



Teaching for Human Rights Advocacy in Guatemala: The Case for Transdisciplinarity

Rachel Hall-Clifford

NAPA-OT Field School in Guatemala, Co-Director

University of Oxford, School of Anthropology and Department of Primary Health Care Sciences

Gelya Frank

NAPA-OT Field School in Guatemala, Founding Director

Division of Occupational Science and Occupational Therapy, Herman Ostrow School of Dentistry and
Department of Anthropology, University of Southern California

Abstract

The NAPA-OT Field School in Guatemala is a transdisciplinary, applied medical anthropology field school program that puts students from anthropology and occupational therapy in a common framework focused on human rights issues. This paper by the co-directors of the field school will highlight the situated learning-by-doing strategy that underpins the NAPA-OT program and critically examine the benefits and challenges that arise for both students and the host community. Within the context of post-civil war Guatemala, field school students learn ethnographic methods by contributing to applied projects advancing health as a human right; however, the field school must confront critical issues in maintaining student safety to enable effective learning in a sometimes volatile setting. Local collaborators, in turn, are able to build research capacity and utilize the social capital of outsiders to advance local development projects. For example, field school students have examined inequalities in access to health care by conducting a study of non-governmental organizations (NGOs) providing referrals for surgical care, and the report generated by that study is being utilized by NGOs to build a shared surgical referral system to improve access to services. Ultimately, educators “in the field” have the opportunity to expose students to lived realities that would remain theoretical in a traditional classroom setting, but they also bear the responsibility of ensuring that their programs bear real benefits for the host community.

Introduction

A few of the students’ eyes went wide as our van rumbled along toward our focus group discussion in a remote village in the Guatemalan highlands on a rainy morning in August 2010. Having spent the previous weeks preparing for this session, drafting discussion guides, validating questions, and working on note-taking techniques, it was unclear what could be cause for concern. They were ready. ‘What is it?’ one of us (Hall-Clifford) asked. ‘The road just ended,’ came the reply. Indeed, we had crossed over the edge of the paved world and entered the Guatemala I knew from my own fieldwork. I was struck by how a contextual reality that had long ceased to capture my attention as a fieldworker was a source of great interest, even concern, by my field school students. Even in all of our preparation and time in-country learning about local culture and environment, it had not crossed my mind to mention to a group of urban and suburban American university students that there are communities not accessible by paved road within even a short drive of our own comfortable lodgings in the former colonial capital of Antigua.

The National Association for the Practice of Anthropology – Occupational Therapy (NAPA-OT) Field School in Antigua, Guatemala, founded in 2008, is a four week summer program focused on human rights and social justice. It is a pilot program of the National Association for the Practice of Anthropology (NAPA), a section of

the American Anthropological Association (AAA). The field school as operated as a self-sustaining, tuition-based program with faculty and students drawn from anthropology and occupational therapy, with interests variously in disability studies, public health, social work, child development, gerontology, community development and related fields (www.napaotguatemala.org).

Later on that same August day, having quickly overcome their surprise about the all-terrain capabilities of a minibus, the students were ably working through their focus group discussion with a group of rural women whom I knew well from previous research in the region. As the topic of the discussion turned to nutrition, the student facilitating the group prompted the women to free-list all of the foods that they prepare for their families in an average week. Beans, eggs, rice, noodles, and a smattering of vegetables were mentioned, with longer and longer intervals between the answers as the women thought. Finally, the facilitator was on the cusp of moving to the next question since it seemed there would be no more responses. At this point, I broke my own resolve as faculty mentor to let the students run the focus group entirely on their own and asked, “Does no one here eat tortillas?” The circle of women erupted into laughter. Maize tortillas are so central to the Mayan diet and culture that it did not occur to any of the women to mention them when listing foodstuffs – it would be like describing the properties of oxygen when recalling the fragrance of a flower. As the laughter subsided, both the students and participants seemed to relax, and the rest of the discussion proceeded in an open and comfortable manner.

These brief examples are interesting because they illustrate how students’ cognitive domains are stretched and reshaped by the “being there” element of learning in a cross-cultural setting. In turn, students also begin to recognize first-hand the difficulty of understanding the cognitive structures through which “the other” organizes the world. In many ways, this is the magic of fieldwork for anthropologists; our own assumptions are challenged as we seek to understand the assumptions, opinions, and patterns of others. Exposing students to cultural encounters that enlighten, enrich, and challenge within a curricular framework is the unique art of field school programs. The NAPA-OT Field School seeks to combine this type of learning experience for students with engaged advocacy centered on health as a human right. The field school brings together students of anthropology, occupational therapy, public health, and related disciplines to focus on the implications of what health as a human right means for the lived realities of populations in a resource-constrained context. In doing so, field school students and faculty undertake applied projects that address health and development needs identified by local collaborators.

