



# INTERNATIONAL HONORS PROGRAM

comparative study around the world

566 Columbus Avenue, Boston, MA 02118 phone: 617-375-8101 fax: 617-236-0162 info@ihp.edu www.ihp.edu

## **Health and Community Program 1**

### **Globalization and Health**

**IBPH- 3500 (4 credits)**

**Spring 2009**

#### ● COURSE DESCRIPTION

In this course we will explore the global movements that influence health and illness and the relationship between the health of individuals, communities, and nations. The course consists of a series of site visits, lectures, discussions, and readings supported by individual research to understand how the economic, political and social factors of globalization influence health. In each country we will review the historical and sociopolitical context of health; investigate how economic forces influence the configuration of and access to health-related services; and explore the role of individual and community agency, democratic decision-making, and social inequalities as social determinants of health.

#### ● COURSE THEMES

### **I. Conceiving/Defining Globalization and Health**

What is globalization? Is it a new phenomenon? What are its causes and effects? How does it affect developed and developing countries and the relations between them? Is it reversible? How can we evaluate the effects of globalization on health against the other processes at work? In this unit we will be introduced to a general picture of global health issues, the supranational health organizations and philanthro-capitalists that co-ordinate and fund health improvement campaigns in poorer countries, and the unprecedented challenges posed by global warming, peak oil, and environmental degradation.

### **II. Political and Policy Dimensions of Globalization**

This section will examine the historical relationship between colonization, development, and globalization, and the challenge globalization poses to nation-states as centers of political power and policymaking. Many political and economic decisions are now made by supranational political, corporate, and financial institutions, rather than nation-states. The public's health is also affected by international security, new concepts of human rights, and the simultaneous existence of democratic, feudal, and totalitarian government structures. In a newly global world, who is "the public"? Can the new global civil society influence health decisions through transnational strategies?

### **III. Economic Dimensions of Globalization**

The transition from national control toward globally integrated markets has increased health, wealth and living standards for many people. But the benefits of globalization have not been distributed equitably, and the gulf between rich and poor threatens the health of communities and the stability of the international order. How (and whether) dispossessed populations can benefit from open global markets and entrepreneurial capitalism is hotly debated: Is free trade new? Who is in favor of free trade and capital mobility and who opposes it? Do their positions depend on their economic interests? Why and when do states stop protecting their markets against external threats? Are transnational corporations and financial markets part of a new global economy beyond the control of

national governments? Can corporations be seen as “organizations” when they themselves are enmeshed in vast networks of ownership, management, and finance?

In the health arena global financial institutions define health care as an economic commodity and promote market-based approaches to providing health-related services, including water and education. In contrast, human rights and public health perspectives emphasize the right of citizens to health care and the responsibility of governments to provide it. Improved communication has made scientific knowledge available to an unprecedented number of people; at the same time knowledge ‘owners’ have fought to create intellectual 'property' rights, including scientific knowledge. The globalizing labor market has enticed health professionals out of the countries where they are most needed, and large-scale travel and migration has facilitated the spread of disease. Global markets have made more medical treatments available to more people yet the same markets promote the spread of goods, lifestyles, and occupational conditions that undermine health. Internationally-directed development schemes encourage industrialization and urbanization, both of which bring dramatic changes to individual and community health contexts. Finally, global debt burdens prevent governments from making expenditures to safeguard the health of the poor, both directly in terms of clinic services, and indirectly in the provision of clean water, sanitation, food subsidies, employment schemes, labor protection, pollution control, etc.

#### **IV. Social and Cultural Dimensions of Globalization**

How has globalization transformed our sense of who we are, where we are, and where we belong? Communication technologies have led to unprecedented interaction across boundaries of geography, national identity, and local community. Globalization has changed our sense of space, place, identity, belonging, social organization, and the definition of “we”. In the past, nation-states had a near monopoly on the creation of collective identities. We now see a splintering of national groups into sub-national ones (micro-nations) and supranational ones (transworld diasporal identities, indigenous people's movements) and the conception of the planet as a single place.

What effect do local and international 'anti-globalization' movements have in the health arena? As individuals, communities, nation-states, and organizations become enmeshed in global networks of technology, goods, money, people, symbols, and rules, there are new challenges and opportunities for human agency and health activism.

