

Geographies of International Health:
Place-Based Research, Case-Based Pedagogy

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by

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SUMMARY

This initiative seeks to mainstream area studies in the professional schools by developing a template for place-based research and case-based pedagogy in international health. Breaking with the universalist narrative of public health, it maps the global geographies of health discourse and practice. Organized around the production of a graduate-level textbook, the project brings together renowned scholars, experienced health activists, and young researchers from various world-regions, mainly Asia, Africa, and Latin America, to develop a repertoire of thought-provoking international health cases. While some cases reveal the grounded complexities of particular regions and places, others indicate the multi-scaled and multi-sited development processes through which the apparatus and agenda of international health is made and contested. Led by Perlman and Roy, the textbook and related activities involve a collaboration between two scholar-practitioners with complementary but distinct interests: one with intellectual roots in Latin America and with a medical anthropological approach to public health; the other with expertise in South Asia and with an interdisciplinary and transnational approach to urban studies and urban planning. It is hoped that such an initiative will transform the epistemology and pedagogy of international health by developing an area studies imagination for the discipline and profession.

INTELLECTUAL BACKGROUND

International health is a discipline and profession of formidable proportions. It carries an authoritative mandate of a public interest; it speaks a techno-rationalist language of disease, diagnosis, and cure; and it claims a universal applicability for its scientific solutions. Such truth-claims operate in and through a complex scaffolding of supranational organizations, ranging from development agencies to donor foundations and research universities. In other words, international health is a global “project.” This proposal, “Geographies of International Health: Place-Based Research, Case-Based Pedagogy,” seeks funding to research the geopolitics of public health. In doing so, it also articulates strategies of intervention that are aimed at reworking the epistemological and pedagogical basis of international health as it is taught in the American academy.

International health research has been primarily geared towards the calculus of disease and cure. This medicalization of health has meant that the material basis of key issues – be it clean water, or contraception, or the AIDS epidemic – is often unaddressed. With the exception of the somewhat marginalized subdiscipline of the political economy of health, questions of social inequality or political power have had little coverage in the discipline (Morsy 1990). The teaching of international health has been equally technical in nature with social, economic, and political issues often presented as merely interesting twists on a universal narrative of scientific progress. The curricula of international health programs primarily provide coverage of diseases but not places, of scientific solutions but not historical moments, and of pioneering heroes but not institutional contexts (Farmer 1999).

The proposed initiative seeks to challenge this regime of knowledge by introducing a geographical imagination to research and teaching in international health. It selects as its point of intervention the graduate-level textbook. Edited by Daniel Perlman and Ananya Roy, the co-PIs for this proposal, the textbook is meant to bring together compelling cases of health practices from Asia, Africa, and Latin America, written by renowned scholars, experienced health activists, and young researchers. It builds on a year-long collaboration between Perlman and Roy around the idea of using the case-method to teach in professional schools, such as public health and urban planning, their respective institutional affiliations. Funded by the Health Resources and Services

Administration (HRSA), the collaboration has led to the first framework of the textbook and a preliminary set of cases. With interest being shown by Oxford University Press in such a venture, the PIs want to push ahead on the full-scale production of a textbook that will deploy the following strategies.

First, the textbook historicizes the discipline and profession of public health. To this end, it links the conventional timeline of international health (diseases, policy strategies) to another timeline: that of capitalist change in a world-system managed by First World institutions and ideologies. In other words, the textbook conceptualizes international health as a global project that exists within the rubric of a meta-project: international development. If development has had its distinctive phases, so has international health – from the modernizing belief in top-down policies in the 1950s, to a basic needs formula in the 1970s, to current practices of liberalization (Morgan 1993). If development has geopolitical precedents in colonialism, so does public health with its history of benevolence for the natives, the separation of Black and White Towns, and its fear of "tropical" diseases (Thurshen 1984; Vaughan 1991; Watts 1997).

Second, the historicization of international health is also an engagement with geography, be it at the level of the world-system or at the level of the village. The textbook advances place-based research, selecting cases that are explicitly grounded in the material realities of specific sites. This act of locating health discourses and practices is of critical importance, for it shatters the assumption of universality, showing how the same health dilemma, for example, the provision of abortion services, plays out in different places in fundamentally different ways. Thus, the textbook contains a life history by Dr. Sandra Peniche, the founder of UNASSE, a women's rights organization in Merida, Mexico. Peniche tells the story of battling the Catholic Church to enable women to exercise their legal rights to therapeutic abortion. This contrasts with the socially legitimate access to abortion for poor women in India. However, through a case on rural Bihar, the textbook shows how such social access is rendered meaningless in the face of a non-existent health infrastructure.

