

## **Teaching from the Crossroads:**

### **On Religious Healing in African Diaspora Contexts in the Americas**

Linda L. Barnes

#### **Introduction**

I write this chapter as an interstitial creature, one who lives at the junctures of a liminal life and who writes from the crossroads of disciplines and institutions. The following work is one expression of such intersections, drawn from my training as a religious studies scholar on the one hand, and as a medical anthropologist on the other. I am a member of the faculty of Boston University School of Medicine (BUSM), at the same time as I also supervise field site placements from Harvard Divinity School (HDS) and serve on the board of the American Academy of Religion (AAR). My students are as likely to come from religious studies and anthropology as they are to be caught up in preparing to be physicians.

My teaching, scholarship, and writing invariably visit and revisit permutations on a consistent set of interwoven themes: culture, race, religious traditions, and healing practices—or, as I often put it, the culturally and religiously grounded approaches to healing of different groups, and their meaning in given contexts. I find it difficult to separate out the “religious” and the “healing” dimensions of different traditions, seeing both, instead, as two aspects of a single phenomenon. I suggest that religious traditions and healing traditions represent a crossroad in their own right, where issues of suffering, affliction, resilience, and resistance converge.

Both religious and healing traditions provide explanations for suffering, not only in its macrocosmic dimensions, but also in its more immediate expression in the form of personal or group affliction. Both suggest different concepts of the person and of the parts that comprise a person—an indispensable issue if one is to understand which part has sickened and what must be done to heal it. One must, that is, be able to discern the unit in need of healing, whether it be a part of what Albert Raboteau calls “the body personal” or the “body social.”

The healing in question may or may not forestall death. It may require different kinds of specialists, whose particular gifts or expertise derive from culturally recognized and sanctioned forms of authority. The meanings of healing may be multiple, ranging from the cure of a physical ill to the redressing of an emotional rupture between persons. It may extend beyond the bounds of the physical life, thereby becoming Healing. It is no surprise, within this framework, that we find Jesus the Physician or the Medicine Buddha.

There are relatively few courses in religious studies designed to train students in the study of medicine and healing traditions as an intellectual undertaking. Those that do often focus on New Age or popular sources by authors like Herbert Benson or Larry Dossey, or on an extremely narrow sample of religious healing like Christian Science. Such courses rarely include theoretical and methodological training; nor do they look at the issue of healing as a theme running through the history of different religious traditions.

In contrast, medical anthropologists focus on the cross-cultural study of medicine and healing traditions, and have done extensive work developing related theoretical tools. They are prone, however, to being tone-deaf when it comes to interpreting such traditions religiously. Also, relatively little work has been done on local settings in the United States. Medical school courses on “spirituality and medicine” focus either on studies trying to prove that religious practice, or “religiosity” (often represented in primarily Christian terms) contribute to better health outcomes, or on teaching medical students to take “spiritual histories,” using models assumed to be generic and universal, but that often contain unexamined cultural, religious and class biases.

In this article, I propose two ways in which one can engage in the study of religion and healing. The first grows out of a program I co-teach, which involves the urban ethnographic study of culturally/religiously-based approaches to healing in the African Diaspora communities of Boston, Massachusetts. The second is related to ways in which the findings of the first kind of course can be incorporated into different levels of medical education, thereby introducing a highly focused aspect of religious studies into the training of biomedical clinicians.

### **The Boston Healing Landscape Project**

During the 1990s, Diana Eck undertook the mapping of the religious landscape of Boston, in order to demonstrate that the city had developed a historically unprecedented degree of religious pluralism and complexity. This work began as an undergraduate seminar at Harvard University, engaging the students in locating and studying different religious communities in the city. From there, Eck went on to direct similar mapping projects in cities around the United States, under the rubric of the Pluralism Project.

The course I team-teach with Ken Fox and Eugene Adams, the other faculty of the Boston Healing Landscape Project, grew out of the hypothesis that, just as the religious landscape of the country grown more complex, so has the landscape of culturally and religiously grounded approaches to healing. The question was, how to document it? We decided to establish a seminar through BUSM that would be open to graduate students in

departments of religious studies, African American studies, ethnic studies, anthropology, sociology, and public health, from around Boston. Clearly, working across institutional boundaries would not be a goal for many faculty. However, it would be just as possible to work across departments within a single university setting.

We applied for, and received, funding from the Ford Foundation to support the salaries of the faculty, our office manager, and the costs related to the course. Because we teach the course through a medical school, the securing of such funding is necessary. Faculty who do not bring in clinical income as physicians must generate their own support through grants, and physician faculty must fund their own teaching time. In another kind of institution, the resources to teach such a course would be configured differently.

### *Recruiting Students*

To recruit students, we requested that departments in which we had connections disseminate an announcement of the course through email. We also flyered student mailboxes. To apply and participate, students could come from any graduate program in Boston, but had to be able to make arrangements for independent study credit through their home institution. We also decided to give preference to students who had taken at least one course in some aspect of African Diaspora cultures and/or religious traditions, so that we could build on that background. Were the course to be offered within a single school, it would be appropriate for upper-level undergraduates or for graduate students with previous coursework of some kind in these traditions.

We deliberately sought out students from different disciplinary backgrounds in order to promote interdisciplinary collaboration. The limitation to this approach lay in differences in methodological preparation and orientation. However, given that our core orientation involved urban ethnography and qualitative research methods, we figured that we would provide related training—a framework, that is, within which other disciplinary differences could enrich the discussions.

### *The Structure of the Year*

The course represents a substantial time commitment on the part of both faculty and students. As we teach it, it runs for a full calendar year, which we divide into three segments—a spring semester during which the students formulate a proposal that can be submitted to the Institutional Review Board (IRB)—the ethics committee at BUSM; a summer internship during which they conduct intensive fieldwork; and a fall semester during which they

analyze their data, develop a conference-quality presentation, and write an article that can be submitted for publication to a medical journal or to a journal of medical anthropology. Because our goal is to influence physician training and practice, we focus on journals that are likely to show up on Medline searches. There is no reason, however, that the work could not be directed to journals in other fields.

Alternate time frames might involve one full academic year consisting of two semesters, or three quarters, divided into the three components of project design, fieldwork, and analysis and presentation. In addition to gathering research material about traditions and practices, we also understand one of our central goals to be the mentoring of upper-level students through a full cycle of professional work. We hope thereby to produce a cadre of cutting-edge scholars who can enter other settings and continue to promote this kind of work.

#### The Spring Semester (See Appendix A for syllabus)

Because our students come from different institutions, we decided to hold the research seminar on one evening a week, to bypass the constraints of institutional differences in calendar and schedule. We arbitrarily picked the course schedule of one local university, given that no two institutions have identical academic calendars. So far, this approach has worked. We also select a meeting location that will be most central to the students for a particular year.

The students have two substantial projects to accomplish by the end of the spring semester. The first entails the visual mapping of the African Diaspora communities of Boston; the second involves developing a project proposal and formulating it according to the requirements of the IRB. The mapping draws its inspiration not only from the Pluralism Project, but also from the Newark Project, directed by Karen McCarthy Brown, in which students are assigned to different wards in the city of Newark, and are directed to go street by street, photographing everything visibly connected with religion. Building on this idea, we provide our students with point-and-shoot 36 mm cameras, slide film, and an electronic log-sheet (see Appendix D for the logsheet and related instructions). We purchase Ektachrome film because we can have it developed locally within the same day. Also, we can have the photographer's name, the year, the roll number, and the slide number all printed on the slide, making cataloguing easier. The course pays for the developing costs, with the understanding that the slides then belong to the project.

We assign each student a specific area within selected sections of Boston, and require them to turn in a minimum of one roll of film a week shot in their area. They are expected to use the log form to note the address or

location where the slide was taken, the content, and any field observations they want to make. Within a week, they must transfer these notes to the electronic version of the log form, and send them in to us. The logs then correspond to the sets of slides. When the slides are developed, we have the photographer's last name, the year, the roll number (in that student's work), and the shot number printed on the slide. We store the slides in plastic sheets with twenty pockets a page, interleaving the log sheets with the slide sheets. Doing so facilitates being able to scan the collection for images, and to tell at a glance what is contained in a given set of slides. It also lays the foundation for building a data base of our images—a necessary step as the collection grows.

Every few weeks, we devote half of the seminar session to viewing and analyzing samples of the students' visual work. Early on in our work, we met a local documentary photographer, and brought him into the project as our photographic consultant and as one of the faculty. He goes out with the students to coach them in street photography, and directs the assessment sessions. The point of building a visual collection is two-fold. First, it provides us with visual resources for teaching, presentations, and future projects. Second, it encourages our students to develop visual sophistication, to parallel the text-based sophistication more common in academic training. In a different teaching context, if a school had a photography program of any kind, one of the faculty might be involved as a member of a teaching team.

The second component of the spring is the designing of the research proposal to be submitted to the IRB. This proposal is required whenever a study is done under the auspices of a medical school, and involves human subjects. Its primary purpose is to ensure a review of the ethics of the study. A key piece of what one must submit is the informed consent form one plans to use, to explain to interviewees the purpose of the study and their role in it. The IRB review process reflects the disastrous history of medical research in relation to African Americans in the United States. In projects involving children under the age of eighteen, an informed *assent* form is required for the child, and an informed *consent* form for the parent or caretaker.

Every week, we require students to submit completed sections of the IRB form, based on a template used at BUSM, which we review and return to them. To make this process more straightforward, we provide each student with a course notebook containing copies of IRB proposals from previous years that were approved and that can serve as working models. Thinking through the various aspects of an IRB form proves useful in this process, because students are pushed to consider the specifics and details of how they will carry out their research. On the

other hand, reviewing IRB components every week adds additional work to the faculty load. It would not be easy, for example, to do this course with a group beyond the size of a small seminar.

The review process to which these proposals are subjected usually takes anywhere from four to six weeks. In a medical school setting one cannot begin fieldwork without signed approval from the IRB of all the parts of one's proposal. We therefore require the students to have completed their proposals by mid-April, in order to ensure that we will have secured permission to proceed by the beginning of June. These demands have meant that we have had to develop expertise in writing IRB proposals grounded in anthropological methods, in a setting where virtually none of the medical school reviewers are trained in such methods. The process has presented interesting challenges.

