WOH 3424
**Global Health in Historical Perspective**
Time & Room TBD

**Instructor:** Dr. Catherine Mas  
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**Office:** GL  
**Office hours:** Thursdays, 1:00 - 3:00 p.m.

**COURSE DESCRIPTION**

In the 21st century, “global health” has become an influential framework for orienting action among a huge range of groups: from public health workers, political leaders, and philanthropists, to activists, academic researchers, economists, and students.

How did this come to pass? How has the health of others come to matter?

The purpose of this course is to introduce you to the historical circumstances that have contributed to the contemporary landscape of global health. We will travel through several centuries to examine how ideas about disease, colonialism, race, gender, science, diplomacy, security, economy, and humanitarianism have shaped (and been shaped by) attempts to negotiate problems of health that transcend geopolitical borders.

Beginning with the Columbian exchange and ending with the present, the topics we will explore range from the historical relationship between disease, race, and migration; the continuities from colonialism to globalization; and the ways in which “modern medicine” has been deployed in various historical contexts as a tool for political purposes—both to transcend and fortify social and political borders. We will pay attention to the different emotional registers in which people care about global health, from biosecurity concern to compassionate impulse. We will also look at how global health has traveled back “home,” considering how the global circulation of disease, knowledge, and medicine has changed health care systems in our local environments.

**OBJECTIVES & LEARNING OUTCOMES**

Using history as our framework, this course recognizes that health—as a concept and as lived experience—is grounded in social norms, attitudes, values, beliefs, and practices. It similarly recognizes that our contemporary medical landscape is shaped by the structural forces, geopolitical dynamics, and a changing world economy.

**Course Learning Outcomes**

Students will come away from this course with the ability to:

- Assess key events, central themes, and questions pertaining to the history of global health, from the colonization of the New World to the present-day landscape of global biomedicine
• Situate a health issue or problem in historical context, by considering how health systems and meanings of health and illness change over time and space
• Use historical methods to demonstrate the complexity and contingencies of events that have shaped our contemporary global health landscape
• Read, analyze, and interpret a variety of primary and secondary sources
• Apply the techniques of writing an argumentative, thesis-driven, and evidence-based paper

Global Learning Outcomes

This is a Discipline-specific Global Learning course that counts toward your FIU Global Learning Graduation Requirement. Global Learning course outcomes include:

• **Global Awareness** — Students will be able to demonstrate knowledge of the interrelatedness of local, global, international, and intercultural forces in the shaping of modern medicine and global health. They will demonstrate an understanding of the historical forces that have structured efforts to contain, eradicate, and prevent disease and to improve, enhance, and maintain health across geopolitical borders.
• **Global Perspective** — Students will be able to employ multiple perspectives to analyze problems of health across local, global, international, and intercultural settings.
• **Global Engagement** — Recognizing the multicultural roots of modern medicine, students will be able to demonstrate a willingness to engage in local, transnational, and intercultural problem solving with regard to issues of health, illness, and the provision of medical care.

ACTIVE LEARNING

This course employs active learning strategies to facilitate your engagement with course material and with your fellow classmates.

In the beginning of the semester, the class will be divided into six groups, according to the six different regions of the World Health Organization. That includes the African Region, the Region of the Americas, the South-East Asia Region, the European Region, the Eastern Mediterranean Region, and the Western Pacific Region. Within these regions, each student will be assigned a country, whose health history they will explore throughout the semester. Students will be able to engage with one another as they complete their region-specific research and writing assignments, through both discussion and peer-review exercises.

These groups will also serve as a structure for team-based learning, for both in-class activities and online discussion boards. For some activities, the identity of the group will shift from region to a particular actor (i.e., a celebrity philanthropist, a biomedical researcher, the CEO of a large pharmaceutical company, the President of the United States), in which students will role-play in response to historical and/or hypothetical global health crises.

