WENNER-GREN FOUNDATION FOR ANTHROPOLOGICAL RESEARCH, INC.

DISSERTATION FIELDWORK GRANT APPLICATION

NOV 2017

(Do not change the default format. Please limit your responses to the space provided.)

1. Name of Applicant (Please give full legal name: first, middle, and SURNAME in uppercase letters)**:**

William James ROBERTSON

Preferred Mailing Address of Applicant:

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Telephone:

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2. Name of Supervisor, Department, & Institution:

Eric Plemons

Mailing Address of Supervisor:

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3. *Applicant's Personal Information* **Gender:** Male

Date & Place of Birth: ____________ **Citizenship:** American

4. *Applicant's Education History* **Highest Academic Degree:** Masters **Year Degree Awarded:** 2013

Institution Awarding Degree: The University of Texas at San Antonio

5. *Applicant's Current Doctoral Status*

Are you registered for a doctoral degree? Yes **Date you expect to receive degree:** 8/1/2019

Department and Institution that will award the degree:

School of Anthropology, University of Arizona

What requirements for the degree (other than the dissertation/thesis) have yet to be completed, and what is their expected date of their completion?

All requirements completed as of end of Spring 2017 semester.

6. Title of Project (*15 words or less*): Screening Sex: Enactments of HPV, Anal Cancer, Gender, and Sexuality

7. Total requested for Dissertation Fieldwork Grant (maximum $20,000): US$ 19980

8. Abstract of research proposal (Provide a general description of your proposal in plain English. If this proposal is successful, this abstract will be posted on the Foundation's website.)

This project explores the practices of medical providers and their interactions with patients at a clinic specializing in the diagnosis and treatment of human papillomavirus (HPV)-related anal disease in Chicago, Illinois, USA, as they shape and are shaped by cultural beliefs and discourses concerning gender and sexuality. How do clinicians draw on cultural notions of gender and sexuality in their interactions with patients, and how do those processes shape the production of medical knowledge concerning HPV-related anal disease? How do patient experiences of HPV-related anal disease both shape and reflect cultural representations of gender and sexuality, especially for members of sexual and gender minority populations who experience disproportionate rates of HPV-related anal disease? Through twelve months of ethnographic data collection, including participant observation in the clinic and in-depth interviews with clinic staff and patients, this project will investigate the diagnosis and treatment of anal disease as a site of sociocultural production of norms, beliefs, and discourses of gender and sexuality. Focusing on the interactions among clinicians, clinic staff, and patients, the findings of this clinical ethnography will contribute to anthropological understandings of and theorizing about clinical practice, theories of gender and sexuality, anthropology of the body, and expertise and expert knowledge production.

9. Start and end dates of project for which support is requested (start date must fall between July 1 and December 31, 2018): July 1, 2018 - June 30, 2019

10. Location where project is to be carried out: Chicago, Illinois, USA

11. List research permits and/or ethical approvals required for this project.

University of Arizona Institutional Review Board

12. What date do you expect to have all required permits/permissions in hand?

May 2017 (will renew annually)

13. Will you work with academic personnel (other than your supervisor) while conducting research? No *(If so, please list below. See the Application Information and Procedures for instructions.)*

14. Budget itemization: Provide a detailed budget for the requested funding (maximum $20,000).

(See the Application Information and Instructions for budget guidelines, and include a justification for any piece of equipment that costs over $750, childcare expenses, research and/or transcription assistance, and per diem estimates. Please also include a justification for any budget items not specifically listed as allowable expenses. Press Ctrl key + Tab to utilize pre-set tabs in application form)

Travel

Lodging in Chicago for 12 months $12,000

These funds are rent for a 1-bedroom apartment in Chicago located near the clinic ($1,000/mo x 12 = $12,000).

Local transportation in Chicago for 12 months $1,205

These funds are to purchase a refillable ride card ($5) and monthly passes for public transportation ($100/mo x 12 months = $1,200).

Reduced Long Term Per Diem for 12 months $5,025

Reduced per diem rate of $25 per day for approximately 201 days. Other funds will be sought to supplement per diem.

Payments to Participants $1,750

Patient participants will receive $35 for completing in-depth interviews (n=50). These funds are to cover payments for the minimum sample (n=50) for in-depth interviews. If additional interviews are conducted, other funds will be sought.