If one were to teach such a course in a different setting, it is unlikely that an IRB review would be required, but many institutions have offices that oversee research involving human subjects. We feel that, required or not, the IRB proposal serves to teach students about the ethics of ethnographic work, and are appalled when we see texts on fieldwork methods discussing degrees of informed consent—including only the barest minimum—as options.

Because we are rather unusual, in being based in a department of pediatrics, we require that student projects have something to do with 1) children's health (even if in the form of practices chosen by parents), 2) religion, and 3) an African Diaspora group or practice as found in Boston. There is nothing intrinsic to the course design, however, that requires the inclusion of child health or, for that matter, an exclusive focus on African Diaspora cultures and traditions.

Early in the semester, students must conduct literature searches to determine what has (or has not) been written in relation to the project they hope to do. We review these searches, and make additional recommendations. We also assign the students two mentors and require them to locate a third one. The first is a scholar in the field or tradition that they will be studying. This scholar may or may not be local, so in some cases, the consultation happens by email or telephone. The second is a physician who works closely with patients from the group being researched. The third must be a mentor from the community being studied. Generally, the students locate the third mentor at some point during the spring, or early in the summer. The students are expected to check in with each of their mentors at least once a month, to invite advice and comments in the design of their work. We find that we often have to give many reminders to ensure that they do so.

The reason for having a physician and a scholar as mentors is to begin to introduce our students to future senior colleagues who may help them develop their careers, and to increase the likelihood that the projects will not

duplicate existing research. The community mentors are there to make sure that issues are represented as viewed from members of the community, and to train the students to think about being accountable to the communities they study. In all ways possible, we ask students to engage community members in formulating the research problem, designing interview questions, and introducing issues related to indigenous epistemologies.

Our grant funding provides for a small stipend for the mentors, but one could also turn to the kindness of one's colleagues around the country. What makes this mentorship different from general advising is that the eventual goal is to produce a publishable piece of work. According to the standards of medical publication, anyone who has participated in a study throughout—whether he or she actually conducts the fieldwork—is to be included as one of the authors. In the articles that emerge, students have first authorship while mentors, when appropriate, are listed as second or third authors. Presumably, scholars around the country may feel greater interest in mentoring a project that may lead to another publication, albeit as a second or third author.

To cultivate student sophistication regarding the interplay between theory and research design, we assign weekly readings that address such issues. We discuss these readings both in relation to general comprehension, and to one might apply these different theories and methods to the one's own research design. We also discuss practical issues of how the implementation might actually be done. During the final session, we review the plan for the summer, and gather the students' ideas regarding what they feel would be helpful resources during the summer.

#### The Summer Internship: Fieldwork (See Appendix B for syllabus)

The spring session ends at the beginning of May, giving the students a month-long recess. The summer session starts at the beginning of June, and continues through the end of August. Because we team-teach the course, we can spell each other if one faculty member is taking vacation time off. We have found that twelve weeks is barely enough to conduct the level of fieldwork these projects require. Our grant provides the students with a \$3,000 stipend to enable them to spend less time on a summer job. However, they can also carry out the summer component of the program as an internship or summer course, in which case they pay no additional tuition and receive course credit. We work out such arrangements on a case-by-case basis. Other institutions might want to look into whether or not the school has summer research money for which students can apply, or whether they can take it as a summer course, receiving credit for doing so.

As in the spring, the research team meets once a week. During that meeting, students check in on what has been happening in their fieldwork, and discuss what they have read for the week. The conversation ranges from challenging logistical issues to personal ones that arise while doing one's fieldwork. We assign weekly readings, shifting to a focus on practical fieldwork skills for the first part of the summer, and to examples of ethnographic writing during the second. We keep the reading load at approximately twenty pages a week, with the expectation that students will also be reading from their own literature searches and that they will be immersed in their fieldwork.

The readings for June focus on basic fieldwork methods and techniques—interviewing, taking fieldnotes, self-awareness as an ethnographer. The second month presents issues related to publishing qualitative research in medical contexts. Although this is not ordinarily a forum in which religion scholars publish, it is our contention that the kind of student work we promote integrates religious studies with issues that are of growing importance to the medical community. One of our goals is to mentor students so that they are trained to publish across disciplines.

One of the most important lessons we have learned is the need for explicit fieldwork requirements. We now require a minimum of two interviews a week, and that these interviews be transcribed and turned in within two weeks of their recording. One way or another, we require a total of twenty transcribed interviews by the end of the summer. As faculty, we find that we have to keep up with reading the transcripts, so that we are better prepared to discuss what students are finding. This approach makes it easier, too, to mentor students in the analysis of their interviews and to make sure they don't distort their findings due to personal bias or inexperience.

Students are prone to thinking that ethnographic fieldnotes function along the lines of a personal journal which—in their minds—makes such notes more or less optional. As a result, they tend to think they don't have to do them, or that they don't need to do them in the way that we ask. We now require students to submit samples of their fieldnotes every week, so that we can get a better sense of what they are writing, and interject guidance where necessary.

About mid-summer, we begin to identify the professional journals to which the students will eventually submit their articles. In the course notebook that we distribute at the beginning of the summer, we include copies of downloaded instructions for authors of selected journals in medicine, medical anthropology, and religion. We try to discuss some of the specific ways in which the nature of the journal they have chosen will influence the structure of all they work they produce in the fall. To give them examples of such articles, during the final month of the summer

program, the readings are chosen from these journals and from ethnographies that illustrate effective the integration of theory, method, and analysis. Students begin to examine styles and structures, and to think their way toward their own writing.

#### The Fall Semester: Analysis, Presentation, and Write-Up (See Appendix C for syllabus)

A three-week recess precedes the beginning of the fall semester. During the first half of this fall component of the program, the students work on their public presentations; the second half they spend writing their article. We require them to give two presentations, the one to the community they have studied, the other to an academic audience. Our role entails mentoring them in how to translate their data into effective, conference-quality papers written for two different kinds of audience. We require the community talk in order to guarantee that the community has the opportunity to hear what is being written about them, and to critique or challenge it. It is one step toward accountability. For example, our students have spoken to such groups as a local organization that uses Hiphop music to educate young women of color about sexual behavior; an organization serving gay, lesbian, bisexual, and transgender youth of color; members of the house of a local *Santero*; and women at a local Haitian center.

The academic audience could well take the form of an afternoon symposium for the school where the course is taking place. In our case, we bring together the members of the project's executive committee, which consists of scholars, physicians, and persons who direct programs related to religion and healing. Each week, through mid-November, the students must turn in specific pieces of their presentation, reading them to the team and discussing revisions.

Following their presentations, the students spend the balance of the semester writing their articles. We expect them to factor in the comments made during their presentations. Given that they have seen samples of articles from these journals, they have been able to structure their presentations accordingly. Again, we have organized the assignments according to sections that must be submitted at specific times. Finally, students must follow through on the process of formatting and preparing the article to be sent out according to the author guidelines of the particular journal.

We have found that the faculty subsequently have to do a fair amount of revising, regardless of how closely we have mentored the students' writing over the fall. We do so with the understanding that we are co-authors of the resulting article. The student is generally the lead author, based on our commitment to mentor a group of junior

scholars doing cutting-edge work in this field. In only one case did a student's mentor actually develop the project idea and many of the questions in the interview. In that one case, we negotiated first authorship for the mentor and second for the student. Thus, there is a certain amount of room for negotiation. In general, however, we have tried to create a model that opposes faculty appropriation of student work.

This dual role of faculty and collaborator is a complicated one, the ethics of which we have wrestled with from the beginning. One way in which it resolves is that many of the students take the courses under the Pass/Fail or Sat/Unsat category. Given the generally low requirements for both, such students invariably pass. When a student is going to receive a grade, we evaluate his or her work according to the quality of the final article submitted, and do not begin the revision process until the fall component of the project has ended. We have had the experience of having to fail one student who did not complete the requirements, and whose final article was not of a quality that could be salvaged for a journal submission. To date, this is the arrangement we have come up with to try to maintain some boundaries between our different roles.

### *The Project Website*

To facilitate the dissemination of our research, we sponsor a website that draws on this work. A local university has a program in which graphic arts and animation students—many of whom have web design skills—are required to do six-month internships. We pay for the services provided by these students, but if a school had a computer-related department, it is conceivable that one could involve an advanced student in developing a site for one's students' work. (The address for our site is: [www.bmc.org/pediatrics/special/bhlp](http://www.bmc.org/pediatrics/special/bhlp).)

The purpose of this site is to provide resources of different kinds related to African Diaspora cultures and religious traditions. The site offers:

- 1) links to current news sources from local, national, and international Diaspora communities, cultures, and countries (e.g., online newspapers)
- 2) online versions of our team's slides, which can be downloaded for teaching purposes
- 3) bibliographies, links to sites on Diaspora cultures, religious traditions, and countries, and other resources

- 4) a curriculum section, which we are in the process of developing, that will suggest how to use the resources on the site for different educational levels (e.g., elementary schools, middle and high schools, community colleges, colleges and universities, and medical education programs)

### **Medical Education**

It is beyond the scope of this chapter to describe the same degree of depth the different ways in which the research that grows out of a course like this can be introduced into medical education. Here I provide a sketch of some of the primary features. The first involves the structure of medical education. Generally speaking, people preparing to become physicians begin by going through four years of medical school. They take two years of classroom courses—often highly structured and not necessarily allowing for any electives. One must often therefore look for sympathetic faculty through whom one can introduce a lecture or two. One can also try to develop an elective course, but it is difficult to do so unless a faculty member from the medical school is willing to co-teach or to sponsor the course.