ASSIGNMENTS & EVALUATION

Participation (20%)
Participation will be based on attendance in lecture and participation in our in-class discussions and team-based learning activities. Excellent participation involves the completion of all assigned readings, active listening, contributing to in-class discussions, and thoughtful consideration of the contributions of your fellow classmates.

**Discussion Board (25%)**
Over the course of the semester, you will write five reading responses (250-400 words) on a particular week’s readings, which you will post to the Discussion Board for your assigned group. In your responses, you are encouraged to analyze primary sources, engage with reading assignments and lecture material, and place the week’s material in conversation with what you’ve learned in previous weeks. In addition to posting your response, you must also respond to two of your group members’ posts in ways that advance the discussion forward.

**Short Essays (45%)**
You will be randomly assigned a present-day nation in the second week of the semester. In a series of two papers, you will investigate the health history of this nation. Your papers need not be cumulative in focus, but they should draw upon class concepts to frame issues in the health history of your country.

- The first paper (20%) will focus on the 18th and 19th centuries. During this time, your nation may have been a kingdom or a set of Indigenous communities or tribes, and it may have become a colony. Drawing on course concepts and your independent research, identify a health practice or problem in your nation or its historical antecedent, place it in historical context, and structure a historical argument around it. (3-4 pages)
- The second paper (25%) will focus on the 20th and 21st centuries. In this paper, you will use course concepts to demonstrate how a historical perspective can be used to interpret a contemporary health problem or practice in your assigned nation. During this period, your nation may have remained under colonial control or undergone a process of decolonization and become an independent nation. You might also find that your nation was forced into economic or political conditions that replicated the conditions of colonialism. In this paper, you may continue to trace the health practice or problem you identified in the first paper or focus on a new practice or problem. (5 pages)

**Report: Global Health at Home (10%)**
Once during the semester, you will be asked to connect course concepts and material from a particular week to a local health issue, broadly defined. You may report on how a particular concept, model, or problem traveled to and took root in our local community, or you may describe a local health problem that has global ramifications. You will share your findings with the class in a short presentation (5-10 minutes), along with submitting a brief written report/reflection (1-2 pages).

**COURSE POLICIES & RESOURCES**

**Communication**
Check our Canvas page frequently for announcements, assignment schedules, and any updates related to the syllabus and this course. If you need to communicate with me directly, see me at my office hours, or feel free to email me at cmas@fiu.edu and I'll respond within 48 hours.
Policy for Late Assignments
Late essays will be deducted a third of a letter grade for each day they are late. Reading responses will be due before midnight on Sundays. Late responses will not be considered. Exemptions to this policy apply if you provide a formal excuse, such as a doctor’s note.

Technology
Silence your phones before coming to class. Laptops and tablets are permitted for note-taking and other course-related activities—not for checking e-mail, instant-messaging, or browsing the web. If tech devices become disruptive, be prepared to be asked to put them away and have your participation grade suffer.

Writing Support
The History Department’s History Writing Tutors are a wonderful resource for students seeking guidance in their research, writing, and studying. I encourage you to take advantage of free one-on-one appointments with tutors, either in-person or online, as you embark on your writing endeavors. You can visit the main office of the Department of History (DM 397), call 305-348-2328, or use their website to schedule a session. FIU’s Center for Excellence in Writing offers an additional resource for students navigating the writing process in general.

Academic Integrity
Academic integrity is fundamental to the success of our teaching and learning community. As a student in this class, you are beholden to the honest pursuit, generation, dissemination, and application of knowledge. Please review FIU’s Student Conduct and Honor Code, including Section 6 for information about academic misconduct violations. Cases of cheating or plagiarism will result in a failing grade, and I am obligated to report such violations to Student Affairs. Students who are found responsible for academic misconduct will be subject to procedures and sanctions outlined in the Student Handbook. If you have any questions about what constitutes cheating and/or plagiarism, please don’t hesitate to ask.