Total Budget Requested from Wenner-Gren $19,980

14. Budget Itemization continued. *(Use this page to list additional items to your project budget, if necessary.)*

15. Have you applied to other agencies for funds covered in this application? Yes (*If so, please list other funding sources you have contacted to aid this project and indicate whether funds have been awarded.)*

National Science Foundation Cultural Anthropology Doctoral Dissertation Research Improvement Grant (Re-submission in August 2017)
Agency for Health Research Quality R36 Doctoral Dissertation Grant (Submitted November 1, 2017)

16. Sources of aid received for other phases of the project:
N/A

17. Please help categorize your project by Discipline and Area or Topic:

Application Discipline	**Geographic Research Area**	***Physical/Biological Projects Only***
Social/Cultural	**North America**	***(Select)***
If "Other,"	**If "Other," please describe**	***If "Other," please describe***
	☐ **Not Applicable**	☒ ***Not Applicable***

18. Key Words *(Please provide "key words" and/or phrases that best describe your research project.)*
Clinical Ethnography, Science & Technology Studies (STS), Expertise and Expert Knowledge

19. Have you received a Wadsworth Fellowship? No

(If so, Reporting Requirements for the Wadsworth Fellowship must be completed. Contact the Foundation for further information.)

20. Are you resubmitting an application that was unsuccessful in a prior season? Yes

If the current application is a resubmission of a previous unsuccessful Dissertation Fieldwork grant application, you must include a resubmission statement. This statement should describe how your application differs from your previous submission and how you have addressed reviewers' comments. Include this resubmission statement whether or not the current project is similar to your previous one. A resubmission statement is often a benefit to an applicant in demonstrating how and why his/her thinking has changed. (*Press Ctrl + Tab to use tabs.*)

I thank the Wenner-Gren Foundation for the opportunity to revise and resubmit my Dissertation Fieldwork Grant. I have made some substantial revisions to the proposal to clarify the project's aims and better integrate the project's theoretical approach with its methods, which have also been substantially revised. Below, I discuss the changes made from the previous proposal.

I have written Question 1 to present a more direct introduction to the research topic, problem, purpose, and questions. I outline important scholarship on human papillomavirus (HPV) that helps frame the research objectives. The specialized biomedical knowledge and lay experiences of HPV-related anal disease, including cancer, dysplasia, and condylomata (warts), provide a rich site for the investigation of how normative notions of gender and sexuality get (re)produced and/or resisted through medical practices and discourses. I have developed three main research questions, each of which draws on enactment theory as a means for examining how medical practices and lay experiences work together to construct not only HPV-related anal diseases but also gender and sexuality more generally. In response to concerns from two reviewers, I have replaced one of the overly general questions with a new question concerning the intersectionality of gender/sexuality with other subjectivities including race/ethnicity, class, and age.

The enactment of disease is also accompanied by the enactment of sociocultural norms and discourses that (re)produce bodies as always embedded in larger discourses of gender and sexuality. While conducting preliminary fieldwork in the summer of 2017, I noticed the clinicians chart patient sexuality by asking patients to identify with a pre-determined set of normative sexual behavior categories depending on the gender identity of the patient. For example, men are asked if they have sex with men, women, or both, which is charted as "men who have sex with men" (MSM), "men who have sex with women" (MSW), and "men who have sex with both" (MSB), but referred to linguistically by the clinicians as "gay," "straight," or "bi." Further, for MSM and MSW, the clinicians ask patients to identify with lay categories referring to sexual behaviors: "top" for men who penetrate, "bottom" for men who are penetrated, "versatile" for men who engage in both, "vers top" for men who engage in both but prefer penetration, and "vers bottom" for men who engage in both but prefer being penetrated. Based on these preliminary observations, I expect that, much like HPV-related cervical disease, HPV-related anal disease diagnosis and treatment is co-productive with normative beliefs, values, and discourses concerning gender and sexuality, particularly among lesbian, gay, bisexual, and transgender (LGBT) people who experience disproportionate rates of anal disease (Quinn et al. 2015). As such, this project will develop a working "object-definition" (Mol & Law 2004) of HPV-related anal disease by utilizing ethnographic methods based on this premise. I aim to develop a picture of what constitutes HPV and anal disease by analyzing the practices and discourses of both clinicians and patients in the social field (Bourdieu 1980) of the clinic. The findings from this project have the potential to contribute to anthropology more generally by drawing attention to how biomedical providers and patients work together to produce American cultural notions of gender and sexuality, as well as to contribute to anthropological work on expertise, knowledge production, science and technology studies, and risk.