During their third year, students go through mini-apprenticeships in the different areas of medicine (e.g., surgery, pediatrics, psychiatry), usually for about six weeks. It is at this point that they really begin to interact with patients and to get an immediate sense of life in a clinical setting. A given rotation will also usually provide brief lectures and seminars on a weekly basis. If one can build a relationship with the director of medical education for that rotation, one can sometimes find a way to introduce a lecture in this context as well. Here is where the slides taken by our team have proved extremely useful. We use them to introduce medical students to the communities from which the patients they have been seeing come, and to some of the practices their patients may be using and not discussion in clinical sessions.

Fourth year students spend part of their time in the clinic and also take month-long intensive electives. Here is a good place to propose a course (again, in tandem with someone on a medical faculty). We, for example, have developed a course on culturally-based understandings of complementary and alternative healing practices. We plan to introduce fourth-year students to Diaspora traditions through interactive modules on our website, through lectures, and by taking them into the Diaspora communities surrounding our teaching hospital, so that they can meet practitioners.

Three years of residency follow medical school. Residency functions something like a graduate program, in which the recently graduated doctor must acquire intensive training in clinical work. Residents are chronically overworked, have little time to read anything, and respond best to training that provides them with hands-on knowledge and skills. Teaching cases that represent cross-cultural dilemmas in clinical contexts have proved extremely effective. We recruit residents to tell us stories from their own experience, and then help them develop them with teaching notes. Such teaching narratives provide a context for clinicians to discuss the more affective, interpersonal, and cross-cultural dimensions of medicine.

After residency, doctors who want to go on and develop further specialized skills, including a research component, go on to do a fellowship, usually lasting two years. This part of a physician's training is roughly equivalent to doing a post-doc. The fellowships usually provide an annual stipend on the order of twenty-five to thirty-thousand dollars, so fellows also frequently moonlight. Finally, having completed this training, a physician may go on to engage in clinical work exclusively, or to look for a combination of clinical practice and research at a medical school. In our program, we work with medical faculty in our department by directing pertinent resources their way and by acting as consultants to their interest in doing qualitative work of their own—still a relatively rare phenomenon among doctors, but one that is slowly growing in our department. For all of these levels, we search out ways to adapt the website content and specific resources or research data to respond to the needs of each one.

### **Concluding Thoughts**

One of the goals of this course/program is to promote the intersection of religious studies, medical anthropology, and medical education. This kind of interdisciplinary work is a hitherto little explored variation on the anthropology of religion. It introduces students to interdisciplinary methods, and trains them in the kinds of skills that should prove invaluable if they want to go on to do any kind of fieldwork-related scholarship.

Equally as important, I see a growing need in medical education for scholars who are schooled in working across these particular disciplines. Increasingly, physicians are discussing the need to be prepared to provide what is referred to as “culturally competent care”—care, that is, which takes into accounts the particular needs of a culturally diverse patient population. Insofar as this cultural diversity includes alternative forms of healing—many of them rooted in religious worldviews—religion scholars stand in a unique position to influence medical training.

There is, therefore, a critical applied dimension. Moreover, this role represents an expanded set of job possibilities for religion scholars.

Had I been asked some years ago whether I could have imagined myself teaching on a medical faculty, I would have said no. I fully expected to be a member of a religion department. However, with three years of working in a medical setting behind me, I can only strongly encourage other faculty to consider teaching that lends itself to going beyond the humanities and bridges into different domains of religion and healing. The work, in its own right, is all about just that.

**Appendix A:**  
**FIELDWORK METHODS**  
**AND THE HEALING LANDSCAPE**  
**OF THE AFRICAN DIASPORA IN BOSTON**  
**Spring Semester**

Dr. Linda L. Barnes  
Dr. Kenneth L. Fox  
Mr. Eugene Adams

This seminar is the first third of the 2002 Ford Scholars Program with the Boston Healing Landscape Project. During this period, the first goal is to develop the research proposal that will guide each person's work for the balance of the year. As part of this process, we will work closely with the proposal structure provided by the Institutional Review Board of Boston University School of Medicine. We will address theory and methods issues as these pertain to the design of each proposal.

The second goal is to engage in the visual documentation of healing in selected sectors of the city. Our focus this year will be in parts of Roxbury and Dorchester. Through this experience, you will begin to develop a sense of the healing landscape of the African Diaspora communities of Boston.

**REQUIRED TEXTS**

Norman K. Denzin and Yvonna S. Lincoln, eds., *The Landscape of Qualitative Research: Theories and Issues*, Thousand Oaks: SAGE Publications, 1998.

Norman K. Denzin and Yvonna S. Lincoln, eds. *Strategies of Qualitative Inquiry*, Thousand Oaks: SAGE Publications, 1998.

(Other articles will be on reserve)

**SCHEDULE AND ASSIGNMENTS**

1. Please bring the pertinent readings, as you will be expected to be able to refer to different parts of the text during class.
2. All written assignments should be turned in at the end of class, in both hard copy and sent as an electronic attachment, to all faculty, on the date they are due.

**January 30:** Introduction to the seminar

**February 6:**

**Session Focus:** The second part of today's writing assignment.

**Reading Assignment:**

Read through the IRB proposals from the 2001 program in the course notebook. These samples will serve as working models, as you develop your own proposal.

**Writing Assignment:**

You will be sent an electronic version of the IRB form. We suggest that you keep a blank original, and duplicate it for your working proposal.

For this week, fill out IRB sections:

- a. I. Category of Research
- b. IV. Principal Investigator
- c. IX. Research Support
- d. X. Conflict of Interest
- e. XI. Review by Other Institutions
- f. XV. Investigational Drug Sheet

Bring 9 copies of a separate paragraph that includes the following:

- The group with whom you plan to do your research. Remember that it must have some pediatric component. Such a component could involve working with children, adolescents and/or young adults as the primary focus, or with parents in relation to choices they make about their children's and family

- member's health, or with practitioners regarding particular ways in which their practice is related to children.
- The particular issue you want to address and what about it is particularly important. You may want to do some preliminary literature searches to determine whether this issue has been addressed in any way.
  - Where you anticipate carrying out your fieldwork. This piece should include parts of the city, kinds of agencies, organizations, etc., as much as you can pin these down at this point.

This statement will constitute the first phase of your Detailed Protocol. After the group discussion, it should also be e-mailed/given to your mentors for feedback. If possible, try to arrange a telephone conversation to discuss it, but if it appears that this is going to take an inordinate amount of time to get a booking, it is fine to work through email.

**February 13:** Introduction to Visual Anthropology

**Session Focus:** Introduction to issues in imagery and visual documentary work.

**Reading Assignment:**

Howard Morphy and Marcus Banks, "Introduction: rethinking visual anthropology," in *Rethinking Visual Anthropology*, Marcus Banks and Howard Morphy, eds., New Haven: Yale University Press, 1997, pp. 1-35.

**Writing Assignment: Literature Search**

The fine art of the literature search requires the creative ability to second-guess the authors' and cataloguers' use of keywords. Your task is to try to dig out everything you can that has been written about the group and phenomenon you plan to study. This process will allow you to say, with some measure of certainty, what has or has not been addressed in the literature.

Conduct a literature search related to your research proposal. Check Religion, Psychology, Anthropology and, where possible, medical indices.

NOTE: Your literature review should include:

- Full citations
- If an abstract is available, it is important to include this as well
- It is not a bad idea to note which libraries in the Harvard system hold the journals/books you'll be looking for
- Some ranking of the sources, indicating how you are prioritizing what you plan to look at.  
Given what you see through your literature search, how might you begin to modify the paragraph you wrote last week?

**Photographic Assignment:**

Plan to go out on a photographic outing over the coming week, as you will be expected to turn in a roll of film next week. Maps, cameras, and film will be handed out today in class. You will be sent the electronic log form.

**February 20:**

**Session Focus:**

- Debriefing of your preliminary experience with street photography.
- Checking in on your proposal development
- Discussion of today's reading in light of your project design and doing fieldwork in this community.

**Reading Assignment:**

Peter Medoff and Holly Sklar, "Boom and Bust," in *Streets of Hope: The Fall and Rise of an Urban Neighborhood*, Boston: South End Press, 1994. (a history of the local community)

**Writing Assignment:**

Turn in the following IRB sections:

- III. Project Title
- V. Co-Investigators
- VI. Other Individuals Having Patient Contact
- VII. Specific Location(s) of Study Procedures
- VIII. Information Regarding Contact with Subjects

**Photographic Assignment:**

Turn in a minimum of one roll of film. Remember to take more than one shot of any given object/place, experimenting with different ways to see it. Be sure to take notes for each shot of:

- What the shot *is*
- Address
- Any added notes and comments

These notes are to be entered into the electronic log form, and turned within two weeks.

**February 27:****Session Focus:**

- Check-in on process of proposal development
- Discussion of today's reading. Please come prepared to discuss two or three specific ways in which the reading has some bearing on your project design.

**Reading Assignment:**

Maurice Punch, "Politics and Ethics in Qualitative Research," in *The Landscape of Qualitative Research: Theories and Issues*, Norman K. Denzin and Yvonna S. Lincoln, eds., Thousand Oaks: SAGE Publications, 1998, pp. 156-84.

**Writing Assignment:**

Turn in the following IRB sections:

- XII. Study Participants
- XIII. Study Components

Also develop a first pass at questions you would like to include in your interview.

Turn in a brief summary of the input from your mentors, to date

**Photographic Assignment:**

Spend time working in your assigned area. Turn in a minimum of one roll of film. Remember to take more than one shot of any given object/place, experimenting with different ways to see it.

**March 6:****Session Focus:**

- Check-in on process of proposal development
- Discussion of today's reading. Please come prepared to discuss two or three specific ways in which the reading has some bearing on your project design.

**Reading Assignment:**

Egon G. Guba and Yvonne S. Lincoln, "Competing Paradigms in Qualitative Research," in *The Landscape of Qualitative Research: Theories and Issues*, Norman K. Denzin and Yvonna S. Lincoln, eds., Thousand Oaks: SAGE Publications, 1998, pp. 195-220.

**Writing Assignment:**

Turn in the following IRB section:

- XVI. Informed Consent Form(s)

Turn in all completed photo logs

**Photographic Assignment:**

Spend time working in your assigned area. Turn in a minimum of one roll of film. Remember to take more than one shot of any given object/place, experimenting with different ways to see it.