Study abroad and field school experiences have become a common part of the academic careers of North American and European students in recent decades, during which students spend a summer, semester, or academic year away from their home institution. Students are exposed to new ways of living and thinking as they attempt to integrate within their host countries. Most recently, programs focusing on poverty and international development have grown in popularity. There is inherent difficulty in assessing the impacts of study abroad programs on their host communities as well as the skills and levels of cultural competence achieved by their students (Woolf 2007). Service-learning opportunities have attempted to address the neo-imperialist undertones of study abroad and field school experiences for students through directly contributing to development projects in host communities. “Student development tourism” or service-learning can provide opportunities for students to grapple with global inequalities in local context. The goal of these programs is for students to contribute as volunteers to community development projects in resource-constrained settings. As one program leader notes:

As anthropologists, educators and engaged citizens we need to be sure to challenge young people’s assumptions about their roles in the wider context of poverty that they seek to see, experience, and understand... Student development tourism offers the opportunity to become engaged in worlds we would not otherwise have access to; what we do with that access should be as collaborative and responsive to locally defined needs as possible (Hudgins 2010: 29).

However, it remains unclear the impacts that service-learning projects have on host communities; many are short-term and are often focused on the personal experience gained by students (Blouin and Perry 2009; Conway et al. 2009).

The NAPA-OT Field School offers the kinds of opportunities for students’ personal development and academic goals that are characteristic of more traditional study abroad and field school programs, but we believe this does not go far enough. The NAPA-OT transdisciplinary model draws upon the fields of anthropology, occupational therapy, and public health to create a program that not only benefits our students but builds sustained partnerships with local collaborators and communities. We seek to move beyond student development tourism

to achieve lasting contributions in human rights advocacy in Guatemala. This paper introduces the NAPA-OT Field School model, outlines theoretical perspectives of advocacy education, describes the context in which our field school operates in Guatemala, and provides a case study of how we implement our goals of applied advocacy work through field school programming.

The NAPA-OT Field School: Academic, Professional, and Advocacy Contexts

The NAPA-OT Field School accomplishes its goals of collaborative human rights advocacy and meaningful student training through a commitment to interdisciplinarity and to professional level activities. This is evident in both the composition of the faculty and students and in the projects in which the field school engages. First, the faculty includes experienced, licensed occupational therapists who guide occupational therapy and anthropology students alike in clinical and community-based settings as they perform assessments, teach occupational skills, and design interventions. Second, the anthropology faculty consists of experienced scholars and researchers with doctoral and post-doctoral credentials that provide students with experience in professional consulting projects designed and carried out in collaboration with Guatemalan NGOs.

The transdisciplinary ethos of the field school addresses a recognized gap in the current climate of universities in the United States and United Kingdom by creating a space where anthropology is taught in dialogue with other disciplines (Mills and Huber 2005). Since the 1980s, anthropologists have been hired and their ethnographic methods have been imported into the service professions such as education, social work, and occupational therapy (cf. Lincoln and Denzin 2005). Curricula focused on professional training in occupational therapy or any other discipline, however, rarely allow for a sufficient introduction to and exploration of anthropological approaches. It is anthropological theory that is typically sacrificed in favor of ethnographic methods. The founders of the field school had experienced some of these challenges as anthropologists teaching in departments of occupational therapy and, conversely, as occupational therapists interested to engage more fully with anthropology.

Scholars of interdisciplinarity argue that innovation typically arises at the borders and boundaries where established disciplines meet one another (Klein 1990). Paradoxically, however, universities reinforce disciplinary control of turf, while interdisciplinary initiatives are typically underfunding and ephemeral. The NAPA-OT Field School was created by scholars teaching at the interface of anthropology and occupational therapy. The aim of the field school is to create an environment in which mutual learning can occur. As distinct from multidisciplinary and interdisciplinary approaches to problem-solving, transdisciplinarity aims to create a hybrid approach that foregoes disciplinary ownership of intellectual property (Strathern 2007). This is an emergent process in which the conversations, interests, and resources brought to bear on specific problems have helped to shape a dynamic curriculum around a common theme of social justice and human rights.

