factors that PWA do that help to normalize the disease:

1) Stigmatization & hysteria -> see that it has to be de-stigmatized
2) Get attention of all the institutions. -> medical, research, govn't, pharma, etc. petition the general public to put pressure on the institutions
3) Look at the changing epidemiology that is associated w/the disease. -> used to be deadly, but now is chronic but manageable disease
4) Greater diversity of HIV infected individuals. -> cuts across class, religion, gender, sexual orientation. no one is spared. all of society is at risk
5) Need to circulate information and publicize info on how individuals may live w/AIDS.

2. Montreal Conference (10 demands)

1) Realize that it's chronic but manageable, and that as a society we have a moral obligation to deal w/it
2) Not highly infectious if you are careful
3) Code of rights for people living w/AIDS, to protect them
4) Data bank of Information about AIDS so have it as reference if needed
5) Placebo trials rendered unethical e.g. can't give AIDS group pill as experiment
6) International education program -> it is a global problem, not only in the West
7) International standardization of treatment & drug approval
8) Unique issue regarding women; if women are being manipulated by their partners, etc. Have to look after women & their children. medicine so that women can carry a child if has AIDS
9) International development fund to assist poor countries
10) Recognition of poverty as factor to AIDS e.g. can't afford condoms in poor country -> AIDS will be spread

   -be socially just to all people whether healthy or not
   -clinical science: keep research to AIDS up current and running

4. Ongoing Shifts and Changes (5 points)
   1) ??? *check text*

5. Arts and Culture
   -celebs advocating for AIDS
   -lend support
   -help realize the disease is universal
   -inclusiveness. no one is left untouched by HIV AIDS
   -need to look at the expanse of disease and its infection

6. Successful Movement = Collective Identity
   -we are all at risk for infection if not informed
   -if not part of solution, part of problem. social support of others
   -social circumstances; cultural, economic, etc. that all lend support to finding solution to disease

7. Inclusiveness + Canada (Distinct Groups Identified With needs)
   -if women have Aids: should we permit them to have kids or not? provide w/drugs? etc.
   -appropriate treatment?