**March 13:****Session Focus:**

- Check-in on process of proposal development.
- Review and discussion of student visual images.

**Reading Assignment:**

Thomas A. Schwandt, "Constructivist, Interpretivist Approaches to Human Inquiry," in *The Landscape of Qualitative Research: Theories and Issues*, Norman K. Denzin and Yvonna S. Lincoln, eds., Thousand Oaks: SAGE Publications, 1998, pp. 221-59.

**Writing Assignment:**

Submit the following parts of Section XIV (Project Description) for the IRB:

1. a. Summary
2. c. Benefits
3. d. Risks
4. e. Minimization of Hazards
5. f. Benefits vs. Risks
6. g. Confidentiality

Turn in a revised version of your interview questions. Give/send this copy to your mentors, to get their suggestions and input.

Turn in completed photo logs

**Photographic Assignment:**

Spend time working in your assigned area. Turn in a minimum of one roll of film. Remember to take more than one shot of any given object/place, experimenting with different ways to see it.

**March 20:****Session Focus:**

- Check-in on process of proposal development
- Discussion of today's reading. Please come prepared to discuss two or three specific ways in which the reading has some bearing on your project design.

**Reading Assignment:**

Virginia Olesen, "Feminisms and Models of Qualitative Research," in *The Landscape of Qualitative Research: Theories and Issues*, Norman K. Denzin and Yvonna S. Lincoln, eds., Thousand Oaks: SAGE Publications, 1998, pp. 300-32.

**Writing Assignment:**

Turn in Section XIVb (Detailed Protocol). Be sure to read the instructions in the IRB form, and to address all the required issues. It should prove helpful to review the models from last year's studies. This is the core of your proposal.

Turn in completed photo logs

**Photographic Assignment:**

Spend time working in your assigned area. Turn in a minimum of one roll of film. Remember to take more than one shot of any given object/place, experimenting with different ways to see it.

**March 27: Spring Recess****April 3:****Session Focus:**

- Check-in on process of proposal development
- Discussion of today's reading. Please come prepared to discuss two or three specific ways in which the reading has some bearing on your project design.

**Reading Assignment:**

John H. Stanfield II, "Ethnic Modeling in Qualitative Research," in *The Landscape of Qualitative Research: Theories and Issues*, Norman K. Denzin and Yvonna S. Lincoln, eds., Thousand Oaks: SAGE Publications, 1998, pp. 333-58.

**Writing Assignment:**

Revise, proof, and submit all sections of IRB, except for Detailed Protocol. You should be submitting:

- The fully filled out IRB form
- Your informed consent form(s)
- Your questionnaire

The proposal should be in its final form, and should be submitted in both hard copy and electronic file sent by attachment.

Turn in summary of mentor input for the past month

**Photographic Assignment:**

Spend time working in your assigned area. Turn in a minimum of one roll of film. Remember to take more than one shot of any given object/place, experimenting with different ways to see it.

April 10:**Session Focus:**

- Check-in on process of proposal development
- Discussion of today's reading. Please come prepared to discuss two or three specific ways in which the reading has some bearing on your project design.

**Reading Assignment:**

Paul Atkinson and Martyn Hammersley, "Ethnography and Participant Observation," in *Strategies of Qualitative Inquiry*, Norman K. Denzin and Yvonna S. Lincoln, eds., Thousand Oaks: SAGE Publications, 1998, pp. 110-36.

**Writing Assignment:**

Revise and submit Detailed Protocol.

Send copies of your full IRB proposal and protocol to your mentors

**Photographic Assignment:**

Spend time working in your assigned area. Turn in a minimum of one roll of film. Remember to take more than one shot of any given object/place, experimenting with different ways to see it.

April 17:**Session Focus:**

- Discussion of today's reading. Please come prepared to discuss two or three specific ways in which the reading has some bearing on your project design.
- Review and discussion of student visual work

**Reading Assignment:**

James A. Holstein and Jaber F. Gubrium, "Phenomenology, Ethnomethodology, and Interpretive Practice," in *Strategies of Qualitative Inquiry*, Norman K. Denzin and Yvonna S. Lincoln, eds., Thousand Oaks: SAGE Publications, 1998, pp. 137-57.

**Photographic Assignment:**

Spend time working in your assigned area. Turn in a minimum of one roll of film. Remember to take more than one shot of any given object/place, experimenting with different ways to see it.

April 24:**Session Focus:**

- Discussion of today's reading. Please come prepared to discuss two or three specific ways in which the reading has some bearing on your project.
- Review and discussion of student visual work

**Reading Assignment:**

Anselm Strauss and Juliet Corbin, "Grounded Theory Methodology," in *Strategies of Qualitative Inquiry*, Norman K. Denzin and Yvonna S. Lincoln, eds., Thousand Oaks: SAGE Publications, 1998, pp. 158-83.

**Photographic Assignment:**

Spend time working in your assigned area. Turn in a minimum of one roll of film. Remember to take more than one shot of any given object/place, experimenting with different ways to see it.

May 1:**Session Focus:**

- Discussion of today's reading. Please come prepared to discuss two or three specific ways in which the reading has some bearing on your project design.
- Review and discussion of student visual work

(cont'd on next page)

**Reading Assignment:**

Yvonna S. Lincoln and Norman K. Denzin, "The Fifth Moment," in *The Landscape of Qualitative Research: Theories and Issues*, Norman K. Denzin and Yvonna S. Lincoln, eds., Thousand Oaks: SAGE Publications, 1998, pp.

**Photographic Assignment:**

Spend time working in your assigned area. Turn in a minimum of one roll of film. Remember to take more than one shot of any given object/place, experimenting with different ways to see it.

### Course Requirements

**1) Attendance and Prepared Participation: 20 points.**

The seminar will be conducted in a discussion format. Your presence and engagement in these discussions are extremely important to your own learning and to that of the team as a whole. Therefore, a fifth of your assessment will be divided evenly between these two components, with half reflecting your presence, and half your prepared participation. You are responsible for securing any information missed (in the form of announcements, handouts, notes, etc.) from one of your colleagues.

An important aspect of participation is your ability to work collaboratively and in a collegial style. It also involves your ability to respond constructively to critique, and incorporate it into your work in creative ways.

**2) Communication with Mentors: 10 points**

Your project design should reflect the input of your mentors (physician, academic, and community). We will work to assign you appropriate mentors as promptly as possible. You should work to ensure at least one exchange with each of your mentors each month.

If the mentor is not available for a meeting, see if you can set up time to talk by phone. If the person turns out to be hard to reach by phone, see if you can send them a few questions by email. It will be your responsibility to ensure the interchange with your mentors. If you find that one of your mentors is simply not working out, communicate this to us sooner rather than later so that we can determine how to address the situation.

You are asked to submit a summary of your mentor's input at two different points, and should be able to show how you have factored it into your design.

**3) IRB Writing Assignments: 45 points**

There are nine sets of writing assignments related to sections of the IRB. These assignments must be turned in at the end of class and also submitted electronically by the due date. They should be prepared using the 2001 proposals as models, while also addressing the particular methodological and design issues related to your project.

We encourage you to consult with us by email, through office visits, or by phone, as questions arise and as you are defining the different pieces of your proposal.

Your revisions will be expected to reflect the input from faculty, colleagues, and mentors.

**4) Photographic Assignments: 25 points**

This component of your assessment includes the required rolls of film and the related log sheets. The log sheets must be turned in within two weeks of shooting the film, to provide a written record to accompany the slides.

**Please note:** Failure to complete these requirements and meet deadlines will result in the individual not being invited to continue the program in the summer.

**Appendix B:**  
FIELDWORK INTERNSHIP  
AND THE HEALING LANDSCAPE  
OF THE AFRICAN DIASPORA IN BOSTON  
**Summer Session**

Dr. Linda L. Barnes  
Dr. Kenneth L. Fox  
Mr. Eugene Adams

The summer program, which runs from June 3 through August 26, 2002, is the fieldwork component of the BHLF. Ford Scholars will receive training in urban ethnographic fieldwork methods, issues in qualitative research for medical and medical anthropology publication, and the analysis of ethnographies published in both types of journals. Scholars will be expected to engage in their own fieldwork, producing interviews, transcripts, fieldnotes, and ongoing analysis, so that by the end of the summer they are in a position to begin the preparation of their conference presentations and articles.

**Week 1: Monday, June 3**

Overview of the summer program

Note: During the month of June, you will be expected to be in communication with your mentors at least once, and to submit a summary, by the end of the month, of their suggestions.

**Week 2: Monday, June 10: Fieldwork Methods**

Required Reading

- Nicky Britten, "Qualitative Research: Qualitative interviews in medical research," in *BMJ* 1995;311:251-253 (22 July).
- KL Easton, JF McComish, R Greenberg, "Avoiding common pitfalls in qualitative data collection and transcription," in *Qualitative Health Research* 2000 Sep;10(5)703-7.

Recommended Reading

- Colin MacDougall, Elizabeth Fudge, "Planning and Recruiting the Sample for Focus Groups and In-Depth Interviews," in *Qualitative Health Research*, Vol. 11, no. 1, Jan. 2001, 117-126.
- J. Banks-Wallace, "Talk that talk: storytelling and analysis rooted in African American oral tradition," in *Qualitative Health Research*, 2002;12(3):410-426.

**Week 3: Monday, June 17: Fieldwork Methods—Fieldnotes and Interviews**

Required Reading

- Robert Emerson, Rachel Fretz, Linda Shaw, *Writing Ethnographic Fieldnotes*, Chicago: University of Chicago Press, pp. 1-38.

Recommended Reading

- Robert Emerson, Rachel Fretz, Linda Shaw, *Writing Ethnographic Fieldnotes*, Chicago: University of Chicago Press, pp. 39-65.
- Colin Robson, "Interviews and Questionnaires," in *Real World Research: A Resource for Social Scientists and Practitioner Researchers*, Cambridge: Blackwell, 1993, pp. 227-240.

