Summer A 2018
Global Health Culture
ANT 3478 Section 03A7
MTWRF 9:30-10:45
Turlington L005

Instructor: Yasemin Akdas
Office: Turlington B103
Office hours: Mondays and Wednesdays, 8:30-9:20, and by appointment.
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Course description

This course will introduce students to the social, cultural and political world of global health in the 21st century. We will explore the complex negotiations involved in contemporary efforts to understand, prevent and cure disease and promote health across diverse global cultures and societies. To do so, we will expand our understanding of "culture" beyond the "exotic" to include the flows of capital, technology, techniques, ideas, power and values that define the cultures of biomedicine, public health and international development. Our goal will be to interrogate relationships between the local and global, policy and practice, and conflicting notions of *how* global health should be done. The class will be divided into four sections. The first section will explore various historical, philosophical and anthropological ideas about the field of global health, including its roots in colonial medicine and the ethics of humanitarianism. The second section will discuss local experiences of health, illness and healing as they intersect with public health and political economy factors. The third section will explore the culture of biomedicine – from epidemiology, clinical research, pharmaceutical policy and disease surveillance systems. The last section will focus on the culture of global health governance, including the World Health Organization, the Gates Foundation and institutional efforts to mobilize funds and action for pandemic preparedness, planetary health and the Sustainable Development Goals. The course will provide a forum for students in anthropology, geography, sociology, development studies, public health, medicine and other disciplines. We will critically analyze and reflect on our own taken-for-granted assumptions about infections and inequalities, global hierarchies of power, local health cultures and experiences, transnational health movements, and global arrangements of development and underdevelopment that influence life and death.

Course Objectives
- Generate conceptual and theoretical insight into the study of global health from a critical social science perspective;
- Further student knowledge and learning of how global health is influenced by social, cultural, political, economic and ecosystem dynamics at different local and global levels;
- Further student knowledge and learning on the biopolitics of public health intervention, policies and systems for health and illness;
- Build insight into the importance of anthropological research as a pathway for health activism and social justice;
- Strengthen practical skills for students in academic journal article analysis, essay writing, debate skills and critical self-reflection.

Grades and Course Requirements
All assignments are announced well in advance, and cannot be made up for any reason unless in the most exceptional circumstances, such as illness or a family emergency. Students must provide a doctor's note or

note from the proper University authorities, and alert the instructor **prior** to missing an assignment's due date. Additionally, University policy states that individual students may not be offered extra credit opportunities that are not offered to all students, so **please do not ask for individual opportunities for bonus points**.

1. Participation = 10%
2. Assignments = 40%
3. Research poster = 50%

1. Participation (20 points; 10%)
Attendance is not mandatory; however, attendance is required to earn credit for oral participation in class. Lecture slides will not be available outside of class and foundational concepts and definitions that cannot be found in the readings will be introduced during lecture at every course meeting. You are expected to keep up with the readings and to come to class well prepared and make thoughtful, relevant contributions to class discussions. I will evaluate your participation based on the *quality* of your contributions and not simply on how often you speak in class. The purpose of evaluating your participation is to encourage you to prepare for class and to promote thoughtful analysis and discussion.

2. Assignments (20 points each, 80 points total; 40%)
There will be four assignments this semester, each worth 10 points. Assignments will cover material from each four sections of the course, and will include a variety of activities, ranging from proposal writing, debates, critical group discussions and study design preparation. The assignments should be completed in Canvas by 5pm on the days they are due. The first assignment is due on **Monday, May 21**, the second assignment on **Wednesday, May 30**, the third assignment on **Friday, June 8**, and the fourth on **Friday, June 15**.

3. Research poster and presentation (Proposal: 10 pts; Abstract: 10 pts; Annotated Bibliography: 10 pts; Poster & bibliography: 60 pts; Presentation: 10 pts; Total = 100 pts; 50%)
Each student will complete independent research on one topic meets his/her professional goals and objectives, and intersects with the objectives and content of this course, and present their research findings in a poster, given during one of the poster sessions in weeks 6. More information about appropriate topics, content, format and presentation will be discussed in class and posted on Canvas later on in the semester. **There are five graded components to this**: 1) a poster proposal, outlining your topic, why it is important, key questions and issues your topic will explore, due by **5pm on Friday, May 25** in Canvas; 2) an abstract (250 – 300 words) outlining the research topic in brief detail, due by **5pm on Monday, June 4** in Canvas; 3) an annotated bibliography with at least ten carefully selected references from scholarly literature, also turned in Canvas (under *Assignments*) by **5pm on Monday, June 4**; 4) the poster and accompanying final (not annotated) bibliography, each due in pdf format via Canvas (*Assignments*) on your presentation day; 5) your presentation, which will be graded based on professionalism, how well you know the material and engage fellow students in discussions. Students not presenting on a certain day will be expected to participate (and will earn participation points). All references require parenthetical citations and bibliographic references. The bibliographic material must be submitted in formal APA, MLA, or Chicago Style citation conventions.