One reviewer insightfully asked how this project will advance theory or research beyond what studies of HIV/AIDS and gender/sexuality have done. I intended to draw on some aspects of this literature in which I see clear commonalities with HPV-related anal disease, especially Steven Epstein's (1996, 2003, 2007) work on the role of biomedical knowledge, research, and expertise around HIV in relation to LGBT identities and the politics of difference and Catherine Waldby's (1996) astute study of HIV/AIDS as an historically-situated and politically-laden condition (rather than a politically-neutral occurrence naturally linked to specific kinds of people). While the insights from this literature is undoubtedly useful, I find the insights from the literature on HPV-related cervical cancer (e.g., Gregg 2003; Carpenter & Casper 2009) and gendered forms of cancer (e.g., Jain 2013; Klawiter 2008; Stacey 1997) to provide a more useful starting point from which to explore the proposed project. HPV is substantively different from HIV in that the HPV virus itself is not stigmatized in the same ways that HIV is and is thus experienced differently, and these kinds of experiences are more evident in the literature on cervical cancer and breast cancer. HPV-related anal disease is embodied differently than HIV because of both the different kinds of stigma associated with each virus and the different biophysiological sequelae caused by the viruses. Thus, this project will bring anthropological insights to the HPV virus and its unique forms of embodiment that are unaddressed in the HIV and gender literature.

21. Project Description Question 1: Describe your research question/hypothesis or research objective. That is, what will the focus of your investigation be? *(Press Ctrl + Tab to use tabs.)*

The proposed research uses the clinical diagnosis and treatment of human papillomavirus (HPV)-related anal disease, including cancer, dysplasia, and condylomata (warts), as a heuristic lens for examining how science, medicine, and culture interact in the production of sex/gender and sexuality.

American ideas about gender and sexuality have been and continue to be articulated through science and medicine (Butler 1990, 1993; Martin 1991). At the same time, scholars have shown how lay concepts of gender and sexuality influence science and medicine (Robertson 2017; Plemons 2017, 2014a; Hirschauer 1998; Schiebinger 1993; Laqueur 1992). This co-constitutive relationship is evident in practices and discourses concerning sexually-transmitted infections, including HPV, the most common sexually-transmitted infection (STI) in the world (Forman et al. 2012). An estimated 75% of sexually active adults will have at least one HPV infection during their lifetime (Asiaf et al. 2014). Despite HPV's prevalence, relatively little anthropological research has been completed on HPV or its attendant diseases. HPV-related research in anthropology has largely focused on cisgender (non-transgender) women and the prevention, screening, and treatment of cervical cancer. The release of the HPV vaccine Gardasil in the mid-2000s triggered enormous public attention through its associations with adolescent sexuality, especially in young girls and women (Wailoo et al. 2010). Anthropologists have focused on representations of and debates about HPV vaccination in relation to gender and sexuality, mostly emphasizing how local discourses shape representations and understandings of HPV (Wisner et al. 2012; Wentzell 2016; Pop 2016), the politics of pharmaceuticalization (Gottlieb 2013), and the biopolitics of reproductive technologies and vaccination (Towghi 2013; Chiang et al. 2015; Luque et al. 2010). These studies have demonstrated how discourses and understandings of HPV, its attendant diseases, and associated technologies are laden with normative cultural beliefs about gender and sexuality. Little attention has been paid to the role of specialist clinical practices of diagnosis and treatment in the production of these representations. Though Americans typically think HPV only affects women by causing cervical cancer (Pitts et al. 2016; Malkowski 2012; Carpenter & Casper 2009), it also causes condylomata acuminata (anogenital warts) and different kinds of dysplasia (pre-cancerous growth) and malignant neoplasms (cancerous tumors) of the anus, penis, throat, head, and neck. These sequelae remain largely invisible at the sociocultural level, revealing the operation of gender and sexuality in lay and biomedical understandings of HPV risk as located in vulnerable cisgender female bodies while rendering illegible the risks faced by cisgender men and transgender people. Further, the screening and diagnostic techniques and technologies, such as the Pap smear, that physicians use to identify and categorize lesions as non-cancerous, pre-cancerous, or cancerous are the same procedures for both cervical and anal diseases, though they continue to be closely associated with cisgender women's health (Carpenter & Casper 2009).

