International Health and Global Society

Avian flu in East Asia; Ebola and AIDS in Africa; polio in South Asia; tuberculosis in Latin America; malnutrition and deficiency diseases in the developing world; stress, heart disease, and eating disorders in the United States and Europe: wherever we turn, we are assaulted by these images. The Internet, television, and print journalism ensure that we are never unaware of the health crises that besiege our globalizing society, to the extent that we see these problems as a symptom of globalization itself.

Yet such concern is far from new. Historians and epidemiologists have long recognized that the “microbial unification of the world” dates at least to the Black Death of the fourteenth century. Throughout the nineteenth century, cholera devastated South Asia, Europe, and the United States; a century ago, bubonic plague and flu each killed millions globally. In this course, we will draw on a wide range of historical and anthropological materials and methods to examine the history of public health and medicine as international phenomena. Focusing on the nineteenth and twentieth centuries, we will explore topics such as the connections between global pandemics of infectious disease and European colonial expansion; strategies for curtailing the spread of disease across borders; historical and contemporary anxieties about the health consequences of global migration; and the emergence of a global medical marketplace. Particular themes include the connection between health and wealth; the relationship between culture and medical ideas and practices; and the tensions of practicing medicine in multicultural settings.

Course Format and Evaluation Criteria:

The course is divided into units that address particular sets of problems and themes concerning international health. While most of the in-depth discussion of readings will take place in the sections, our large-group meetings will occasionally include some discussion as well as lecture. Your attendance and informed participation are crucial both to the group and to your performance in the class. Along with regular participation in discussion, this constitutes 25% of your final grade. Written work includes three papers (5-7 pp.) based on selected readings, each of which also constitutes 25% of your grade.

Readings:

Course readings are available electronically on Learn@UW. I recommend that you download all materials at the beginning of the semester.
In compliance with the Americans with Disabilities Act, I urge any student with a disability to inform me as soon as possible, so that I may make any necessary accommodations to ensure full participation and facilitate educational accessibility. All such requests are confidential.

Students are expected to familiarize themselves with UW policies on plagiarism and to assume full responsibility for academic integrity in all coursework.

Meeting schedule:

Tues., Sept. 2—Course introduction

Thurs., Sept. 4—Contact and Conflict: Medicine, Culture, and Common Sense


Tues., Sept. 9—The Political Economy of Health and Disease


Setting the Stage: Colonial Medicine as Global Medicine

Thurs., Sept. 11—Medical Geography and European Expansion: Mapping Disease Landscapes


Tues., Sept. 16—God, Guns, and Medicine: Medical Missions and Tropical Disease

David Livingstone, Missionary Travels in South Africa (New York: Harper and Brothers, 1858), 1-34, 141-47.

Thurs., Sept. 18—A Different Sort of Mission: France in Algeria

Tues., Sept. 23—Ethnoepidemiology: Disease, Population, Culture


Thurs., Sept. 25—Public Health on the Ground: Plague and Politics


David Arnold, *Colonizing the Body*, 200-239.


Tues., Sept. 30—The Beginnings of Tropical Medicine


Thurs., Oct. 2—‘African Suffering’ and Medical Paradigms


FIRST PAPER DUE THURSDAY, OCTOBER 2, IN CLASS.
Making Connections: Disease from Colonialism to Globalization

Tues., Oct. 7 — From Sanitary Policing to World Health: Ideology and Institutions


Thurs., Oct. 9 — Organizing World Health


Tues., Oct. 14 — The End of Infectious Diseases? The Ideology and Politics of Eradication


Thurs., Oct. 16 — Emerging Disease and Representation


Tues., Oct. 21 — AIDS: History, Politics, and Epidemiology

Thurs., Oct. 23—AIDS and Its Precedents: Reliving the Dark Ages


Tues., Oct. 28—Fighting the Pandemic: Politics and Finances


Thurs., Oct. 30—Eradicationism Redux: Polio


Tues., Nov. 4—Non-Communicable Diseases: The Great Silence of Global Health


SECOND EXAM DUE IN CLASS TUESDAY, NOV. 4
Histories of the Present: Inequalities and Ethics in a Globalizing World

Thurs., Nov. 6—Health without Disease, Part 1. Missionaries, Motherhood, and Medicalization


Tues., Nov. 11—Population Control


Thurs., Nov. 13—Legacies and Inequalities: Women and World Health


http://ucatlas.ucsc.edu/gender/Sen100M.html


Tues., Nov. 18—Health without Disease, part 2. Mental Health from Colonialism to the Contemporary


Film: *The Healers of Aro*
Thurs., Nov. 20 — A New Global Health for the Twenty-First Century

Andrew Lakoff, “Two Regimes of Global Health” Humanity: An International Journal of Human Rights, Humanitarianism, and Development, 1, 1 (Fall 2010), 59-79

Tues., Nov. 25 — New Actors: Framing Social Justice on a World Stage


THURSDAY, NOVEMBER 27: NO CLASS—THANKSGIVING DAY

Tues., Dec. 2 — Quick Fixes? Technology and Its Limitations


Thurs., Dec. 4 — Industry, Ethics, and Technologies of Knowledge Production


Tues., Dec. 9 — Access to Essential Medicines: Monopoly and Philanthropy

Thurs., Dec. 11— Global Trade and the Bodies of the Poor


FINAL PAPER DUE DECEMBER 19 BY 4:45 PM IN MSC 1145.