If you are aware of any pending conflicts with any of the assignments, please let the instructor know immediately so that alternative accommodations can be made.

Grades
Grades for this course will be assigned according to UF's grading policy. Grades are awarded on the basis of points received in the class and are not curved. Final grades will be based on the following scale: A (94-100), A-(90-93.99), B+ (87- 89.99), B (84-86.99), B- (80-83.99), C+(77-79.99), C (74-76.99), C- (70-73.99), D+(67- 69.99),

D (64-66.99), D- (60-63.99), E (<59.99). I will not assign grades of "incomplete" except under extreme circumstances (and only if you have completed 50% of the coursework). For further information, please review the UF policy here: https://catalog.ufl.edu/ugrad/current/regulations/info/grades.aspx#grades.

Required Course Texts

1. Farmer, P., Kim, J. Y., Kleinman, A., & Basilico, M. (2013). *Reimagining global health: an introduction.* Univ of California Press.

2. Nichter, M. (2008). *Global health: Why cultural perceptions, social representations, and biopolitics matter*. University of Arizona Press.

Both texts are mandatory. It is recommended that students purchase previously owned books via the Internet. All readings assigned from the two mandatory texts are marked with an (*) in the reading list below. All other course readings are available via the UF library system. It is up to each student to find the required readings online, using their UF account or through an internet search engine. The instructor prefers this method, as it helps students to become familiar with searching for academic articles and promotes the general perusal of academic publications by the class.

Policy on Late Assignments
You are required to complete all assignments by the stated due dates. In cases where the assignment is uploaded to e-learning, it is your responsibility to ensure that your paper has the proper extension (.pdf, .doc, or .docx ONLY) and can be opened by me. Documents with the wrong extension, that are corrupt, or those that otherwise don't open will be counted late until you provide a working version. Be sure to confirm proper upload of your papers and I advise you to take screenshots of submission confirmation pages in case there are any problems, so that you do not lose points for improper or lack of upload. Late assignments will lose one half-letter grade for each day past the deadline. There are no make-up opportunities for any assignment. You must provide documentation from an appropriate authority in case of illness or other circumstance that prevents the timely completion of your work.

Requirements for class attendance and make-up exams, assignments, and other work in this course are consistent with university policies that can be found in the online catalogue at http://catalog.ufl.edu/ugrad/current/regulations/info/attendance/aspx.

Use of Electronics
Cell phones, headphones, iPods, MP3 players etc. are not be permitted during class time, and all students must turn off or silence their phones prior to class. A student caught talking on their phone or texting will be asked to leave class. Laptops are permitted for note taking purposes only.

Academic Honor Code
UF students are bound by The Honor Pledge, which states, "We, the members of the University of Florida Community, pledge to hold ourselves and our peers to the highest standards of honor and integrity by abiding by the honor code. On all work submitted for credit by students at the University of Florida, the following pledge is either required or implied: "On my honor, I have neither given nor received unauthorized aid in doing this assignment." The Honor Code (http://www.dso.ufl.edu/sccr/process/student-conduct-honor-code/) specifies a number of behaviors that are in violation of this code and the possible sanctions. Furthermore, you are obligated to report any condition that facilitates academic misconduct to appropriate personnel.

Americans with Disabilities Act
Students requesting classroom accommodation must first register with the Dean of Students Office. The Dean of Students Office will provide documentation to the student who must then provide this documentation to the Instructor when requesting accommodation.

University of Florida Counseling Services
Resources are available on-campus for students that feel like they are struggling in their personal or academic life. These resources include:

- University Counseling Center, 301 Peabody Hall, 392-1575, personal and career counseling http://www.counseling.ufl.edu/cwc/Default.aspx
- Student Mental Health, Student Health Care Center, 392-1171, personal counseling
- Sexual Assault Recovery Services (SARS), Student Health Care Center, 392-1161, sexual counseling
- Career Resource Center, Reitz Union, 392-1601, career development assistance and counseling
- University Police Department, 392-1111, or 9-1-1 for emergencies

Online Course Evaluations
Students are expected to provide feedback on the quality of instruction in this course based on 10 criteria. These evaluations are conducted online at http://evaluations.ufl.edu. Evaluations are typically open during the last two or three weeks of the semester, but students will be given specific times when they are open. Summary results of these assessments are available to students at http://evaluations.ufl.edu/results.