At a time when the unique health needs and concerns of LGBT people are being more widely recognized and constituted as a field of academic inquiry (Gutierrez-Morfin 2016; Byne 2014; Institute of Medicine 2011), there is a critical need for anthropological insights and theorization to better understand how medical practices and knowledge production shape patient experiences of disease, especially around taboo body parts and marginalized gender and sexual identities. This research uses a specific virus (HPV) and a specific body part (the anus) to focus on the relationships among gender, sexuality, biomedical practice, and knowledge production.

The objective of this research is to document the relationships among gender, sexuality, medical discourse, and medical practice at work in the diagnosis and treatment of HPV-related anal disease. To achieve this objective, the proposed research will seek to answer the following research questions:

1. How do clinical practices (e.g., patient-provider communication, screening techniques, and treatment procedures) enact HPV and anal disease?
2. How do expert and lay forms of knowledge contribute to the formation of bodies, gender, and sexuality in such enactments of HPV and anal disease?
3. How do other clinician and patient subjectivities (i.e., race, class, and age) intersect with gender/sexuality to shape these enactments?

This twelve-month ethnographic study will take place at a clinic for the treatment of anal disease in Chicago, Illinois, and will focus on clinical interactions as a predominate site of the cultural (re)production of gender and sexuality. This project will address the interactions of patients and providers in the clinic to understand the multiple enactments of HPV, anal disease, and gender/sexuality through biomedicine. Like every disease, HPV-related anal disease is at once individual, biological, and social; yet, given its status as a sexually-transmitted disease associated with a taboo body part, it is infused with ideologies of gender and sexuality. Following Mol (2002), my research will attend to the ways in which HPV and anal disease may be enacted as, for example, a disease complex with specific signs, a (gendered/sexualized) lived experience, a professional identity or habitus (Prentice 2012), and a set of clinical skills and practices. HPV-related anal disease is not simply the presence of a virus or pathology, but a complex multiplicity enacted by numerous discourses, practices, technologies, techniques, entities, and bodies through which biopolitical processes of standardization and normalization take place (Foucault 1990, 1997; Berg & Timmermans 2000; Daston & Galison 1992; Daston 2015). The convergence of these factors is indicative of the potential for HPV-related anal disease to open new avenues of theorizing the interplay of gender, sexuality, disease, illness, and biomedical practice and knowledge. By investigating practices of screening, testing, and treating bodies and populations, this project aims to document how the enactment of disease also enacts gender and sexuality in normative ways.

22. Project Description Question 2: How does your research build on existing scholarship in anthropology and closely related disciplines? Give specific examples of this scholarship and its findings. *(Press Ctrl + Tab to use tabs.)*

This research builds on three main areas of existing scholarship: enactment theory, expertise and biopolitics, and queer theory.

Enactment theory: Annemarie Mol (2002) proposes the concept of enactment to explain the various ways clinicians and patients create and perpetuate of diseases as multiplicities—that is, "a" disease is actually many different things depending upon context and setting. Enactment theory emerges out of a long history of social constructionism, particularly theories of performativity (Austin 1962; Butler 1990, 1993). Whereas performativity is mostly concerned with discourse, enactment focuses more intently on practices and thus helps overcome the apparent divide between material reality and perception in medicine (Mol & Law 2004). Medical anthropologists have identified several tools and techniques by means of which practitioners, researchers, and patients construct disease, illness, and treatment (Plemons 2017, 2014a; Prentice 2013; Saunders 2008; Dumit 2004; Berg & Mol 1998). For example, Eric Plemons (2014b) emphasizes sex reassignment surgery (SRS) as a sociomedical practice, rather than simply as a discourse about ethics or identity, to demonstrate how heteronormative assumptions about the "normal" sexed body are enacted through surgery on transgender bodies. SRS is only one example of the ways medical practices enact cultural beliefs and values to establish, reproduce, and/or resist normative categories of personhood (Hacking 2006). Rather than taking biomedical truths and norms as givens, I am interested in how such truths and norms are enacted through practice.