#### **●COURSE AIMS AND OBJECTIVES**

At the end of the course, students will be able to:

- Identify the broad trends that contribute to globalization; evaluate a range of theoretical and historical perspectives from which arguments are made about globalization and global development; and identify the trends in globalization that are most salient for health
- Describe and critically discuss how major international organizations and actors related to health operate
- Explain the impact of globalization on public health institutions and policies, and on other individual, social, political and economic determinants of health and illness.
- Propose creative ways that individuals and institutions might take concrete action to address the policies and practices of globalization that undermine good health.

#### **●COURSE REQUIREMENTS**

#### **Assessment**

1) *Class Participation*: You are expected to attend all classes. If you miss a class due to illness you are responsible for catching up on all material before the next class. Some classes will be conducted as seminars in order to deepen your understanding of the readings dialogically and make connections with what we are seeing in site visits and from guest speakers. In order for this approach to be effective, you must participate fully in class discussions. Participation grades are based on your willingness to voice your opinions, your ability to listen closely to others, and your commitment to treat each other with respect even when disagreeing strongly. Please see me if you are uncomfortable with public speaking.

2) *Reading Guides*: A reading guide is a 1-2 page (handwritten) document intended to help you read each article carefully and critically, synthesize your observations and questions, and lay the groundwork for class discussions and the final project. It consists of:

- A 1-2 paragraph summary that shows understanding of the author's main points;
- Two critical comments, questions, or examples that illustrate the argument (1-3 sentences each);
- Two or three thoughtful discussion questions that connect the author's argument to previous readings, other classes, or an experience in the field.

3) *Final Project*: “Design a 3-dimensional model to represent as many dimensions of the concept of globalization as you can, as well as its effects, directly and indirectly, on health.”

This assignment will help you collect and connect many of the conceptual and experiential strings you have been exposed to by designing a 'model' to show the connections and discontinuities that you consider important. The model will serve as a visual aid or a teaching tool to help articulate how you see 'globalization and health', and make your understanding of a complex topic accessible to others. It will also highlight the inevitable limitations of explanatory models. There are many possible approaches. Ideally, the project will take the form of a constructed 3-D model (static or kinetic). If that is not technically feasible, it can be submitted as a detailed blueprint for construction with extensive explanatory notes. Alternatively, it can include an interactive audience-participation component, or any other format that expresses your vision - your imagination is the limit. All models will be presented in a group 'exhibition' during which you will explain and/or demonstrate your model to a large audience. Detailed instructions will be provided one month in advance.

**Grading:** Participation (10%); Reading Guides & Assignments(50%); Final Project (40%)

## ● READINGS

### GENEVA

Pre-departure research

WHO. 1978. "The Declaration of Alma-Ata."

Theodore M. Brown, Marcos Cueto, and Elizabeth Fee, “The World Health Organization and the Transition from ‘International’ to ‘Global’ Public Health,” *American Journal of Public Health* 2006 (96)1:62-72.

Italian Global Health Watch, From Alma Ata to the Global Fund: The History of International Health Policy, *Social Medicine*, 2008, (3)1: 36-48.

Elizabeth Fee, Marcos Cueto, and Theodore M. Brown. WHO at 60: Snapshots From Its First Six Decades. *American Journal of Public Health* 2008 (98) 4: 630-633.

Howard Frumkin, Anthony J. McMichael. “Climate Change and Public Health: Thinking, Communicating, Acting” *American Journal of Preventive Medicine*, [Volume 35, Issue 5](#), Pages 403-410 (Nov 2008).

### INDIA

Selections from the India Reader (to be announced)

Muhammad Yunus. *Banker to the Poor: The Story of the Grameen Bank*. Perseus Books, 1999. Parts I – VIII.

Pam Rajput. 'Women and Globalisation: Is Microcredit the Answer?' *Journal of International Development and Cooperation*, Vol. 9, No. 2, pp.1-22

Bill McKibben. 'The Enigma of Kerala'. *DoubleTake Magazine*, Summer 1995.

Richard Eckerseley. 'Is Modern Western Culture a Health Hazard?' *Int J Epidemiology* 2006;35:252-258.