The founding of the NAPA-OT Field School coincided with a reevaluation the roles of applied and medical anthropology as sub-disciplines. Rylko-Bauer, Van Willigen, and Singer (2006) called for attention and commitment to a critical applied anthropology. Their call for action intersects with the advent of a “public anthropology” (Lamphere 2004; see also Borofsky 2000, 2011) and an “activist anthropology” (Field and Fox 2007; Hale 2008). Medical anthropology, for its part, supports an applied, activist and public agenda, as it no longer exclusively concerns the ethno-cultural construction of health and illness but also the interplay of structural inequalities in producing patterns of health and illness (Scheper-Hughes and Lock 1987; Singer 2009). For example, Farmer (2005) and Fassin (2007), medical doctors who have gotten advanced degrees in anthropology, have criticized the ideology and possibility of a politically neutral humanitarianism. The field school works in the same vein by putting health care, health care practices, and human rights into critical political, historical, economic, and cultural contexts.

Importantly, for the transdisciplinary approach of the NAPA-OT Field School, an international movement has been emerging in the profession of occupational therapy that closely parallels the arguments for a more critical applied and medical anthropology. The clinicians and scholars participating in this movement draw on critical social theories and the concept of human rights in order to define a space for occupational approaches to pressing global problems. There is a corresponding explosion of interest in international practice, including in Guatemala (Taff and Hoyt 2012). The occupational therapy profession’s core concept of “occupation” concerns the idea that health and well-being can be promoted through engagement in meaningful, purposeful activities (Dickie 2009). The default target of occupational intervention has tended to be the individual person rather than

a group or population, as a result of the structure of health care services in the developed world. For example, Hinojosa and Kramer define the concept of occupation as follows:

Occupation, a collection of activities that people use to fill their time and give life meaning, is organized around roles or in terms of activities of daily living, work and productive activities, or pleasure, for survival, for necessity, and for their personal meaning (1997:864)

While the traditional view of occupational therapy focuses on treating of individuals and their personal meaning, a new focus on promoting change simultaneously at the population level appeared with Watson and Swartz's (2004) edited volume, *Transformation through occupation*.

Several significant edited volumes swiftly followed, focusing on critical and political dimensions of occupational therapy practice (Kronenberg et al. 2005; Pollard et al. 2008; Kronenberg et al. 2010). These books bring an occupational perspective to issues of human and rights and social justice, providing a forum for contributors to introduce new concepts such as "occupational apartheid" and "occupational justice" to such issues as refugee resettlement, torture, traumatic experience children in war zones, and marginalization of disabled people.

Occupational therapist Black (2010), for example, describes social reengagement and the healing of wounded souls through the occupations of cooking and kite-building related to traditional Guatemalan everyday life and celebration. This work at the Marjorie Kovlar Center in Chicago, Illinois, funded by the Heartland Alliance, takes place with Guatemalan refugees, and their families, who were tortured and fled the violence in their country during the 1980s. Further theorization of the relationship of occupational interventions to the healing of injustices experienced by groups subject to structural violence is taking place in occupational science, occupational therapy's companion discipline (Cutchin and Dickie 2012; Whiteford and Hocking 2012), and in cross-disciplinary explorations including contributions by anthropologists working in or with issues concerning occupational therapy (Mattingly 2010; Papadimitriou et al. 2012; Pollard and Sakellariou 2012).

The transdisciplinary structure of the field school and its academic foundations do not, in themselves, position students to become human rights activists or even human rights advocates. Anthropologist Charles Hale notes, in the introduction to his edited volume on activist scholarship, that students entering social science and humanities graduate training programs receive a standard admonition: "Welcome, come in, and please leave your politics at the door" (Hale 2008: 1). Opening that door and making room for students to discuss their moral, ethical, emotional, intellectual, and political experiences, during the field school's classroom sessions, is a crucial step that affirms their right to take a stand. We also do this by exposing students to accounts by anthropologists, health care providers, journalists, filmmakers whose awakening to the painful histories and experiences of the Guatemalan population led them to action. They read the reflections of anthropologist Kris Heggenhougen from his time in Guatemala (1991, 2009); meet guest lecturer Fredy Peccerelli, a Guatemalan raised in exile in the Bronx, New York, who became a forensic anthropologist and returned to his country to seek justice by exposing the evidence of genocide; and discuss the film, *Granito* (Kinoy et al. 2011), in which Pamela Yates documents how concerned individuals working together can make a difference by witnessing, recording and recovering information.