Expertise & Knowledge Production: The clinic is a site of the authoritative sociocultural production of normative beliefs and practices concerning gender and sexuality (Foucault 1990, 1994; Plemons 2014a, 2014b; Karkazis 2007; Cassell 1998). Medical practices and discourses enact sets of expert knowledge (Carr 2010), which in turn enact new distinctions and forms—ontologies—of bodies-as-medical-objects. The social construction of disease requires that such medical objects be made perceptible to practitioners through clinical practices. "Medical objects" refers to both material objects, such as examination tools and images, and the "working objects" (Daston & Galison 1992; Daston 2015). In the field of medicine, as medical students develop a physician's habitus (Bourdieu 1977, 1980; Prentice 2012), they become "experts" of the body (Good & Good 1993). Anthropological studies have situated expertise in the lived experiences of individual human subjects (Young 1997; Cassell 1998) and grounded it within communities of practice or social fields, arguing for a view of expertise as emerging through a repertoire of gestures, dispositions, and power relations derived from specific socio-historico-economic processes (Boyer 2005; Carr 2010). Rather than a set of knowledges or discourses that experts possess about the body, I view expertise as a situated practice that produces the body over which the expert claims authority (Carr 2010; Mol 2002; Lakoff 2005; Oudshoorn 1994). Thus, bodies-as-medical-objects do not pre-exist biomedical practices and discourses, but come into existence through the interplay of expert and lay practices and discourses within sociohistorical contexts (Foucault 1994). As such, I will also draw on the literature concerning patient-physician dynamics (Biehl & Moran-Thomas 2009; Mol 2008; Kleinman et al. 2005; Press 1990).

In clinical enactments of HPV-related anal disease, operable patients (Cohen 2005) make themselves available to biomedical manipulation. Under biomedical surveillance, patients develop a sense of self as a "body-with-anal-disease" which derives its meanings from medical research and broader social values as well as expert discourses of the normal and abnormal (Canguilhem 1978). As a source of authoritative knowledge that produces and reproduces norms, values, and beliefs concerning human bodies (Foucault 1990, 1994; Illich 1976; Oudshoorn 1994), such biomedical constructions of the human body and of diseases are structured by cultural ideals of gender and sexuality as well as race and class (Murphy 2012). Of course, such gendered and sexualized enactments of bodies-as-medical-objects are not limited to clinical environments. Small-scale practices at the clinical level must be contextualized within larger biopolitical processes (Foucault 1990, 1997. In the case of the enactment of "bodies-with-anal-disease," patients engage in disciplinary and biopolitical practices of operability by making themselves available for biomedical intervention and manipulation (Cohen 2005; Murphy 2012).

Queer Theory: Queer theory emerged in the 1990s with the primary aim of calling into question common or normative conceptualizations of sexual identity (Sullivan 2003), importantly challenging the stability of the very sexual categories taken for granted in preceding scholarship in gender and sexuality studies (Love 2014). Queer theory has been employed by anthropologists as a useful framework for exploring the naturalization of heterosexuality across cultures (Boellstorff 2007) and processes and practices of heterosexual normativity within American society (Boellstorff 2011; Weiss 2011; Gray 2009; Valentine 2007). Given the authoritative role of medical knowledge and practice in (hetero)normative American ideas about gender and sexuality, and the influence that lay ideas about gender and sexuality simultaneously have on science and medicine (Plemons 2017, 2014a; Hirschauer 1998; Schiebinger 1993; Laqueur 1992; Butler 1990, 1993), queer theory provides a useful framework for examining the role of heteronormativity in the enactment of disease. Race, ethnicity, gender, and sexuality are inseparable biopolitical subjectivities that are always already involved with and complicating each other. Thus, it will be important to theorize how race, gender, and sexuality are deployed in the enactment of HPV-related anal disease. Queer theory disrupts normative assumptions attached to racialized and sexualized bodies that attend biopolitical projects. This research project will incorporate the above theoretical approaches to continue the rich tradition of anthropological attention to the interplay of race/ethnicity and gender/sexuality (Dave 2012; Allen 2011; Edmonds 2010; Valentine 2007; Boellstorff 2005, 2007; Gutmann 2007; Gregg 2003; Kulick 1998).

23. Project Description Question 3: What evidence will you need to collect to answer your research question? How will you go about collecting and analyzing this evidence? *(Press Ctrl + Tab to use tabs.)*

The proposed research will take place over 12 consecutive months, from July 2018 through June 2019. The data collection methods I will employ for this ethnographic project include participant observation in the clinic and semi-structured in-depth interviews with clinic staff and patients to understand how clinical practices enact HPV and anal disease.

The Anal Dysplasia Clinic-MidWest (henceforth ADC) will be my primary research site. Located in Chicago, Illinois, ADC is the region's only HPV-related anal disease specialty clinic. The Medical Director and Founder, Dr. Gary Bucher, and the physician's assistant (PA) Noah Goss, are the only two providers in the Midwest certified in High Resolution Anoscopy (HRA), a complex technical procedure that magnifies anal tissue to detect and diagnose lesions at risk for developing into cancer. During the summer of 2017, I conducted preliminary clinical observations and discussed project organization and planning with the clinic staff in anticipation of beginning data collection in January. During a weeklong visit, I spent time observing all aspects of the clinic's daily operations, including patient-provider interactions in consultation and examination rooms, and Dr. Bucher and I established protocols for how I will integrate my research practices into the clinic's daily operations.