Third, in taking on the place-based realities of international health, the text confronts the transnational geographies of contemporary globalization. While the case-method is primarily

ethnographic, providing deep insights into a particular social process located in a particular place, some of the cases speak to the need for what Burawoy (2000) calls a “global ethnography”. Such ethnographic methods link multiple sites and cut across various scales to uncover global configurations (see also Watts 2001; Farmer 1992). For example, one of the cases is a reflexive account of the Beijing + 5 Summit written by a Turkish physician, policy-maker, and summit delegate. She analyzes the conflicts that took place within the Turkish team prior to leaving for New York, the disagreements between Turkey and conservative Middle Eastern countries at New York, the complex geopolitical alliances at the summit. In doing so, she provides insights into how international agendas are made, legitimized, and contested. The location of her case is neither Turkey nor New York; it is a transnational geography.

Finally, introducing the question of geography to international health can ensure that the question of health itself is systematically reexamined. From the infamous “cordon sanitaire” of the colonial city (Rabinow 1992) to the current controversies about American homelessness, the textbook interrogates the medicalization of socio-political problems (Scheper-Hughes 1992). In its cases on the Anglo-American city, it shows how from early on, metaphors of filth and disease, of the “cesspool city” (Wilson 1991), were used to define a system of class and race differences (Boyer 1987). The technology of disease begets the technology of containment, as in the quarantining of “alien” social groups notoriously evident in histories such as that of San Francisco’s Chinatown (Craddock 2000). Attention to such power-geographies allows the textbook to pose the following questions: Why are certain issues framed in the idiom of public health? With what implications? Who is the keeper of such a public interest? Whose health is at stake? What are the ways in which such issues can be de-medicalized?

CROSSING BORDERS

The textbook is currently in the preliminary stages of conceptual planning. With various sources of funding, ranging from the Health Resources and Services Administration to the Office of Educational Development, several cases have been written and are now undergoing drafts. The case-writers come from a range of backgrounds. Ciro de Quadros directed the Pan American Health

Organization's successful campaign to eradicate polio in the Americas. Zafrullah Chowdhury led the struggle to enact Bangladesh's National Essential Drug Policy. Jane Galvão works with the Brazilian Ministry of Health's National AIDS Program. Assefaw Tekeste headed the Eritrean People's Liberation Front's Medical Service during their long war of liberation from Ethiopia.

This proposal seeks funding for completing the conceptualization and intellectual production of the textbook. In particular, it aims at extending the repertoire of cases. The textbook, as currently conceptualized, has four sections: Colonialism and Health, International Development and International Health, The Gender Order of International Health, and Liberalization and Health. While the PIs have collected various cases for each section and have written draft analytical pieces that link the sections, there are several key issues that require new contributors. They include the following: a case-study of how religious militia groups, such as the Hezbollah in southern Lebanon, are key providers of health services; an account of the People's World Health Assembly and its challenge to the neoliberal diagnosis of the global health crisis; a case-study of how in the context of austerity policies, the urban poor in Karachi, Pakistan are expected to self-provide health services through community programs; an analysis of a women's health program in Karnataka, India, that was brought to near collapse by caste and class-based internal conflicts.

To this end, the initiative plans the following activities:

1. A Fall 2002 graduate seminar on the Social Dimensions of International Health taught by Perlman, and regularly attended by Roy. The seminar will present and discuss the cases that are being written for the textbook. This will make possible a preview of the cases to a critical target audience, i.e. graduate students, and will also have the additional benefit of bringing innovative research into the classroom. A Graduate Student Researcher will act as the liaison between the seminar and the textbook, managing the presentation of cases, recording comments, conveying the critiques to case-writers and ensuring their incorporation into revised cases.
2. A Spring 2003 symposium on "Geographies of International Health" that will bring to the campus international activist-practitioners and scholars who are potential contributors to the textbook. Symposium participants will belong to two categories: those who will write cases for the book and

those who will provide critical commentary on the cases, with possible incorporation of these commentaries into the textbook. While the former are firmly grounded in international health practice, albeit in innovative and revolutionary ways, the latter will be social scientists not directly involved in international health but whose work greatly expands the scope of health pedagogy. Examples of the latter include Peter Brown for his innovations in the field of medical anthropology; Susan Craddock, for her work on racist discourses of disease in 19th century San Francisco; Paul Farmer for his insights into the relationship between health and social inequality; James Ferguson for his work on regimes of development; Naila Kabeer for her feminist rethinking of development, health, and poverty in Bangladesh; Meredith Turshen for her research on the gendered politics of AIDS in Africa as well as within the African diaspora of the US and France; Carolyn Stephens for her critical analysis of “healthy cities” policy-making in South Asia; and Meghan Vaughan for her pathbreaking work on the politics of famines. The symposium is being planned as a three day event where the first day will involve public presentations open to the campus community, the second will be devoted to limited-seating thematic discussion sessions organized around priorly distributed position papers; and the third will be comprised of a closed-door hands-on workshop dealing with the textbook. Graduate students from all departments will be encouraged to join the first two days.