Date	Topic	Reading Assignments
Section 1: What is global health?		
5/14	What is Global Health?	• Paul Farmer et al., Introduction, in Reimagining Global Health. Pp. 1-14.* • Paul Farmer et al., Global Health Priorities for the Early Twenty-First Century, in Reimagining Global Health. Pp. 302-340.*
5/15	Historical Perspectives 1: Colonial Medicine	• Jeremy Greene et al. Colonial Medicine and Its Legacies, in Reimagining Global Health. Pp. 33-73.*
5/16	Historical Perspective 2: International Health	• Basilico et al. Health for All? Competing Theories and Geopolitics, in Reimagining Global Health. Pp. 74-110.*
5/17	Anthropology in/of Global Health	• Bridget Hanna & Arthur Kleinman, "Unpacking Global Health", in Reimagining Global Health. Pp. 15-32.* • Janes, C. R., & Corbett, K. K. (2009). Anthropology and global health. *Annual Review of Anthropology*, *38*, 167-183.
5/18	The politics of global health partnerships	• Crane, J. T. (2010). Unequal 'partners'. AIDS, academia, and the rise of global health. *BEHEMOTH-A Journal on Civilisation*, *3*(3), 78-97. • Berry, N. S. (2014). Did we do good? NGOs, conflicts of interest and the evaluation of short-term medical missions in Sololá, Guatemala. *Social Science & Medicine*, *120*, 344-351.
5/21	Health, ethics and social values	• Suri et al. Values and Global Health, in Reimagining Global Health. Pp. 245-286.* • World Health Organization. (2015). Global health ethics key issues: global network of WHO collaborating centres for bioethics. WHO Press. • Farmer, P., & Campos, N. G. (2004). New malaise: bioethics and human rights in the global era. *The Journal of Law, Medicine & Ethics*, *32*(2), 243-251.
		Assignment 1 is due by 5:00pm.
Section 2: Problems of the "local"		
5/22	Ethnophysiology	• Mark Nichter, Perceptions of Ethnophysiology Matter, In Global Health, Pp. 23-40.* • Geissler, W. (1998). 'Worms are our life.' Understandings of worms and the body among the Luo of western Kenya. *Anthropology and Medicine*, 5:63-79. • Quinlan, M. B. (2010). Ethnomedicine and ethnobotany of fright, a Caribbean culture-bound psychiatric syndrome. *Journal of ethnobiology and ethnomedicine*, *6*(1), 9.
5/23	Illness Causality & Categories	• Mark Nichter, Representations of Illness Causality and Vectors that Transmit Disease, In Global Health, Pp. 24-68.* • Mark Nichter, Why is Research on Local Illness Categories Important? In Global Health, Pp. 69-84.*

5/24	Suffering and stigma	• Ramdas, S., van der Geest, S., & Schallig, H. D. (2016). Nuancing stigma through ethnography: the case of cutaneous leishmaniasis in Suriname. *Social Science & Medicine*, *151*, 139-146. • White, C. (2005). Explaining a complex disease process: talking to patients about Hansen's disease (leprosy) in Brazil. *Medical anthropology quarterly*, *19*(3), 310-330.
5/25	Structural Violence	• Farmer, P. (1996). On suffering and structural violence: A view from below. *Daedalus*, 261-283. • Donovan, J. L., & Blake, D. R. (1992). Patient non-compliance: deviance or reasoned decision-making?. *Social science & medicine*, *34*(5), 507-513.
	Research poster proposal is due by 5:00pm.	
5/28	No class: Memorial Day.	
5/29	Behavior, risk and blame	• Aagaard-Hansen J, Claire L: Neglected tropical diseases: equity and social determinants. In Equity, Social Determinants, and Public Health Programmes. Edited by Blas E, Anand SK. Geneva: WHO Press; 2010:135–157. • Launiala, A. (2009). How much can a KAP survey tell us about people's knowledge, attitudes and practices? Some observations from medical anthropology research on malaria in pregnancy in Malawi. *Anthropology Matters*, *11*(1). • Lupton, D. (1993). Risk as moral danger: the social and political functions of risk discourse in public health. *International journal of health services*, *23*(3), 425-435.
5/30	Community engagement and global health labor	• Rifkin, S. B. (1996). Paradigms lost: toward a new understanding of community participation in health programmes. *Acta tropica*, *61*(2), 79-92. • Nichter, M. (2006). Anthropology and global health: Reflections of a scholar-activist. *India Review*, *5*(3-4), 343-371. • Prince, R. J., & Otieno, P. (2014). In the shadowlands of global health: Observations from health workers in Kenya. *Global public health*, *9*(8), 927-945.
	Assignment 2 is due by 5:00pm.	
	Section 3: Problems of "biomedicine"	
5/31	Epidemiology and anthropology	• Trostle, J. A., & Sommerfeld, J. (1996). Medical anthropology and epidemiology. *Annual Review of Anthropology*, *25*(1), 253-274. • Boyce, P. et al. (2007). Putting sexuality (back) into HIV/AIDS: Issues, theory and practice. *Global Public Health*, *2*(1), 1-34.