Participant Observation in the Clinic: To collect data concerning the practices and discourses that enact HPV-related anal disease, gender/sexuality, and other subjectivities such a race and class, I will engage in participant observation in the clinic, which will begin immediately upon arrival at the fieldsite. I will observe patient-staff interactions and document examples of discourses and practices by clinic staff that reflect gender and sexuality norms both through taking fieldnotes and through audio recording patient-provider interactions (n=50). I will make myself available to help clinic staff with patient flow, delivering specimens to the clinic lab, cleaning up exam rooms, calling patients with appointment reminders, or other office and clinical tasks as needed.

In-depth Interviews with Clinic Staff: To gather data on how staff think and talk about gender and sexuality concerning their treatment of patients with anal disease, I will conduct at least two in-depth interviews with each member of the clinic staff (n=5), which includes the physician, PA, two nurse practitioners, office manager, and receptionist, over the course of the project. Interviews with clinic staff will explore their understandings of clinic operations, perceptions of patient demographics, thoughts on the social and clinical specificity of HPV, and their understandings of anal disease. I will continue to develop and adjust interview topics and questions in response to participant observation in the clinic, which will continue through the end of the project.

In-depth interviews with Patients: Beginning in March, using clinic intake process, flyers left around the clinic, and staff referrals, I will recruit patients for semi-structured in-depth interviews (n=50). Clinic staff have confirmed that given the average of 40-50 appointments per week, my recruitment aims are reasonable. Patient interviews will include questions addressing beliefs and understandings about what sociocultural factors they think are most pertinent to their experience of HPV and anal disease, the role of gender and sexuality in their illness and its treatment, perceptions of the clinic and clinical practices, experiences with screening technologies and treatment procedures, and understandings of HPV and anal disease. I will conduct follow-up interviews with patients as needed to help clarify or more deeply explore issues raised in preliminary in-depth patient interviews.

Data Analysis: In-depth interviews with providers (n=5) and patients (n=50), as well as patient-provider interactions (n=50), will be digitally audio recorded and transcribed. All data will be saved to Box, a secure file storage account provided by the University of Arizona (box.arizona.edu). Audio recordings will be transcribed beginning while in the field. Scratch fieldnotes will be taken while engaged in data collection activities and detailed fieldnotes will be typed up as soon as possible at the end of the work day. Fieldnotes and transcripts will be analyzed using grounded theory and content analysis. Grounded theory is an inductive analytical methodology that identifies emergent themes in the text of interview transcripts to allow for the discovery of unanticipated themes. Analysis will include both a priori and emergent coding based on a code tree that will be finalized after transcription has been completed. Coding will begin concurrently with data collection, and transcripts and fieldnotes will be reviewed multiple times to continue to generate codes until saturation is achieved. Clinical observation transcripts will also be analyzed using content analysis. Content analysis is a blend of inductive and deductive methods for reducing the content of texts into variables that can be analyzed quantitatively and/or qualitatively for correlations. I will build a content dictionary (a list of key concept words and their associated synonyms) and use MAXQDA to automatically scan and tag all the transcripts for these code words. This information will help better understand the sociocultural processes at work in patient-provider interactions by identifying and describing the culturally-laden practices both providers and patients use in communicating about and making sense of HPV-related anal disease.

24. Project Description Question 4: What is your training; how are you prepared to do this research? List examples of your language competence, technical skills, previous research, and any other relevant experience. Describe any work you have already done on this project, and/or how it relates to your prior research. If you are collaborating with other academic personnel describe their role/s in the project and the nature of the collaboration. (*Press Ctrl + Tab to use tabs.*)