These activities involve four types of border-crossings that have the potential to markedly improve the intellectual quality of the textbook. The first is the development of an interdisciplinary approach to issues of public health. The textbook seeks to infuse the study of public health with strong doses of research from the social sciences, bringing the insights of anthropology, sociology, political science, and geography to bear on health dilemmas and questions. The symposium will make such a goal possible by bringing to the venture leading scholars who will act as critical commentators, situating the cases in broader geopolitical contexts.

Second, the initiative locates international health at the intersection of various area studies. The textbook currently comprises of cases from South Asia, sub-Saharan Africa, and Latin America, as well as others that are transnational in scope. The proposed activities are meant to expand this repertoire of cases. But they are also meant to do more. It is expected that the symposium will help hone and refine the internationalized mandate of the textbook. Specifically, it will foster cross-

regional conversations among activist-practitioners and scholars who are well-grounded in the intellectual and political traditions of their regions. Part of this is the notion of learning from place, i.e. how and why does the successful dissemination of AIDS drugs in Brazil bear particular lessons for South Africa? Or, how do the experiences of Eritrean revolutionaries in setting up mobile health clinics for nomadic populations resonate with the needs of other regions? In other words, intimate knowledge of a place can enhance, and be enhanced by, knowledge of other places.

Third, the activities will encourage a third type of border-crossing: that of writing collaborations between faculty and students, and among public health practitioners, scholars and activists. The textbook has a radically collaborative process of production. For example, Perlman is engaged in facilitating a series of on-site workshops in which people from collaborating organizations conceptualize their case study and then gain the ethnographic skills necessary to carry out the case investigation. For other cases, the PIs are working intensely with the writers to articulate the questions and dilemmas that can be included in the textbook as teaching tools.

Such collaborative processes have the potential of creating products that speak to multiple audiences. The final border this initiative crosses is that between academia and the larger reading public. Employing the tools of fiction, (e.g., plot, characterization, and dialogue), many of the cases have taken on a lucid storytelling character. They are accessible to non-scholars like development practitioners, health workers, peace corps volunteers and the general public. Our goal is to demystify the social theory underlying the cases and make it available to as wide an audience as possible.

OUTCOMES

The textbook, with its challenge to a technical and ahistorical field of international health, is a concrete product of the proposed initiative. By mapping global geographies, it advances the agenda of place-based research for public health. It also demonstrates the relevance of a case-based pedagogy, whereby the international health curriculum can be grounded in the realities and complexities of institutions and communities. However, the initiative also has broader implications. Specifically, it has the potential to forge a productive interface between area studies and the professional schools. On the one hand, it makes possible the mainstreaming of area studies in the

professions, in this case public health. On the other hand, it demonstrates how area studies can take the professions seriously. From urban planning to international health, the professional apparatus is a key aspect of the ways in which the world-system is defined, mapped, and managed. Such technologies of regulation demand attention not only as technical operations but also as social processes of power.

The PIs are well qualified to lead such an initiative. Perlman is a medical anthropologist by training and is a lead figure in the international program of the School of Public Health. He is responsible for the promotion of case-based teaching at the School of Public Health. His graduate courses take on the immense ethical and social complexities of health planning, implementation, and evaluation. With funding from HRSA, he is developing a website geared towards supporting place-based research and case-based teaching. Roy brings to the project the perspective of a related profession: City and Regional Planning. Specializing in international development, social policy, and critical theory, Roy teaches courses with transnational coverage. In working together, they have already crossed disciplinary borders, linking the fields of urban studies and public health.

Roy and Perlman also represent an important cross-regional collaboration. Perlman's expertise is in Latin America, and his book on the politics of rural health in Mexico is nearing completion. Roy's expertise is in South Asia, with a forthcoming book on liberalization and gendered politics in Calcutta. Roy is also the co-PI of a previous Crossing Borders grant (along with Nezar AlSayyad), "Urban Informality: A Transnational Perspective." That initiative was immensely successful with a high-profile conference and now a co-edited book, *Urban Informality in an Era of Liberalization: A Transnational Perspective* (Lexington Press, expected 2003).

In addition to the funding being sought from the "New Geographies, New Pedagogies" program, the initiative is also seeking to establish collaborations with the Hesperian Foundation, the Global Fund for Women, and IDEX. It is expected that these multiple sources of funding will ensure a successful symposium that will lead to the final production of the textbook.

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