6/1	Disease models and narratives	• Leach, M., & Scoones, I. (2013). The social and political lives of zoonotic disease models: narratives, science and policy. *Social science & medicine*, *88*, 10-17. • Christley, R. M. et al. (2013). "Wrong, but useful": negotiating uncertainty in infectious disease modelling. *PloS one*, *8*(10), e76277.
6/4	Research and metrics	• Biruk, C. (2012). Seeing like a research project: Producing "high-quality data" in AIDS research in Malawi. *Medical anthropology*, *31*(4), 347-366. • Anne Becker et al., The Unique Challenges of Mental Health and MDR-TB, in Reimagining Global Health. Pp. 212-244.*
*Research poster abstract and annotated bibliography are due by 5:00pm.*	
6/5	Policy and evidence	• Allen, T., & Parker, M. (2016). Deworming delusions? Mass drug administration in East African schools. *Journal of biosocial science*, *48*(S1), S116-S147. • Béhague, D. P., & Storeng, K. T. (2008). Collapsing the vertical-horizontal divide: an ethnographic study of evidence-based policymaking in maternal health. *American Journal of Public Health*, *98*(4), 644-649.
6/6	Pharmaceuticals	• Mark Nichter, Perceptions of Pharmaceuticals and Quality of Care, In Global Health, Pp. 85-104.* • Petryna, A. (2005). Ethical variability: drug development and globalizing clinical trials. *American Ethnologist, 32*(2), 183-197.
6/7	Limitations	• Bierlich, B. (2000). Injections and the fear of death: an essay on the limits of biomedicine among the Dagomba of northern Ghana. *Social science & medicine*, *50*(5), 703-713. • Adelson, N. (1998). Health beliefs and the politics of Cree well-being. *Health:*, *2*(1), 5-22.
6/8	Space and surveillance	• Peckham, R., & Sinha, R. (2017). Satellites and the New War on Infection: Tracking Ebola in West Africa. *Geoforum*, *80*, 24-38.
*Assignment 3 is due by 5:00pm.*	
**Section 4: Problems of "governance"**	
6/11	States and citizens and the politics of scaling-up	• Pfeiffer, J. (2003). International NGOs and primary health care in Mozambique: the need for a new model of collaboration. *Social science & medicine*, *56*(4), 725-738. • Jim Yong Kim et al., Scaling-up Effective Delivery Models Worldwide, in Reimagining Global Health. Pp. 184-211.*
6/12	The World Health Organization	• Chorev, N. (2013). Restructuring neoliberalism at the World Health Organization. *Review of International Political Economy*, *20*(4), 627-666. • Lee, K., & Pang, T. (2014). WHO: retirement or reinvention? *Public health*, *128*(2), 119-123.

6/13	Philanthro-capitalism & global health	• Erikson, S. L. (2015). Secrets from whom? following the money in global health finance. *Current Anthropology*, *56*(S12), S306-S316. • Harman, S. (2016). The Bill and Melinda Gates Foundation and legitimacy in global health governance. *Global Governance: A Review of Multilateralism and International Organizations*, *22*(3), 349-368.
6/14	Future Directions I	• Mark Nichter, Towards a next generation of social science research, In Global Health, Pp. 151-186.* • Luke Messac et al., Redefining the Possible, in Reimagining Global Health. Pp. 111-132.* • Adams, V., Burke, N. J., & Whitmarsh, I. (2014). Slow research: Thoughts for a movement in global health. *Medical Anthropology*, *33*(3), 179-197.
6/15	Future Directions II	• Jonathan Weigel et al., Taking Stock of Foreign Aid, in Reimagining Global Health. Pp. 287-301.* • Buse, K., & Hawkes, S. (2015). Health in the sustainable development goals: ready for a paradigm shift?. *Globalization and health*, *11*(1), 13.
	Assignment 4 is due by 5:00pm.	
6/18	*Research poster presentation.*	
6/19	*Research poster presentation.*	
6/20	*Research poster presentation.*	
6/21	*Research poster presentation.*	
6/22	*Research poster presentation.*	