Accessibility
The Disability Resource Center (DRC) collaborates with faculty to create learning environments that are usable, equitable, and inclusive. The DRC provides students with disabilities the necessary support to successfully complete their education and participate in activities available to all students. If you have a disability and plan to utilize academic accommodations, please contact the Center at 305-348-3532 or visit them at the Graham Center GC 190. For additional information, see their website: drc.fiu.edu.

COURSE SCHEDULE

UNIT I. FRAMING GLOBAL HEALTH

Week 1. Welcome to the Course
- What is “Global” about Global Health?
- Historical Perspectives on Health and Disease

Secondary Sources

Week 2. Why do we Care about Global Health?
- Biosecurity
- Humanitarianism

Secondary Sources

UNIT II. COLONIAL AND INTERCULTURAL ENCOUNTERS

Week 3. The Circulation of People, Plants, and Pathogens
- The Columbian Exchange and “Virgin Soil Epidemics”
- The Transatlantic Slave Trade and Health Consequences

Secondary Sources

Week 4. Medicine and Colonization
- Vaccination and Colonial Philanthropy
- Missionaries, Anthropologists, and the Civilizing Project

Secondary Sources

Primary Source
“Dress” and “Sleep” and “The Passions,” in James Johnson, The Influence of Tropical Climates on European Constitutions: To Which is Added Tropical Hygiene, or the Preservation of Health In All Hot Climates (1818), 383-388, 415-421.

Week 5. Regulating Health in the Industrial Era
UNIT II. INTERNATIONAL HEALTH ACROSS TWO WORLD WARS

Week 6. Hygienic Modernity in the Progressive Era

- Tropical Medicine and the Rise of the Laboratory
- The Red Cross and the Moral Community

Secondary Sources

Primary Sources
Patrick Manson, “On the Necessity for Special Education in Tropical Medicine” Lancet, 150 (1897) 3866-3870.

UNIT III. INTERNATIONAL HEALTH ACROSS TWO WORLD WARS

Week 7. The Health Consequences of World War I

- The Influenza Pandemic
- Health Internationalists and the LNHO

Secondary Sources

Primary Source
Simon Flexner, “Epidemiology and Recent Epidemics,” *Science* 50 (Oct 3 1919), 313-318

**Week 8. The Interwar Body**
- Shell Shock and the Traumatized Body
- Mind, Environment, and the Cultural Body

**Secondary Sources**

**Primary Sources**

**Week 9. Capitalism and Philanthropy in Health and Medicine**
- The Rockefeller Foundation in Latin America
- Primate Research Stations in the Tropics

**Secondary Sources**

**Primary Sources**

**Week 10. World War II and its Aftermath**
- Magic Bullets and Human Experimentation
- The Beginnings of the World Health Organization

**Secondary Sources**

**Primary Sources**

**UNIT IV. WORLD HEALTH AND THE POSTCOLONIAL CONDITION**

**Week 11. Health across the Iron Curtain**
- Decolonizing Medicine in the “Third World”
- Development Economics and the Problems of Population

**Secondary Sources**

**Primary Sources**
Frantz Fanon, *A Dying Colonialism* (Grove Press, 1966), 121-126.

**Week 12. From “Health for All” to Health for Some**
- Global Eradication and Community Health
- Neoliberal Approaches to Global Health

**Secondary Sources**

**Primary Sources**

Week 13. Shifting Global Responses to HIV/AIDS
• Africanizing AIDS
• Global Pharmaceuticals and the Ethics of Care

Secondary Sources

Primary Sources

Week 14. Health Tourism in the 21st Century
• Patients beyond Borders: Global Economies of Elective and Life-Saving Surgery
• Virtual Reality and Disembodied Care

Secondary Sources

Primary Sources

Week 15. The Future of Global Health (and the Future of the Globe)
• Failure: Is it an Option?
• Climate Change, Disaster, and a Damaged Planet
Readings
Paul Farmer, “From ‘Marvelous Momentum’ to Health Care for All: Success Is Possible with the Right Programs” (Reply to Garrett) Foreign Affairs (Mar/Apr 2007).
“Admitting Failure” excerpts from https://www.admittingfailure.org/about/