My academic and research training in medical anthropology have prepared me to carry out this research. I have pursued research on issues of LGBT rights, heteronormativity, and the body since my undergraduate education, where a research paper I wrote on heteronormativity in American popular culture won first place in my college's annual research conference. In my Master's program at The University of Texas at San Antonio, I combined my interests in queer theory and embodiment with an examination of biomedical education and training in an effort to better understand how biomedicine produces and reproduces queer subjectivities. My PhD-level coursework at the University of Arizona helped me more deeply explore the connections among biomedicine, institutionalized heteronormativity, and social justice. Courses in my PhD major including "Sex, Gender, Medicine," "Bodies, Genders, and Sexualities," and "Anthropology in Clinical Contexts" prompted me to critically examine how biomedical practice is used in American culture to justify and perpetuate heteronormative social norms, as well as how these norms are resisted or reproduced by queer people. In my PhD minor, Gender and Women's Studies, I have focused on issues of queer and trans studies in courses on Feminist Theory, Transgender Theory, and Transnational Feminisms. My comprehensive exam topics, completed in Fall 2016, focused on LGBT health disparities with Dr. Susan Shaw, queer and trans theories with Dr. Susan Stryker, power/knowledge and the medical production of normativity with Dr. Victor Braitberg, and techniques and technologies of visualization and diagnosis with Dr. Eric Plemons.

The proposed research builds on my previous work in important ways. I conducted original qualitative research with medical students in San Antonio, Texas, for my Master's Thesis. I gained IRB approval, designed the recruitment protocol, developed the interview questions, conducted the interviews, and analyzed the data using grounded theory. My Master's Thesis documented one way in which heteronormativity is embedded within and reproduced through biomedical education and training. An article developed from my Master's Thesis work exploring the dissonance present in the development of queer medical students' personal and professional identities was published in Medical Anthropology Quarterly (Robertson 2017). In that article, I propose the concept of the irrelevance narrative as a way of making sense of how queer medical students talk about their queerness as being irrelevant to their delivery of care while simultaneously recognizing how being queer affects their lives in substantial and meaningful ways. My Master's research, along with other recent scholarship on the same topic (Murphy 2014; Baker & Beagan 2009), served as "proof of concept" that medical education and practice is one site of the enactment of heteronormativity. The proposed project builds on that insight by seeking to investigate specific instances of heteronormative production in a clinical setting.
From August 2014 through December 2016, I worked as the Qualitative Data Manager for my advisor Susan J. Shaw's NIH-funded mixed-methods project on the role of culture, health beliefs, and health literacy in medication adherence among low-income chronic disease patients in Massachusetts. Working on this large multi-disciplinary project has provided substantial experience in data management, processing, and analysis, as well as the opportunity to supervise undergraduate interns and teach them how to process and analyze qualitative data. I am well versed in the data analysis software Atlas.ti and am comfortable managing large amounts of data. During my time on this project, I have been part of and observed many negotiations among researchers, clinic staff, and patients, about the interface between the study and regular clinical activities, providing me insight into the challenges of negotiating access and positioning myself as an independent researcher in this clinical context.

Ethical issues involved with the proposed research include protecting identities of patients and ensuring just compensation for their time. I take seriously the privacy issues involved with patient-physician encounters, as well as patient disclosure of sexual activities and behaviors. As such, I will obtain a National Institutes of Health Certificate of Confidentiality as insurance against being compelled to turn over data to authorities. Every effort will be made to ensure the privacy and identity of informants is protected, including meeting with patients at places and times they consider safe, destroying audio recordings after transcription is complete, redacting any identifying information from transcripts, using pseudonyms, and mixing up or leaving out details from patient stories in write-up if necessary. Informed consent will be obtained from all participants in line with the University of Arizona's IRB requirements. Any informants who wish to withdraw from participation will be respected and emphatically ensured that their decision to withdraw has absolutely no bearing on their medical treatment. Any request to have all of their previously shared information withdrawn from the project will be granted without question.

25. Project Description Question 5: What contribution does your project make to anthropological theory and to the discipline? Please note that the Foundation's mission is to support original and innovative research in anthropology. A successful application will emphasize the contribution its proposed research will make, not only to the specific area of research being addressed, but also to the broader field of anthropology. *(Press Ctrl + Tab to use tabs.)*

This project will contribute to anthropological theories of gender and sexuality and critical medical anthropology. The proposed research will add ethnographic rigor and specificity to the ways that "health disparities" are often framed. Whereas typically they are imagined as traits people bring with them to the clinic—constituting many of the patients in this study as "target" or "special" populations that the clinic serves—what I hope to show are the ways clinical practice itself helps to produce "disparities" rather than ameliorate them. Importantly, this is not meant in an accusatory way, that doctors are being neglectful; rather, the disparity and negative outcome are an effect of particular forms of positive inclusion (Epstein 2007). When, for example, a physician colloquializes "men who have sex with men" as "gay," perhaps in an effort to be welcoming and inclusive instead of distancing through public-health jargon, the physician is enacting forms of gendered subjectivity that contribute to anal disease as a problem of gay men. Values and ideas about gendered and sexualized subjectivities are smuggled in through the language of access and enacted not simply as values, ideas, or accessibility, but as anal disease itself.

