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This journal is a deep repository of reflections on living the health-humanities: as providers, scholars, thinkers, and recipients of health care. I'd like to add to this conversation with thoughts on what it has looked like for me to forge a career that centers the humanities in the questions of health care. More than a story of an individual trying to make their way in academia or the workforce, this process has illuminated some of the step-by-step of where respective knowledge systems work well together and where they often clash, and for creating new ways of understanding health and medicine.

Near the end of my doctoral program in history, I added a second program in public health to my studies. While my work already focused on the history of public health (specifically obstetric and reproductive health), I felt compelled (by the pandemic and giving birth myself) to add a program focused on providing health care. Thanks to willing advisers and administrators at my institution (and Zoom classes!), this process was relatively logistically painless.

However, as you might imagine, there has been some epistemological —and even existential— discordance between these two fields of study as I try to figure out how they coalesce into meaningful research questions that highlight the best of what each field has to offer. The questioning looks from my colleagues and the awkward committee meetings highlight a few broad themes I've noticed throughout this process:

Limited respect for the other: My historian colleagues are rightly eager to critique public-health and medical campaigns that entrench unjust power dynamics and the many that have enacted violence on vulnerable people seeking health care. However, this outrage sometimes masks an

elitism that denigrates any field focused on applied knowledge. (One colleague, upon hearing about my upcoming postdoctoral research position, asked me, "Oh, is it an *academic* position?").

My public health colleagues can't fathom how humanists can sit and watch the world burn and often hold a self-righteous indignation that they are "actually doing something." Fields like the history of science and medicine and medical/health humanities have done great work to create systemic ways for these fields to communicate with each other; what I still see lacking is an appreciation for each other's methods, the time they take, and patient consideration for when intellectual impasses emerge.

Limited avenues for accountability: The humanities model of academic accountability rests on peer review and critique. While the same is true for public health, this field is often subject to broader accountability due to funding models that bring in additional stakeholders, in addition to the people affected by their research. Yet neither field is regularly asked to think about the implications of their work beyond field-specific or donor-specific norms. My dissertation research focused on what went wrong in the implementation of a family-planning program in Peru that ostensibly addressed a need for contraception among Indigenous women, but was found to be a population-control campaign targeting Indigenous Peruvians. I found that, because the research about the reproductive needs of women were conducted with populations themselves through focus groups, researchers (a mix of social scientists, humanists, and public health scholars) developed "informed impunity": the supposed "realness" of the data made it —and any conclusions drawn from it— unimpeachable. This, in turn, made the data more manipulable by legislators, funding agencies, and providers, who could use it to form their own conclusions. Stronger accountability would have included cultural negotiation of norms around reproductive health with the people who were targeted by the intervention, input from them about the implementation of the campaign, and a reckoning with the history of health interventions and policy in the region. Humanists have rightly critiqued this event. However, we need to examine where the knowledge we have created is at play in events like this one, where researchers relied on our methodologies for gathering information, considering evidence, and making arguments.

Limited data legibility: Even though many health humanities projects draw from multiple fields, the incongruity of data across fields remains one of the key ways in which academic silos manifest. This has been especially evident to me in my study of "culture-bound illnesses," such as the Andean postpartum condition sobreparto, which I've written about for *Synapsis*. People who suffer from sobreparto experience weakness, fever, and even death. Yet, because the condition isn't recognized by biomedical science, scholarship addressing it is limited.

The data that exists from fields is kept separate by field-specific (one could say "culturally bound") information: one study showed doctors were diagnosing postpartum patients with endometriosis; in another location, most women received the diagnosis of rheumatoid arthritis. Anthropologists have linked the condition to loneliness and lack of social support often brought about during moments of mass migration. This example highlights the need for translation tools across fields, such as coding methods designed to identify risk factors and treatment across different literatures

in order to systematically summarize it in a way that is legible to other researchers and health providers.

Most of what I've discussed in this post addresses how to make humanities methods and knowledge legible during the later stages of research—particularly as part of health interventions. I've spent less time addressing the problem of using the structure of science and medicine as the backbone for these interventions. I imagine some of the methods I've proposed would work in this regard, as well, but welcome ideas about how to more meaningfully incorporate humanities methods and information into the structures of science and health care and how to move away from the god trick of science (and also many of the humanities fields) toward systematized methods needed to answer crucial research questions across our disciplinary backgrounds.

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