Required Fieldwork

- A minimum of two interviews to be completed by June 23—names or initials of interviewees to be turned in by class, June 24. It is strongly suggested that you begin transcribing these interviews right away, as transcripts will need to be turned in within two weeks (by July 8).

#### **Week 4: Monday, June 24: Fieldwork Methods—Fieldnotes and Interviews**

##### *Required Reading*

- Linda Finlay, “‘Outing’ the Researcher: The Provenance, Process, and Practice of Reflexivity,” in *Qualitative Health Research*, Vol. 12, no. 4, April 2002, pp. 531-545.
- Margarete Sandelowski, “Rembodying Qualitative Inquiry,” in *Qualitative Health Research*, Vol. 12, no. 1, Jan. 2002, pp. 104-115.

##### *Recommended Reading*

- Margaret Chesney, “Dilemmas of Self in the Method,” in *Qualitative Health Research*, Vol. 11, no. 1, Jan. 2001, pp. 127-135.

##### *Required Fieldwork*

- Names or initials of two interviewees from week of June 17-23
- A minimum of two interviews to be completed by June 30—names or initials of interviewees to be turned in by class, July 1. It is strongly suggested that you begin transcribing these interviews right away, as transcripts will need to be turned in within two weeks (by July 15).
- 3 sample pages of fieldnotes due

#### **Week 5: Monday, July 1: Medical Literature on the Rationale for Qualitative Methods**

##### *Required Reading*

- Catherine Pope, “Qualitative Research: Reaching the parts other methods cannot reach: an introduction to qualitative methods in health and health services research,” in *BMJ* 1995;311:42-45 (1 July)
- Rosaline S. Barbour, “The role of qualitative research in broadening the ‘evidence base’ for clinical practice,” in *Journal of Evaluation in Clinical Practice*, 2000 May;6(2):155-
- Michael Rich, “The reason and rhyme of qualitative research: why, when, and how to use qualitative methods in the study of adolescent health,” in *Journal of Adolescent Health*, 1999 Dec;25(6):371-378.

##### *Required Fieldwork*

- Names or initials of two interviewees from week of June 24-30
- A minimum of two interviews to be completed by July 7—names or initials of interviewees to be turned in by July 8. It is strongly suggested that you begin transcribing these interviews right away, as transcripts will need to be turned in within two weeks (by July 22).
- 3 sample pages of fieldnotes due
- Summary of discussions with mentors during July.

#### **Week 6: Monday, July 8: Medical Literature on Standards for Qualitative Research**

##### *Required Reading*

- Rosaline S. Barbour, “Checklists for improving rigour in qualitative research: a case of the tail wagging the dog?” in *BMJ* 2001;322:1115-1117(5 May)
- K. Malterud, “Qualitative research: standards, challenges, and guidelines,” in *Lancet* 2002;358(9280):483-8 (Aug. 11)
- Nicholas Mays, Catherine Pope, “Assessing quality in qualitative research,” in *BMJ* 2000;320:50-52 (1 Jan)

##### *Recommended Reading*

- Deirdre Davies, Jenny Dodd, “Qualitative Research and the Question of Rigor,” in *Qualitative Health Research*, Vol. 12, no. 2, Feb. 2002, pp. 279-289.

##### *Required Fieldwork*

- Names or initials of two interviewees from week of July 1-7
- A minimum of two interviews to be completed by July 14—names or initials of interviewees to be turned in by July 15. It is strongly suggested that you begin transcribing these interviews right away, as transcripts will need to be turned in within two weeks (by July 29).
- Interview transcripts from week of June 17-23 due (minimum of two)
- 3 sample pages of fieldnotes due

### **Week 7: Monday, July 15: Medical Literature on Issues of Validity in Qualitative Research**

#### *Required Reading*

- Mita K. Giacomini, "User' Guides to the Medical Literature: XXIII. Qualitative Research in Health Care: A. Are the Results of the Study Valid?" in *JAMA* 2000;284(3):357-362.
- Maureen Jane Angen, "Evaluating Interpretive Inquiry: Reviewing the Validity Debate and Opening the Dialogue," in *Qualitative Health Research*, Vol. 10, no. 3, May 2000, pp. 378-395.

#### *Required Fieldwork*

- Names or initials of two interviewees from week of July 8-14
- A minimum of two interviews to be completed by July 21—names or initials of interviewees to be turned in by July 22. It is strongly suggested that you begin transcribing these interviews right away, as transcripts will need to be turned in within two weeks (by Aug. 5).
- Interview transcripts from week of June 24-30 due (minimum of two)
- 3 sample pages of fieldnotes due

### **Week 8: Monday, July 22: Medical Literature on Issues of Validity of Qualitative Research**

#### *Required Reading*

- Robin Whitemore, Susan K. Chase, Carol Lynn Mandel, "Validity in Qualitative Research," in *Qualitative Health Research Vol. 11, no. 4, July 2001, pp. 522-537.*

#### *Recommended Reading*

- Andrew C. Sparkes, "Myth 94: Qualitative Health Researchers Will Agree About Validity," in *Qualitative Health Research Vol. 11, no. 4, July 2001, pp. 538-552*

#### *Required Fieldwork*

- Names or initials of two interviewees from week of July 15-21
- A minimum of two interviews to be completed by July 28—names or initials of interviewees to be turned in by July 29. It is strongly suggested that you begin transcribing these interviews right away, as transcripts will need to be turned in within two weeks (by Aug. 12).
- Interview transcripts from week of July 1-7 due (minimum of two)
- 3 sample pages of fieldnotes due

### **Week 9: Monday, July 29: Triangulation as a Method of Validation**

#### *Required Reading*

To be provided

#### *Required Fieldwork*

- Names or initials of two interviewees from week of July 22-28
- A minimum of two interviews to be completed by Aug. 4—names or initials of interviewees to be turned in by Aug. 5. It is strongly suggested that you begin transcribing these interviews right away, as transcripts will need to be turned in within two weeks (by Aug. 19).
- Interview transcripts from week of July 8-14 due (minimum of two)
- 3 sample pages of fieldnotes due
- Summary of discussions/communications with mentors during July

### **Week 10: Monday, August 5: Qualitative Literature in the *British Medical Journal***

#### *Required Reading*

- Trisha Greenhalgh, Cecil Helman, A Mu'min Chowdhury, "Health beliefs and folk models of diabetes in British Bangladeshis: a qualitative study," in *BMJ* 1998;316:978-983 (28 March)

- William T. Thompson, Margaret E. Cupples, Caryl H. Sibbett, Delia I. Skan, Terry Bradley, “Challenge of culture, conscience, and contract to general practitioners’ care of their own health: qualitative study,” in *BMJ* 2001;323:728-731 (29 September)
- Barbara Duncan, Graham Hart, Anne Scoular, Alison Bigrigg, “Qualitative analysis of psychosocial impact of diagnosis of *Chlamydia trachomatis*: implications for screening,” in *BMJ* 2001;322:195-199 (27 Jan).
- AC Freeman, K Sweeney, “Why general practitioners do not implement evidence: qualitative study,” in *BMJ* 2001;323:1100 (10 November)

#### *Required Fieldwork*

- Names or initials of two interviewees from week of July 29-Aug. 4
- A minimum of two interviews to be completed by Aug. 11—names or initials of interviewees to be turned in by Aug. 12. It is strongly suggested that you begin transcribing these interviews right away, as transcripts will need to be turned in within two weeks (by Aug. 26).
- Interview transcripts from week of July 15-21 due (minimum of two)
- 3 sample pages of fieldnotes due

### **Week 11: Monday, Aug. 12: Qualitative Research in Pediatric/Family Medicine Journals**

#### *Required Reading*

- Kristen J. Wells, Adrienne K. Holmes, Susan A. Kohler, Cynthia T. Rust, Kimberly J. Rask, “Qualitative Study of Clinic Staff Members’ Experiences Using an Immunization Registry,” in *Archives of Pediatric and Adolescent Medicine* 2000 Nov;154:1118-1122.
- Doris A. Bartel, Arthur J. Engler, JoAnne E. Natale, Vinita Misra, Amy B. Lewin, Jill G. Joseph, “Working With Families of Suddenly and Critically Ill Children,” in *Archives of Pediatric and Adolescent Medicine* 2000 Nov;154:1127-1133.
- Marianne S. Østergaard, “Childhood asthma: parents’ perspective—a qualitative interview study,” in *Family Practice* 1998;15(2):153-57.

#### *Required Fieldwork*

- Names or initials of two interviewees from week of Aug. 5-11
- A minimum of two interviews to be completed by Aug. 18—names or initials of interviewees to be turned in by Aug. 19. It is strongly suggested that you begin transcribing these interviews right away, as transcripts will need to be turned in within two weeks (by email, by Sept. 2).
- Interview transcripts from week of July 22-28 due (minimum of two)
- 3 sample pages of fieldnotes due

### **Week 12: Monday, August 19: Social Science & Medicine—Examples**

#### *Required Reading*

- Pascale Allotey, Daniel Reidpath, “Establishing the causes of childhood mortality in Ghana: the ‘spirit child’,” in *Social Science & Medicine* 2001;52:1007-1012.
- David Craig, “Practical logics: the shapes and lessons of popular medical knowledge and practice—examples from Vietnam and Indigenous Australia,” in *Social Science & Medicine* 2000;51:703-711.

#### *Required Fieldwork*

- Names or initials of two interviewees from week of Aug. 12-18
- A minimum of two interviews to be completed by Aug. 25—names or initials of interviewees to be turned in by Aug. 26. It is strongly suggested that you begin transcribing these interviews right away, as transcripts will need to be turned in within two weeks (by email, by Sept. 9).
- Interview transcripts from week of July 29-August 4 due (minimum of two)
- 3 sample pages of fieldnotes due

**Week 13: Monday, August 26: *Culture, Medicine and Psychiatry*—A Sample**

*Required Reading*

- Andrew J. Gordon, “Cultural Identity and Illness: Fulani Views,” in *Culture, Medicine and Psychiatry* 2000 Aug;24(3):297-330.