I aim to illuminate how biomedical practices and knowledges about bodies, genders, and sexualities impact upon more than just patient-provider encounters; rather, biomedical practices contribute to the construction of gender and sexuality in important but sometimes subtle ways. Focused ethnographic attention to a clinical site where gender and sexuality norms are (re)produced has the potential to raise new kinds of questions about the role of medicine in the development of sexual subjectivity as well as theorize clinical practice as a site of biopolitics in conversation with queer anthropology. Analyses of biopolitical enactments of HPV-related anal disease in clinical encounters will enrich the literatures on disease enactment, medical technology studies, queer theory, and social determinants of health by drawing clear connections between gender and sexuality normativity and medical practice.

This project will also begin to fill gaps in anthropological knowledge regarding gendered/sexualized forms of cancer, including HPV-related cervical cancer and breast cancer, which has so far neglected anal cancer. It will contribute to anthropological literature on technologies of diagnosis and visualization (e.g., Plemons 2017, 2014a; Saunders 2008; Dumit 2004; Mol 2002; Timmermans & Berg 2003; Hirschauer 1998) by further theorizing the distinctions between "techniques" and "technologies" (Mauss 1935; Schalnger 2006; Pfaffenberger 1988). Finally, this work has the potential to draw together these medical anthropological literatures with archaeological scholarship that describes the co-productive relationship of bodies and technologies (e.g., Dobres 2000) to foster new cross-subdisciplinary dialogues.

26. Required Attachments

Applicants are required to attach the following documents to their online application.

- **Dissertation Fieldwork Application Form** *(this document)*
- **Project Bibliography** *(ten pages maximum)*
- **Applicant's Curriculum Vitae** *(five pages maximum)*
- **Supervisor's Curriculum Vitae** *(five pages maximum)*

Do NOT include appendices, endnotes, charts, illustrations, letters of reference, or other materials.

Attachments must be compatible with the Microsoft Word 2003, 2007, 2010, or submitted as PDF files.

Required Attachments should use single-line spacing with 10-point font or larger, and have 1-inch (2.5 cm) margins, top, bottom and either side of each page. Answers in the application form must use the preset Ariel 10-point font.

Please note: if the attachments do not meet these requirements, the application will not be accepted for review.

27. Online Application Submission

After completing the official Dissertation Fieldwork Grant Application Form, Project Bibliography, and required Curriculum Vitae, applicants must submit these application materials using the Foundation's online application submission procedures.

Click on or type https://www.GrantRequest.com/SID_577?SA=SNA&FID=35017 into your Internet browser to begin the online application submission process.

For detailed instructions on how to submit your application materials online, please see the "Access the Online Application" section in your application instructions or posted on the "Dissertation Fieldwork Grants" section on the Wenner-Gren website.

30. Printed Application Materials -- Assembly and Submission Instructions

After submitting the application form and required attachments online, applicants must send one (1) printed copy of the application form and attachments, PLUS four (4) additional copies of the application form only, to the Foundation offices to complete the filing process:

1. Applications must be received in **complete** and **final** form, with all questions answered. Revisions and items sent at a later date cannot be accepted.
2. Application must be made using the official Dissertation Fieldwork Application Form, and all questions and required attachments written in English.
3. Printed materials must be single-side copies.
4. Application materials should be divided into five (5) sets.

   Set 1 must be paper-clipped (NOT stapled) and collated as follows:

   - Dissertation Fieldwork Application Form
   - Project Bibliography
   - Applicant's and Supervisor's curricula vitae

   Sets 2-5 consist of the application form only, and should be stapled in upper left hand corner

Application materials must be postmarked by the application deadline (and received by the Foundation no later than two weeks after the deadline). Materials should be mailed in a single, securely bound package to:

Applications Office
WENNER-GREN FOUNDATION
470 Park Avenue South, 8th Floor North
New York, NY 10016
U.S.A.

If you are planning to submit your application materials via the U.S. Postal Service, please be advised that all packages weighing more than 13 ounces must be taken to the Post Office for mailing.

PLEASE NOTE: PRINTED APPLICATION MATERIALS MUST BE PHYSICALLY MAILED TO FOUNDATION