Preparing Students to Act: The Field School Curriculum

The NAPA-OT program differs from most field schools and certainly most service learning and voluntarism experiences because it combines didactic learning in the field with praxis. A solid introduction to contexts and concepts is necessary to prepare students to carry forward and build upon their practical experiences in Guatemala after they leave the field. The field school thus incorporates a core curriculum shared by all students and faculty, focused area group projects, and intensive Spanish language study. This core curriculum forms the key nexus for transdisciplinary dialogue, incorporating anthropological and occupational therapy concepts and theory. Through readings, lectures, and discussions, the core curriculum provides students with grounding in Guatemalan culture and ethnography, human rights discourse, applications for medical anthropology theory, basic epidemiology and public health principles, and research methods and ethics.

Guest lectures by Guatemalan scholars and activists are another integral part of the curriculum. Previous guest lecturers have represented the Pan American Health Organization (PAHO), the Population Council, the Forensic Anthropology Association of Guatemala, and the Anthropology Department of University Del Valle. Speakers also participate from a variety of Guatemalan NGOs dedicated to security, justice, and human rights.

Students are taught to analyze the diverse institutional structures, ideological commitments, transnational linkages, and methodologies of Guatemala's NGOs, given the country's weak tax base, limited infrastructure, and widespread structural inequalities (Frank 2010). The final element of the core curriculum consists of field visits across the tiers of the Guatemalan health system: indigenous healers, rural government health posts, national tertiary care hospitals, and NGO clinics.

The field visits bring topics from lectures, readings, and discussion into sharp focus, generating the "being there" reality, for example, of standing in a small room furnished with only a table, chair, and nearly-empty cupboard that serves as the primary level of health care for over 2,000 people. Students and faculty are able to ask questions and engage in dialogue with health workers and other stakeholders to better understand what health service delivery entails in the Guatemalan context and differential distribution of the right to health.

Designed to balance the more didactic content of the core curriculum, the focused area group projects provide the opportunity for the hands-on observation and application of core concepts. Each group is led by one or two faculty members and is comprised of four or five students from both anthropology and occupational therapy backgrounds. The small group size allows for close mentorship and hands-on learning of research methods and occupational therapy practice techniques while focusing in-depth on a particular topic relevant to health as a human right. Projects have included: ethnographic investigation of the surgical referral process, described in the case study below; exploration of the connections between education, occupation, and well-being; the impacts of pediatric nutrition on early child development; and elder care in Guatemala. The student groups regularly report their progress to the full field school, encouraging students to take ownership of the projects, and the field school concludes with a forum of presentations of the focused area projects.

The Guatemalan Context

Guatemala has aptly been deemed a "pigmentocracy," where skin color is largely an accurate predictor of health, wealth, and power (Reeves 2006). Guatemalans operate on an ethnic binary system: *ladino* or indigenous. The key markers for ethnicity in Guatemala between the hegemonic *ladino* minority, who often creatively trace European ancestry, and the subaltern Maya majority are dress and lifestyle (Hale 1998). Conflict over economic policies favoring wealthy landowners and state marginalization of the indigenous population came to a head in a prolonged and brutal civil war beginning in the 1950s (Schlesinger and Kinzer 1984). In 1981, an army counteroffensive began in earnest, which involved massacres and the destruction of more than 400 indigenous villages by 1983. Intense violence continued throughout the 1980s and early 1990s, with several governmental strikes to bring guerilla movements under control, one further military coup, and two additional attempted coups (Taylor 1998). Peace Accords were formally signed in 1996, ending 36 years of civil war. It is only since that time that the full impact of the violence and genocide targeted at indigenous populations has been fully realized.

Since the 1996 Peace Accords, Guatemala has settled into what has been described as an uneasy peace. While the national army and guerilla troops have officially ceased conflict, murder rates and other violent crimes have continued to increase from the late 1990s into the 2000s. Guatemala has one of the highest murder rates in the world, along with one of the highest rates of judicial impunity; only two percent of homicides are prosecuted (UNICEF 2009). With the disbandment of guerilla armies and the reduction of the national army that followed the Peace Accords, corruption, narcotrafficking, and gang activity has increased. As the post-war Guatemalan economy struggles to stabilize, income inequality along ethnic lines remains a critical issue. Guatemala's per capita gross domestic income is approximately US\$2,400; yet, this average figure is inflated by the fact that the richest 20% of households received 60% of the nation's gross total income (UNICEF 2009).