*Required Fieldwork*

- Names or initials of two interviewees from week of Aug. 19-25. Transcripts of these interviews will be due by email by Sept. 16.
- Interview transcripts from week of August 5-11 due (minimum of two)
- Summary of discussions/communications with mentors during August
- NOTE: Plan time to complete transcribing of remaining interviews from August 12-18 and 19-25. These will need to be completed by the time the group starts meeting again on Wednesday, September 18<sup>th</sup>.

**Summary of Requirements for the Summer Program:**

Readings: required reading prepared for team meeting

Interviews: a minimum of 20

Transcripts: a minimum of 16 interviews transcribed by the end of the summer program; the remaining four due by the beginning of the fall program

Fieldnotes: a minimum of 27 pages

Mentor Reports: three summary reports of discussions/communications with mentors

Slides: completion of slides from your assigned area

**Appendix C:**  
**PRESENTING AND WRITING URBAN ETHNOGRAPHY**  
**FROM THE BOSTON HEALING LANDSCAPE**  
**Fall Semester**

Dr. Linda L. Barnes  
Dr. Kenneth L. Fox  
Mr. Eugene Adams

*Overview*

The objectives of the fall program are to learn how to transform field data into public presentations to different kinds of audiences and write it up as publishable work in the form of completed articles. To accomplish these goals, we have developed a schedule of assignments, to be turned in on the stipulated dates. Each assignment will consist of a component for presentation to the Executive Committee on Nov. 9<sup>th</sup>, and then for the article(s) you'll be writing.

**Part I: Executive Committee Presentation**

To give you an overview of what you'll be preparing, we are including the following outline. For a twenty-minute presentation, you should plan on a written text of approximately eight pages. Depending on your delivery speed it might be a page or two shorter or longer. A general rule of thumb is to estimate about two-and-a-half minutes per page. To come up with a length, you should take a paper you've already written, read it aloud at a presentation rate, and see how many pages you read in twenty minutes. Use this to guide you in *your* length. You should also plan to include, in your text, whatever you're going to say about any images/video you use.

The following page estimates are based on a format that is double-spaced, 12-point font, with generous margins. The structure for your presentation will be:

1. An overview/**introduction** (half a page)
2. The focus of your presentation/**issue**: what was the problem you were looking at? (half a page)
3. Brief summary of existing **literature** on this subject, to locate your work in a particular field or fields (can include medical literature, religious studies literature, anthro, public health, etc.) Why was your study necessary? What gap did it fill? How was it addressing something new (including challenging/expanding the theoretical understanding of what you were studying)? (half a page)
4. A summary of the **methods** you used to gather your data, and why you used those methods and not something else (a theory point). Be sure to review some of the checklists in the articles this summer, particularly in relation to validity/credibility issues (half a page)
5. A summary/**review of your data/findings**. This well-organized summary can include *judiciously* selected quotes, video clips, etc. It should cover the high points of what you found—the most interesting and illustrative material *in relation to* the issue you spelled out above. (three pages)
6. **Limitations** of the study (half a page)
7. **Discussion** of the data. In other words, what does this mean? What theoretical issue(s)/point did this data illuminate? What are the take-away points? (two pages)
8. **Conclusion** (half a page)

**Note:** Between now and Oct. 16<sup>th</sup>, you should be working on reviewing and analyzing your data and research materials. This process should

1. involve reviewing all your interview materials and coding them
2. reviewing your fieldnotes and making annotations on them (or on a copy of them)
3. reviewing your images/videos and thinking through how you'll use them, if pertinent;
4. noting the aspects of your reading that you'll want to use as well—go back and flag, in particular, explanations of pertinent methods

A general note: Be sure to work closely with the readings from the summer, to help you in the discussion of methods, and in the style and formatting of your presentation. The presentation will serve as the foundation for your article, so it is important to format it as such from the beginning. It will save everyone much time later on.

Sept. 18<sup>th</sup>.

Group check-in.

**Important:** Be sure that, by the end of this week (Sept. 22<sup>nd</sup>) that you have turned in all your interview transcripts and field notes as email attachments to Linda, Ken, and Gene, so that we can be reviewing them, and be up to speed in the discussions of your work.

Sept. 25<sup>th</sup> (no group meeting: Send this assignment to all members of the team by the 25<sup>th</sup>, to allow time for review)

*Preparation*

Look at the summer notebook for the websites of the different journals and select one for which you think your material is a good match. Bring your thoughts on a particular journal to class. We will discuss your projections, and the implications for your presentation.

*Written Assignment:*

Write the description of the different **methods** you used to collect your fieldwork data (half a page). Review articles in your summer notebook to see how methods sections are written. Be sure to include:

- a) The fact that the study was reviewed and approved by the IRB at Boston University School of Medicine, and that study participants provided written informed consent.
- b) A statement about the theoretical orientation that informed your methods and in what precise ways it did so. (In other words, why did you choose the method/s you did?) Provide one or two references as endnotes, that explain each of your methods.
- c) How the methods were selected and the study designed in relation to **validity/credibility** issues. To do so, refer back to your notes from group discussion, when we talked about each person's work in relation to triangulation. This section will be very important when your work is eventually reviewed by journals.
- d) A one-line or sentence explanation of all methods terms, e.g., "participant observation," etc. You'll find these explanations in your readings from the past summer.

This section has to be *very* tight and focussed. Also, be sure to format your references in medical publication style. You can find examples in the references at the end of the medical journal articles from the summer. Remember that, in medical publication, you create a reference endnote for each source. If you cite a source more than once, you insert a superscript number (not an endnote) that matches the number of the reference. We'll talk more about this—it sounds more confusing than it is.

**Important:** Please note the style used in medical publications—primarily declarative sentences (subject, verb, object), active verbs (X did Y, instead of Y was done by X). Avoid long, complex sentences. Make sure that each paragraph begins with a thesis statement, and that the body of the paragraph develops that statement.

Oct. 2<sup>nd</sup>.

*Written Assignment:*

Turn in:

- The **introduction** (half a page)
- The statement of the **issue/problem** that this presentation will be about (half a page). This must include a theoretical dimension, so be sure to consult with me and/or Ken outside of class (email/phone/one-on-one) well before this is due, to identify what this aspect might be.
- The **literature review** (positioning your work in relation to what has been done) (half a page)

Note: If you want to have a little more room for your literature review, you may want to merge your introduction and statement of the issue into half a paragraph, and give the extra page space to the review. Use your judgment and feel free to consult with us.

Oct. 9<sup>th</sup>: No group meeting

Set up an individual meeting during this week with Linda or Ken to review what you think you're seeing as potential findings.

Oct. 16<sup>th</sup>.

Report on the progress you're making in pulling together the specific parts of your data that you'll be using in your presentation. Turn in a list of what you see as your key findings. Bring up any problems you're running into.

Oct. 23<sup>rd</sup>.

*Written Assignment:*

Turn in the section on your **data** for your presentation. This section is known as your **findings**. To prepare it:

- List the key headings of what you found through your interviews and fieldwork
- Group related illustrations/evidence under each heading,
- Write a summary paragraph to begin the section, listing the key findings
- Then write one or more paragraphs stating each finding separately, supported by related evidence. Use quotes judiciously, remembering that you won't have room to include long quotes. Look at some of the summer readings for examples.

Remember that the findings section is different from the discussion section. This section presents the evidence; the discussion section helps the reader understand how to interpret it. Look at examples from the summer readings to be sure you're clear about the difference.

If you are using video, you should submit a CD with the particular excerpts marked to match points in the presentation, with a notation of how long each excerpt actually lasts and the text of what you're going to say about it fully written out. Likewise, if you are using slides, they should be marked in the text, and whatever you're going to say about them needs to be written out as well.

Oct. 30<sup>th</sup>.

*Written Assignment:*

Turn in:

- the **discussion** section, in which you pull together your own insights into the results of your data. What do you want the audience to take away, and how are you grounding those points in the data you're presenting?
- The **conclusion**

Nov. 6<sup>th</sup>. Presentation rehearsal

*Written Assignment:*

Turn in an abstract of 150 words summarizing the objectives and findings of your presentation. We'll be handing this out to the Committee, so it needs to be turned in by this date, for us to put it in a packet. Please send as an attachment, so that the abstracts will not need to be re-entered.

Nov. 8-9<sup>th</sup>. Executive Committee Weekend (more details available closer to the actual dates)

Friday Nov. 8: p.m. Reception and Dinner

Saturday Nov. 9:

Breakfast

Your presentations (20-25 min. each, with 15 min. discussion of each)

Lunch

Plenary discussion of the student presentations as a whole

Executive Committee discussion of work of the various members of the Committee

## **Part II: Writing Your Articles**

We shift gears at this point, and move into a writing workshop mode. Over the coming weeks, you will revise your article to take into account the issues raised by the executive committee, community members, and the group, targeting your article for a specific journal.

To write *your* article, you will need to study the author guidelines for the journal to which you'll be submitting your work. You will be expected to know the length limits, formatting requirements, and organizational structure required by this journal. Work that does not adhere to the journal requirements will not be considered completed.

We will also expect that you factor in the criteria from the checklists in the articles we read this summer. When you read each other's work, look at it as though you were a reviewer from a medical journal with this kind of checklist sitting next to you. It is better that we troubleshoot such things on the front end, rather than leaving them for the readers to shoot down.

Nov. 13<sup>th</sup>:

We'll debrief and talk about the experience of the Executive Committee meeting, and discuss the primary critiques and suggestions for each person's presentation.

Nov. 20<sup>th</sup>:

*Written Assignment:*

Turn in the revision of your **introduction**—bring copies for all members of the team (see article guidelines at the end of the syllabus).

Nov. 27<sup>th</sup> (no class):

*Written Assignment:*

Turn in the revision of your **methods** section by email attachment to all members of the team. (see article guidelines at the end of the syllabus).

Prepare to discuss introductions turned in last week. Make notes on your copy, so that you can return it to the author.

Dec. 4<sup>th</sup>:

*Written Assignment:*

Turn in the revision of your **findings**—bring copies for all members of the team (see article guidelines at the end of the syllabus).