## CHINA

Dale Wen, *China Copes with Globalization: A Mixed Review*. Int'l Forum on Globalization, 2006.

Christopher Flavin and Gary Gardner, 'China, India, and the New World Order' in *State of the World 2006: The Challenge of Global Sustainability*. Worldwatch Institute.

Ichiro Kawachi and Sarah Wamala, 'Poverty and Inequality in a Globalizing World' in Kawachi and Wamala. *Globalization and Health*. Oxford Univ Press, 2007.

Christer Hogstedt, David H. Wegman, Rod Kjellstrom, 'The Consequences of Economic Globalization on Working Conditions, Labor Relations, and Worker's Health, in Kawachi and Wamala. *Globalization and Health*. Oxford Univ Press, 2007.

International Labour Office, 'Economic Security for a Better World', Geneva: ILO, 2004.

Robert M. Sapolsky, *Why Zebras Don't Get Ulcers*. Freeman & Co, 1998., Chap 1&15.

Pascale Allotey and Anthony Zwi, 'Population Movements' in Kawachi and Wamala. *Globalization and Health*. Oxford Univ Press, 2007.

Kelley Lee, Devi Sridhar, Mayur Patel, 'Bridging the divide: global governance of trade and health'. *The Lancet* 2009; 373:416-22.

R. Stott. *Contraction and Convergence: Healthy Response to Climate Change*. *BMJ* 2006;332:1385-1387.

Raymond R. Hyatt, Jr, 'Military Spending: Global Health Threat or Global Public Good?', in Kawachi and Wamala. *Globalization and Health*. Oxford Univ Press, 2007

## SOUTH AFRICA

Institute for Agriculture and Trade Policy. *U.S. Food Aid*, www.iatp.org. Chap 2 - 6.

Raj Patel, *Stuffed and Starved: The Hidden Battle for the World Food System*. Melville House, 2008.

Richard D Smith, Carlos Correa, Cecilia Oh, 'Trade, TRIPS, and pharmaceuticals'. *The Lancet* 2009;373:1-8.

Kelly Lee, Devi Sridhar, Mayur Patel, 'Bridging the Divide: Global governance of trade and health'. *The Lancet* 2009; 373:416-22

Toye and Richard Toye, 'What Lessons for the Future?' *The UN and Global Political Economy: Trade, Finance, Development*. Indiana University Press: 2006

Ted Schrecker, Ronald Labonté and Roberto De Vogli, 'Globalisation and health: the need for a global vision'. *The Lancet*, Volume 372, Issue 9650, 8 -14 November 2008, Pp 1670-1676.

### ● SEMESTER AT A GLANCE

Session	Topic	Readings	Place
1	Lecture: (1) <b>Course Introduction;</b> (2) <b>Climate Change, Peak Oil, the New Economic Order</b>	Frumkin; Brown; IGHW; Fee	Geneva
2	Lecture: <b>Historical Context: 1492 to the Cold War</b>	India Reader Selections (TBA)	Bangalore
3	Seminar: <b>Gender, Poverty, and Microcredit</b>	Yunus; Rajput	Bangalore

4	Seminar: (1) <b>The Kerala 'Model';</b> (2) <b>Social and Cultural Dimensions of Globalization</b>	McKibben; Eckersley; India Reader	Kerala
5	Lecture: (1) <b>Development and Urbanization;</b> (2) <b>Theories of Globalization</b>	Wen; Flavin	Beijing
6	Seminar: <b>Occupational Health &amp; the International Labour Market</b>	Hogstedt; ILO; Sapolsky	Changsha
7	Seminar: <b>Trade, Inequalities and Health</b>	Kawachi; Lee	Changsha
8	Lecture: <b>Globalization, War, and the Environment</b>	Stott; Handouts	Changsha
9	Seminar: <b>Food: Agriculture, Markets, and Aid</b>	IATP; Patel	Rural Cape
10	Lecture: <b>Pharmaceuticals</b>	Smith; Lee; Toye	Rural Cape
11	Lecture: <b>Making Globalization Work</b>	Schrecker; Handouts	Cape Town
12	Seminar: <b>Globalization: A Review</b>	Handouts	Cape Town
13	<b>Final Project Preparation</b>	--	Cape Town