There are significant disparities in estimations of the current rates of use of the formal government health system by the indigenous population in Guatemala. Rates of use of the government health service have been estimated at 35%; however, the study also found that referrals to health promoters from local healers were a common occurrence (Eder and García Pú 2003). Another study utilizing data from the 1995 Guatemalan Survey of Family Health (EGSF) reports that 68% of children under five saw no health care provider (including local healers) for common childhood illnesses (Goldman et al. 2002). The Guatemalan Government Health system has historically been characterized as fragmented and segmented (PAHO 2007). Corruption has also often been a factor influencing activity, with money spent on health services that fail to be inclusive of the health needs of the entire Guatemalan population. For example, despite international initiatives to improve indigenous and rural populations' access to public health services, improvements have been equivocal due in part to corruption in a

government system that has been historically set up for disempowerment and exclusion of rural and indigenous communities (Green et al. 2009). This has led to the proliferation of NGOs, currently more than 10,000 (PAHO 2007), a significant number of which are dedicated to providing affordable health services.

Case Study: The Surgical Referral Project

The field school developed a project, led by the authors, in collaboration with our local NGO partners to investigate opportunities for streamlining the surgical referral process. The research aims of our project were to understand the surgical referral processes used by a cross-section of NGOs operating in the Antigua area, elucidate the barriers for patients as they navigate the referral process, and explore the possibility of creating a shared referral system. The project was designed with two primary objectives: 1) to provide solid research in a format usable by Guatemalan NGOs and other stakeholders to improve surgical care delivery; 2) to create a learning opportunity for field school students in which they could apply research techniques and advocacy concepts taught during the program.

We were approached by two collaborating health-focused Guatemalan NGOs in the lead up to the 2011 NAPA-OT Field School session with a request for assistance in conducting research on the surgical referral process – a unique issue within the Guatemalan health care landscape. While the government health system provides adequate surgical services for emergency and select acute, particularly cardiac, conditions, chronic conditions requiring surgical treatment are vastly underserved. For the majority of the Guatemalan population, private treatment is financially inaccessible, leaving a significant gap in care. This gap is partially filled by volunteer surgical teams who visit Guatemala, primarily from the United States, for brief one to two week periods during which they conduct large numbers of back-to-back surgeries. These intensive surgical clinics, known locally as *jornadas*, provide low-income Guatemalans with vital health services; however, appropriate delivery of those services is complex.

One of the key issues is the muddled pathway that patients must follow from the initial diagnosis of a condition requiring surgical repair through identification of a *jornada* with appropriate clinical expertise to the actual receipt of surgical and recovery care. There is a multitude of NGOs that organize and host visiting surgical teams, and they all have their own processes for service delivery. Patients may be identified and referred for surgery by government health workers, they may self-identify through exposure to print, radio, and word-of-mouth advertisement, or they may be selected by scouting teams employed by NGOs hosting *jornadas* to recruit patients. Once need for surgery has initially been recognized, different organizations have varying requirements for further diagnostic testing and vetting of patients prior to surgery. Patients must then be scheduled for surgery with a visiting team; finally, travel arrangements, post-operative housing, and other logistics must be taken care of in order for the patient to receive surgery. For NGOs, the task of matching surgical needs with resources is Herculean, frequently relying on informal networks to troubleshoot the referral process and deliver services. For patients, the surgical referral process can be confusing, cumbersome, and marked by cultural, financial, and logistical barriers that ultimately result in failure to receive surgery.

In advance of students' arrival in Guatemala, we developed a network of contacts amongst local NGOs and health care organizations in the Antigua area involved in some aspect of surgical referrals, ranging from those who occasionally needed to assist a client in seeking surgery to those whose primary activities center around organizing *jornadas*. We spread the word through the network of relevant stakeholders that the project would be taking place and solicited participation and input, and we conducted in-depth interviews with content-area experts. Drawing on our own expertise in the Guatemalan health system (Hall-Clifford) and transnational NGO theory (Frank), we developed a set of readings and lectures to introduce relevant essential concepts to students. In order to carve out an achievable, focused project during the brief four week period of student field work, we selected our sample of informants from directors and leaders of Antigua area NGOs and pre-scheduled interviews with them. We also drafted an in-depth interview instrument in advance of the field school based on our own knowledge of the subject.

When our project team of four students arrived in Antigua for the field school session, we presented the problem of the current complexity of the surgical referral process. From the beginning, we encouraged students to consider the project not just as students but as professionals who had been "hired" as consultants to provide critical and timely research on an important problem. In other words, this was not just another class project, but work that would address real needs of local organizations. The group was comprised of two advanced

undergraduate anthropology students, one graduate anthropology student, and one occupational therapy professional. We observed that as the students were challenged to begin addressing the research topic and commencing the study, they rapidly began to work as a team by utilizing the skills and perspectives of their own disciplinary backgrounds.