Prepare to discuss **methods sections** turned in last week. Make comments on the copy, so that you can give it to the author.

Dec. 11<sup>th</sup>:

Turn in the revision of your **discussion section**—bring copies for all members of the team (see article guidelines at the end of the syllabus).

Prepare to discuss **findings section** turned in last week. Make comments on the copy, so that you can give it to the author.

Dec. 18<sup>th</sup>:

Turn in:

- The revision of your **conclusion**—bring copies for all members of the team (see article guidelines at the end of the syllabus).
- A copy of each of the articles you used in relation to your article, so that we have them on file. If you need to use the copier at the office, please make arrangements well in advance with Justine, so that you can turn the articles on the 18<sup>th</sup>.
- A typed, alphabetized list of your references, sent electronically, so that we can put them on the website in relation to your project.

Prepare to discuss **discussion sections** turned in last week. Make comments on the copy, so that you can give it to the author.

Due not later than Jan. 5<sup>th</sup>.

Sent by attachment to all faculty:

Final version of article, incorporating:

7. Editorial feedback from Executive Committee, community presentation, and team
8. Correct formatting according to specific journal guidelines, including correctly formatted references

### **Course Requirements**

1. Participation in the seminar
2. Executive Committee presentation
3. A community presentation (ideally, completed by around the same time as the Executive Committee meeting, so that you'll have community feedback on your work, as well. We'll discuss what each of you will be doing.
4. Completion of specified writing assignments, turned in on time.
5. Fully revised article that incorporates feedback from the Executive Committee, the community, and the group.
6. Submission of the article for publication, with full adherence to the Author Guidelines for the journal to which you will be submitting the article.

### Structure of Articles for Medical Journals\*

The articles represent a structured expansion of your presentations. In general, articles for medical journals should be no more than 12 pages (including references), or 3,500 words for the body of the text (not including cover page or references). Organize your article as follows:

- *One page introduction:* This section sets up the problem—the gap in knowledge that this paper addresses—“This is the question”. Unlike social science publications, in which introductions may be much longer, medical journal articles want this part to be short, sharp, and focused.
- *Two pages on methods:* The methods section can be shorter than two pages, but must address the “who, what, where, how, and when”. It must describe how interviewees were recruited, where they were interviewed, how they were compensated, etc. It must also specify that the study was reviewed and approved by an IRB board. Much of the material for this section can come out of the IRB proposal and field experience.
- *Four pages on the results of the study:* Here you present the themes that emerged in your data, and support each one, in turn, with illustrations. Each theme must, in some way, represent an aspect or answer related to the question/problem you laid out in the introduction. The reader must also see how these themes fit together. You do not discuss the findings in this section. (Here is another way in which a medical journal article differs from one that you might write for a social sciences journal.)
- *Four pages to discuss the findings:* Here is where you say something about what the data means. How does it fit in with previous published research? (Here is where you fold in related and supporting literature.) What is the new information here, or the new spin on the problem? What are the limitations of the study? What are the implications?
- *One page for conclusions and implications:* Here you don’t want to make any huge leaps. Be circumspect. “Here are some themes, and we take them to mean...” Be succinct.

The key to a strong article lies not only in having a good problem and strong data, but also in structuring your article so that all the pieces fit together clearly.

In general, avoid long, complex sentence structure. Medical editors and readers prefer declarative sentences. Avoid beginning your sentences with subordinate clauses. Avoid jargon at all costs. If you absolutely *must* use a jargon-like term, provide a brief explanation, and cite a reference to back up the definition.

Study the articles in the course binder to see how others have written up their qualitative work.

Remember that medical readers will not take the pertinence of cultural and/or religious factors as a given. You must show how and why these factors are also a medical issue, and in what ways.

\*Based on discussions with Paul Wise, MD and Dr. Fred Rivara, MD

## Appendix D:

### THE INS AND OUTS OF LOGSHEETS

The slides that you take can be useful tools for teaching viewers about your assigned neighborhoods. They reflect the distinctive cultural and religious backgrounds of the residents and the diverse forms of local healing, environmental and economic resources available. For your slides to be useful, it is imperative that you keep detailed and informative logsheets. An incomplete or sparse entry on a logsheet can undermine the value of a stunning slide. Slide captions are based on your logsheet entries. Hence, it is most helpful for you to write entries with a caption format in mind.

The following are guidelines for how to fill in your logsheets. Slides sometimes fall out of order and are not always printed in order numerically. It should be possible to put slides back in order based on the logsheet and know what each slide is. At the end of this packet, you will find examples of helpful and unhelpful log entries from past years.

#### IDENTIFICATION

Give the official name of the place if there is one. Avoid writing just “Church” or “Pentecostal Church”—write “Zion Fire Baptized Holiness Church of the Americas.” Try to give the slide a name that makes it easily identifiable.

#### ADDRESS / LOCATION

Give a full address whenever possible. If one is unavailable, take down as much information as possible about the location that will help locate the official address later on—e.g. a telephone number from which one can do a reverse-search using the internet, nearby cross-streets, or names of adjacent landmarks and store names that can be found in the telephone book. The more complete you are in writing an address down on the logsheet, the less time that needs to be spent searching for an address later on.

#### OBSERVATIONS / COMMENTS / REFLECTIONS

Start each entry with: “[identification of object] at [address] in [city, state].” See examples.

#### Content—

What are you trying to depict in your picture? What do you want your viewer to notice or learn from your slide? What makes this slide different from another in the same roll? Is one slide focused on herbs sold in the store and another focused on the way in which it is packaged? The most important part about this section is INFORMATION INFORMATION INFORMATION. Give as much detail as possible. If you are in doubt of whether to include something, include it. It is always more helpful to err on the side of writing too much than writing too little. It is easy to delete unnecessary information later on; it is harder to fill in missing information retrospectively. Don’t take mental notes. Take physical notes. Slides start blending together very quickly. Fill in as much information as possible at the time.

The following is a sampling of the kinds of questions you might answer. Use it as a guide if you are stuck but try to think of your own questions too. What are you curious about? If you were someone accessing the picture on the website, what kind of information would you like to know? If this slide were to be blown up, framed, and on exhibit at a museum or education center, what kind of caption would you find beneath it?

#### Context—

What is nearby? Is this church next to a mosque? Is it next to a homeless shelter? Is it next to a nightclub? Is it in a residential neighborhood or a commercial area? What sticks out about the place? What makes this store different from another? What makes this park different from another? Why did you notice the object of your picture? Put things in perspective. Is this garden in full view? Is it hidden behind alleyways? Is there broken glass nearby and lots of weeds? Is it very well-kept?

#### Religious Places—

What kind of church or synagogue or temple etc. is it? What is unique about it? What populations is the place reaching out to? Is the congregation made up of people from the neighborhood or other cities as well? What

languages are the services in? Is your picture focused on congregation members? Posters? A statue? Stained glass? The Star of David? Do two churches share the same building? Does the location provide other services such as community gatherings, food shelter, childcare, legal services, language classes, etc.? What kind of area is the building in? What else is nearby? These are just a few examples of questions you might try to answer—by all means, the more you can think of, the better.

#### Religious objects or statues—

What is the object? Where does it originate? What kind of religious traditions does it belong to? Has it been adapted to fit a certain racial or cultural group in any way? (e.g. a statue of Jesus painted in colors that represent the African Diaspora.) How is the object used? In religious services? Every day life? At dinner? Where is the object? In a store? In a garden? On a windowsill? If in a store, what other kinds of things does the store sell? If in a garden, is there anything else noticeable about the garden? (e.g. a home garden with statues of Buddha and the Virgin Mary placed together.)

#### Public places and community centers—

What kind of area is it in? What kind of condition is it in? If it offers any special facilities, what kind of facilities does it have? (e.g. basketball courts, baseball fields, pools, art rooms, playgrounds.) Are there advertisements of functions held at the park? (e.g. community barbecues, cultural festivals, self-defense classes, concerts.) What other kinds of activities occur? What kind of transportation is there to the area? Is there handicap access? What populations are served—racial, ethnic, age, gender? Is there public access or a membership requirement? Is it covered in trash? Do children play in the area? Is it near stores still operating? Residential areas? What was the previous function of the place?

#### Stores—

What kind of food or items are sold? Where are most of the items from? Are they mostly Western traditional drugs? Are they sold alongside other forms of healing treatments? What kinds of groceries are sold? What kinds of canned and dried foods are sold? Religious objects? Clothes? Books? What kinds of payment are accepted? (e.g. WIC or food stamps? Credit cards?) Are there interesting religious or moral messages and posters on display? What kinds of advertisements are there? What languages are the advertisements in? Who works in the store? Who shops at the store? Do people know each other?

#### Schools—

Was your picture taken when school was in session? Is it a public, parochial or private school? What is the context that the school is in? What is nearby—stores? cemeteries? homes? churches?

#### Murals—

What is depicted and what part of the mural is your slide focused on? What kinds of colors are used? What is noteworthy? What kind of condition is it in? Does the mural convey any kind of message or contain any symbols? Who painted it? Who funded it?

#### Centers of healing—

What kind of treatments are offered? What is advertised? What kind of location is it in? What is nearby? (e.g. is the physical therapy office located above a shoe store or in a building on its own?) What kinds of languages do the healers speak? What kind of insurance or payments are accepted? Is there free care available?

#### Buildings and agencies—

What are the goals of the agency? What is its function? How long has it been around? What population does it serve? What languages are spoken? What services are offered? What kind of building is it? What is located inside? Is it handicap accessible? Is the building new or in repair?