The students were initially challenged to develop specific research objectives for their project that could be met during the amount of time they had and through access to the available sources of data. We provided training in the development of in-depth interview instrument and had the team work on drafting their own. To expedite the process, we then gave students our pre-drafted instrument, which they refined based on their brainstorming. Data collection was undertaken by the team by working in pairs, each taking it in turn to be either the interviewer or note-taker. Interviews were also digitally recorded, and students worked together to create transcripts. They were also trained in methods of observation and the writing of ethnographic field notes, and each team member made a weekly contribution to a shared dataset of field notes relevant to the surgical referral topic. Once the sample of 10 in-depth interviews was complete and entered into a database, students were trained in qualitative data analysis. They worked together to agree on key themes and create a codebook; they then shared the task of coding. At each step of the research process, the student team received close mentorship and worked alongside faculty to complete the work.

Throughout the four weeks of the project, the students participated in discussions of key readings on transnational organizations, health and development aid structures, and the impacts of short-term volunteerism in developing countries. In this way, students were able to engage in a process of integrating their research findings and observations with theoretical concepts, whilst building a literature review for their work. When data analysis was complete, we provided students with an outline for a research report, and they divided the task of writing up their findings, again drawing on their individual and disciplinary strengths. The resulting white paper was complete, apart from editing, at the end of the field school session. The project team also wrote and delivered a presentation of their research as part of a forum of student work at the culmination of the field school. This final element completed students' experience of the research process from study design to dissemination of results, providing a friendly environment to practice presentation skills for future professional meetings.

The surgical referral project exemplifies the goals of the NAPA-OT Field School as students and faculty worked with collaborating NGO partners to fulfill a locally-identified need for research. The key findings from the study included: 1) current surgical referral processes require up to 50 staff-hours to complete; 2) language barriers, racism, ancillary costs, and patriarchal family structures pose critical difficulties for patients needing surgeries; 3) NGOs varied in their willingness to work with the government health system; and most importantly, 4) All participating NGOs indicated a desire to collaborate in a shared referral system. The white paper detailing these results has been published through the NAPA-OT Field School website (Garrett et al. 2011) and was presented at a conference of Guatemalan NGOs and development agencies. The workshop session elicited feedback on the research findings and gauged levels of interest for further organizational collaboration on a shared referral system. The response was positive, indicating there is a desire for more concrete leadership in how to approach integrating surgical referral services into a more cohesive system. On this basis, the NAPA-OT Field School will continue working on building institutional and infrastructural linkages for surgical referrals during the 2013 session. The surgical referral project has enabled the field school to advance its goal of engaged advocacy of health as a human right through its focus on surgical service coverage and delivery. Community and local colleagues gained needed information and network building, and students acquired awareness of pressing health care issues, theoretical perspectives, and research skills.

Conclusion

The NAPA-OT Field School in Antigua, Guatemala goes beyond student development tourism to create a transdisciplinary environment in which students and faculty can engage with local collaborators on issues surrounding health as a human right. The field school supports Guatemalan colleagues through shared research, teaching, and access to international scholarship. In turn, it supports the professional development of students through engaged research and community-based projects. Our aim is for all field school projects to be identified by and directly benefit local NGOs and human rights advocates, as with the surgical referral project discussed above. We undertake a continual process of integrating the support of local colleagues and communities and the needs of students, and we believe that drawing upon the transdisciplinary strengths of anthropology,

occupational therapy, and public health allows for new possibilities in both teaching and realizing human rights advocacy.

Acknowledgments

We extend our appreciation to officers of the National Association for the Practice of Anthropology (NAPA), a section of the American Anthropological Association, and to the directors of Common Hope (www.commonhope.org) for their assistance in launching the NAPA-OT Field School. We wish to recognize, in particular, past and present NAPA presidents Dennis Weidman, Mary Odell Butler, and Tim Wallace; Common Hope's executive director Shari Blindt and country director Tamalyn Gutierrez. Finally, we acknowledge with utmost appreciation the efforts of founding faculty members Keri Bronson, MA, OTR/L, Nancie Furgang, MA, OTR/L, Devva Kasnitz, PhD, and Margaret Perkinson, PhD.

References

- Black, M. (2011), 'From Kites to Kitchens: Collaborative Community Based Occupational Therapy with Survivors of Torture' in F. Kronenberg, N. Pollard, and D. Sakellariou, (eds) *Occupational Therapies without Borders - Volume 2: Towards an Ecology of Occupation-Based Practices*, Edinburgh, UK: Elsevier/Churchill Livingston, pp. 217-226,
- Blouin, D. and Perry, M. (2009), 'Whom Does Service Learning Really Serve? Community-Based Organizations' Perspectives on Service,' *Teaching Sociology* 37(2): 120-135.
- Borofsky, R. (2000), 'Public Anthropology. Where To? What Next?,' *Anthropology News* (41)5:9-10.
- Borofsky, R. (2011), 'Why a Public Anthropology?' *E-book*, Center for a Public Anthropology, Retrieved 10/10/2012 from www.publicanthropology.org/
- Conway, J.M., Amel, E.L. and Gerwien, D.P. (2009), 'Teaching and Learning in the Social Context: A Meta-Analysis of Service Learning's Effects on Academic, Personal, Social, and Citizenship Outcomes,' *Teaching of Psychology* 36: 233-245.
- Cutchin, M. P. and Dickie, V., eds. (2012), *Rethinking Occupation: Transactional Perspectives on Doing*, London: Springer.
- Denzin, N. K. and Lincoln, Y. S. (eds) (2005), *The Sage Handbook of Qualitative Research* (3rd ed.), Thousand Oaks, CA: Sage.
- Eder, K. and García Pú, M.M. (2003), *Modelo de la Medicina Indígena Maya en Guatemala: Investigación Participativa en Sipacapa, San Marcos; San Martín Jilotepeque, Chimaltenango y San Juan Ixcuy, Huehuetenango*, Chimaltenango: Asociación de Servicios Comunitarios de Salud.
- Farmer, P. (2005), *Pathologies of Power: Health, Human Rights, and the New War on the Poor*. Berkeley: University of California Press.
- Fassin, D. (2007), 'Humanitarianism as a Politics of Life,' *Public Culture* 19 (3): 499-520.
- Field, L. W. and Fox, R. G. (eds) (2007), *Anthropology Put to Work, Wenner-Gren International Symposium Series*, Oxford: Berg, pp. 65-83.
- Frank, G. (2007), 'Collaborating to Meet the Goals of a Native Sovereign Nation: The Tule River Tribal History Project,' in L. W. Field and R. G. Fox, (eds), *Anthropology Put to Work, Wenner-Gren International Symposium Series*, Oxford: Berg, pp. 65-83.
- Frank, G. (2012) 21st Century Pragmatism and Social Justice: Problematic Situations and Occupational Reconstruction in Post-Civil War Guatemala. In Malcolm P. Cutchin and Virginia A. Dickie (eds) *Rethinking Occupation: Transactional Perspectives on Doing*. In, Springer.
- Garrett, S., Roche, S., Rylands, L., and Sandoval, M. (2011), *An Investigation of the Surgical Referral Process Utilized by Non-governmental Organizations in Guatemala*, Project supervised by Hall-Clifford, R. NAPA-OT Field School in Antigua, Guatemala.
- Goldman, N., Pebley, A.R., and Gragnolati, M. (2002), 'Choices about Treatment for ARI and Diarrhea in Rural Guatemala,' *Social Science and Medicine*, 55: 1693-1712.
- Goodale, Mark. (2007), 'Locating Rights, Envisioning Law Between the Global and the Local,' in M. Goodale and S. Engle Merry (eds), *The Practice of Human Rights: Tracking Law Between the Global and the Local*, Cambridge: Cambridge University Press, pp. 1-38.