**Examples of Helpful Log Entries**  
**Boston Healing Landscape Project: Slide Annotation**

Photographer:

Roll #:

Spring Summer X Fall \_\_\_\_

Date: January 1, 2002

Shot #	Identification	Address/ Location	Observations/Comments/Reflections
1	Malcolm X Park	Martin Luther King Boulevard, Roxbury, MA	Malcom X Park on Martin Luther King Boulevard in Roxbury, MA. It is a peaceful park that covers several blocks. The park is provided by the city and is located in the middle of a neighborhood that has been labeled as violent and dangerous by outsiders. The park, however, provides recreational activities for the community such as swimming, tennis, and basketball.
2	Crispus Attucks Children's Center	105 Crawford Street, Roxbury, MA	Crispus Attucks Children's Center, located at 105 Crawford Street in Roxbury, MA. It is a day care center that serves as a venue for community activities and as a liaison between community and medical care for children.
3	Mount Pleasant Tot Lot	Mount Pleasant Terrace, Roxbury, MA	Mount Pleasant Tot Lot on Mount Pleasant Terrace in Roxbury, MA. Inside the gate is a playground and a mural. It is connected to the church compound on Mt. Pleasant Terrace. The church is on a side street parallel to Dudley and off of Vine Street. The structure is almost a block long in the middle of a residential area full of "No Trespassing" signs. This slide shows the front doors of what looks like the church area. There are plaster saints on a second or third floor landing and locked gates with "Pray Always" written on an arch over them, as well as a "Beware of Dog" sign.
4	Wide shot of multi-cultural murals outside Walgreens	Intersection of Warren Street and Townsend Street in Roxbury, MA	Murals at the Walgreens Store, located at the intersection of Warren Street and Townsend Street in Roxbury, MA. Murals that are thematically in tune with the ethnic make-up of the community are rarely found near large commercial pharmacy chains. The store is located across the street from the Roxbury Comprehensive Community Health Center, Inc..
5	U.C.C. Church, Pilgrim Church	540 Columbia Road, Dorchester, MA	The U.C.C. Church, Pilgrim Church at 540 Columbia Road in Dorchester, MA (617.282.0456). The sign says "Free Bread." There is a stained glass window depicting a Jesus with dark skin. Nader/LaDuke bumper stickers are stuck to the light poles outside of the church. Inside the church is a large multiple purpose room with large organ pipes. Bunk beds, clothes, and personal items fill a boarding room that may function as an active shelter.
6	Sign at Saint Patrick's Church	400 Dudley Street, Roxbury, MA	Saint Patrick's Church at 400 Dudley Street in Roxbury, MA. It is opposite the corner from Samaria Iglesia. The Community Garden is down the street (Mariano Fiumara Garden). The church was established in 1836. The church says welcome in Spanish, English and Portuguese. On

			Sunday there are 3 masses; Cape Verdean at 9:30, English 10:30, and Spanish at noon. This slide focuses on the sign announcing the church's services.
7	Zion Apostolic Church, storefront church	241 Blue Hill Avenue, Roxbury, MA	Zion Apostolic Church at 241 Blue Hill Avenue (cross-street: Woodcliff Street) in Roxbury, MA. It is a storefront church with padlocks and barred windows, next to an overgrown lot. The church features Evangelical services and Prayer and Tarrying services.
8	Spiritual Incense at Botanica Ache	2101 Washington Street, Roxbury, MA	Spiritual Incense sold at Botánica Aché, located above Tropical Foods at 2101 Washington Street in Roxbury, MA. These items are used for good luck, love, warding off evil, casting spells, and healing illnesses.
9	Elegua at Botanica Ache	2101 Washington Street, Roxbury, MA	<i>Elegua</i> , sold at Botánica Aché located above Tropical Foods Store at 2101 Washington Street in Roxbury, MA. <i>Elegua</i> is an <i>Orisha</i> , a spirit. <i>Elegua</i> is a messenger, trickster, and guardian of paths who is in some sense, master of the future. Since he is in charge of opening paths, he is the first <i>Orisha</i> addressed in ceremonies.
10	Orisha pots at Botanica Ache	2101 Washington Street, Roxbury, MA	Pots sold at Botánica Aché, located above Tropical Foods Store at 2101 Washington Street in Roxbury, MA. According to the salesperson, the <i>Orishas</i> or guardian forces, reside in the pots. The pots are sold for \$18.99 each.
11	Statues, Catholic saints, and MLK, jr. side by side on shelf at Botanica Ache	2101 Washington Street, Roxbury, MA	A shelf in Botánica Aché, located above Tropical Foods Store at 2101 Washington Street in Roxbury, MA. This slide is an excellent example of religious and cultural mergers. Statues of Catholic saints, a candle of an <i>Orisha</i> , and a picture of Martin Luther King, Jr. are all placed together.
12	"Why give your life to d" Mural	Martin Luther King Blvd, Roxbury, MA	Grffiti mural on Martin Luther King Boulevard in Roxbury, MA. It reads "Why give your life to d..." The "d" could represent drugs or a gang. The mural is not as elaborate as others in the gallery but it is still powerful as a sign of youth expression to eliminate drug, violence, or gang activity. We read it as a message related to healing the community.
13	Baseball in an open lot	Dudley St. and Clarence St., Roxbury, MA	Children playing baseball in an open lot behind the F&T Supermarket at the corner of Dudley Street and Clarence Street (renamed Jorge Fidalgo Street) in Roxbury, MA. They are playing near a dumpster whose trash often overflows into the lot.
14	Book display at A Nubian Notion	41 Warren Avenue, Roxbury, MA	Book display at A Nubian Notion, 41 Warren Avenue in Roxbury, MA. Featured here are many cookbooks. A Nubian Notion is a book, music, gift, and grocery store that specializes in goods from the African Diaspora.
15	MAPS HIV counseling and testing flyer	1 Stoughton Street, Dorchester, MA	Flyer for MAPS (Massachusetts Alliance for Portuguese Speakers) at 1 Stoughton Street (corner of Stoughton Street and Columbia Street) in Dorchester, MA. The flyer advertises free HIV counseling and testing.
16	Ella J. Baker organization for high-risk youth	411 Washington Street, Dorchester, MA.	Ella J. Baker House at 411 Washington Street in Dorchester, MA. This classic Victorian era house now houses the Ella J. Baker organization which helps high-risk youth avoid violence, achieve literacy, and access jobs.

17	Mural image centered on Africa	Talbot Ave and Southern Ave in George C. Pappas Square, Dorchester, MA.	Mural on a boarded-up building at Talbot Avenue and Southern Avenue in George C. Pappas Square in Dorchester, MA. People's faces, all non-White, circle the picture of the globe that is centered on Africa. The mural shows a positive image of unity.
18	Preparations Market Store	1041-43 Tremont Street, Dorchester, MA	Preparations Market Store at 1041-43 Tremont Street in Dorchester, MA. The store sells hot patties, plants, fresh squeezed juices, Irish moss, peanut punch, roots tonic, and other foods.
19	Mural of black people in leisure activities	Geneva Avenue and Westville Street, Dorchester, MA	Mural near the intersection of Geneva Avenue and Westville Street in Dorchester, MA. The mural depicts black people in various leisure activities such as picnicking, horseback riding, fishing, and dancing.
20	Dorchester Podiatry	1510 Dorchester Avenue, Dorchester, MA	Dorchester Podiatry at 1510 Dorchester Avenue in Dorchester, MA. Window of Dorchester Podiatry also a sign in Vietnamese that appears to be a translation of the English sign that reads, "Foot specialist, Medical & Surgical Treatment of Foot."
21	Boston Buddha Cultural Center	7 Greenwood Park	<p>Just off historic Dorchester Avenue, where Vietnamese markets alternate with Irish pubs, Chua Luc Hoa dominates the residential streets of Greenwood and Park with its impressive garden and towering statue of Kuan Yin. The center offers weekly services in Vietnamese each Sunday at 11 A.M. for Dorchester's growing Vietnamese population and for a small number of Chinese, Laotian, and Cambodian Buddhists from around Boston.</p> <p>Bao Truong serves as the spiritual director of the center. Although Bao is not trained as a monk, he lived in a temple in Vietnam from age 3 to age 20. Shortly after arriving in the United States, Bao began organizing this temple under the guidance of Thich Guaiac Duc -- a Vietnamese monk, Professor at UMass Boston, and President of the Vietnamese American Buddhist Congress. Together, their vision is to "positively change the nature of the neighborhood through Buddhism."</p> <p>Although the building suffered a major fire before the community purchased it in 1994, the light-blue triple-decker has been renovated and now includes a main temple/meditation hall as well as a kitchen, dining and office space, bedrooms, and an altar honoring deceased relatives. The community plans to expand the temple with a permanent bandstand for outdoor services. Summertime celebrations, such as the Vietnamese Mother's Day, often draw hundreds of people and overflow the center. For larger ceremonies, the community has invited monks from California and India to worship with them.</p> <p>According to Thich Giac Duc, Vietnamese temples are unique in their attempt to blend elements of Theravada and Mahayana Buddhism. Specifically, Sunday services at the Dorchester temple may include Zen meditation, chanting</p>

			<p>from Pure Land Buddhism and elements of Tibetan Buddhism. In addition to the weekly 11 A.M. Sunday service, Chua Luc Hoa also offers a children's class in Vietnamese language and culture at 1 P.M. each Sunday attended by 30-40 children. Daily offerings of rice soup to the ancestors of the community begin at 5 P.M. and last about half an hour. The center remains open to the public for meditation all weekend.</p> <p>Contact: Bao Truong  Membership: 30-40; 200-400 in attendance at large ceremonies  Composition: Predominantly Vietnamese; 20% Caucasian spouses, Chinese, Laotians, and Cambodians  Meetings: Sunday: 11:00 A.M.</p> <p><a href="http://www.fas.harvard.edu/~pluralsm/98wrb/bu_chua.htm">http://www.fas.harvard.edu/~pluralsm/98wrb/bu_chua.htm</a></p>
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*Unhelpful logs*

Please do not the following kinds of logs:

1	School	Hulbert St. and Regent	St. Joseph School
2	School	Hulbert St. and Regent	St. Joseph School
3	Same	Same	Same
4	Mural	Mass. Ave., Boston, MA	
5	Mural	Mass. Ave., Boston, MA	
6		Blue Hill Ave & Abbot	Holiness Nazarene (church)
7		Blue Hill Ave & Abbot	Holiness Nazarene (church)
8		Blue Hill Ave & Abbot	Holiness Nazarene (church)