- Green, T., Green, H., Scandlyn, J. and Kestler, A. (2009), 'Perceptions of Short-Term Medical Volunteer Work: a Qualitative Study in Guatemala,' *Globalization and Health*, 5(4): 1-13.
- Hale, C.R. (2006), *Más Que Un Indio: Racial Ambivalence and Neoliberal Multiculturalism in Guatemala*, Santa Fe: School of American Research.
- Hale, C. R. (2008), 'Introduction,' in C. R. Hale. (ed.) *Engaging Contradictions: Theory, Politics, and Methods of Activist Scholarship*, Berkeley: University of California Press, pp. 1-28.
- Heggenhougen, K. (1991), 'The Inseparability of Reason and Emotion,' in P. Devita (ed.) *The Naked Anthropologist*. New York: Wadsworth. pp. 264-272.
- Heggenhougen, H. K. (2009), 'Planting "Seeds of Health" in the Fields of Structural Violence: The Life and Death of Francisco Curruchiche,' in B. Rylko-Bauer, L. Whiteford, and P. Farmer, (eds) *Global Health in Times of Violence* Santa Fe, NM: School for Advanced Research, pp. 181-200.
- Hinojosa, J. and Kramer, P. (1997), 'Statement--Fundamental Concepts of Occupational Therapy: Occupation, Purposeful Activity, and Function,' *American Journal of Occupational Therapy* 51(10):864-6.
- Hudgins, K. (2010), 'Student Development Tourism: A growing trend to what end?' *Anthropology News* Feb.: 29.
- Kinoy, P., Yates, P. and de Onis, P. (Directors) (2011), *Granito: How to Nail a Dictator*. Skylight Pictures, (102 min.)
- Klein, J. T. (1990), *Interdisciplinarity: History, Theory, and Practice*, Detroit: Wayne State University.
- Kronenberg, F., Pollard, N., and Sakellariou, D. (eds.). (2010). *Occupational therapies without borders: Towards an ecology of occupation-based practices*. Edinburgh: Churchill Livingstone/Elsevier.
- Kronenberg, F., Simó Algado, S., and Pollard, N. (eds) (2005), *Occupational Therapy without Borders: Learning from the Spirit of Survivors*, Edinburgh: Churchill Livingstone/Elsevier.
- Lamphere, L. (2004), The Convergence of Applied, Practicing and Public Anthropology in the 21st Century, *Human Organization* 63(4): 431-443.
- Mattingly, C. (2010). *The Paradox of Hope: Journeys through a Clinical Borderland*, Berkeley and Los Angeles: University of California Press.
- Mills, D. and Huber, M.T. (2005), 'Anthropology and the Educational "Trading Zone:" Disciplinarity, Pedagogy and Professionalism,' *Arts and Humanities in Higher Education* 4(1): 9-32.
- Pan American Health Organization (PAHO) (2007), Health System Profile – Guatemala. Retrieved 8 April 2012 http://new.paho.org/hq/dmdocuments/2010/Health_System_Profile-Guatemala_2007.pdf
- Pollard, N. and Sakellariou, P. (eds) (2012). *Politics of Occupation-Centered Practice: Reflections on Occupational Engagement across Cultures*, Oxford: Wiley.
- Papadimitriou, C., Magasi, S. and Frank, G. (eds) (2012), 'Current Thinking in Qualitative Research: Evidence Based Practice, Moral Philosophies and Political Struggle,' *Occupational Therapy Journal of Research, special issue: Occupation, Participation and Health*, 32(1):S1-S5.
- Pollard, N., Sakellariou, D., and Kronenberg, F. (eds) (2008), *A Political Practice of Occupational Therapy*. Edinburgh: Churchill Livingstone/Elsevier.
- Reeves, R. (2006), *Ladinos with Ladinos, Indians with Indians: Land, Labor, and Regional Ethnic Conflict in the Making of Guatemala*, Stanford: Stanford UP.
- Rylko-Bauer, B., Singer, M., and Van Willigen, J. (2006), 'Reclaiming Applied Anthropology: Its Past, Present, and Future,' *American Anthropologist*, 108(1): 178-190.
- Scheper-Hughes, N. and Lock, M. (1987), 'The Mindful Body: A Prolegomenon to Future Work in Medical Anthropology,' *Medical Anthropology Quarterly*, 1(1): 6-41.
- Schlesinger, S., and Kinzer, S. (1984), *Bitter Fruit: The Story of the American Coup in Guatemala*, Cambridge, MA: Harvard UP.
- Singer, M. (2009), *Introduction to Syndemics: A Systems Approach to Public and Community Health*. San Francisco, CA: Jossey-Bass, 2009.
- Strathern, M. (2007), 'Interdisciplinarity: Some Models from the Human Sciences,' *Interdisciplinary Science Reviews*, 32(2): 123-134.
- Taff, S. and Hoyt, C. (2012), Going Global in Guatemala: Supporting Emerging Occupational Therapy Practice in Developing Nations, *Occupational Therapy Practice* 17 (21): 14-19.
- Taylor, C. (1997), *Return of Guatemala's Refugees: Reweaving the Torn*, Philadelphia: Temple UP.
- UNICEF (2009), Guatemala at a Glance: Guatemala Statistics. Retrieved 1/7/2012 from http://www.unicef.org/infobycountry/guatemala_statistics.html
- Watson, R., and Swartz, L. (eds) (2004), *Transformation through Occupation*, London: Whurr.
- Whiting, G. E., and Hocking, C. (eds) (2012), *Occupational Science: Society, Inclusion, Participation*, Chichester, UK: Wiley-Blackwell.

- World Federation of Occupational Therapists (2006), Position Statement on Human Rights, Retrieved 10/10/2012 from:
www.wfot.org/office_files/Human%20Rights%20Position%20Statement%20Final%20NLH%281%29.pdf
- Woolf, M. (2007), 'Impossible Things Before Breakfast: Myths in Education Abroad,' *Journal of Studies in International Education* 11(3/4): 496-509.