

# GLOBALIZATION AND HEALTH HPM 664/MHCH 664

## SPRING 2018

Day and Time: Tuesday, 12:30 – 3:15	Room: Rosenau 228
Instructor: Bruce Fried, Associate Professor, Health Policy & Management	<a href="mailto:Bruce.Fried@unc.edu">Bruce.Fried@unc.edu</a> 1104 E McGavran-Greenberg 919 966 7355

*“The time has come to close the book on infectious diseases. We have basically wiped out infection in the United States.”*

William Stewart, Surgeon General of the United States of America, 1967.

*“What we may be witnessing is not just the end of the Cold War, or the passing of a particular period of postwar history, but the end of history as such: that is, the end point of mankind's ideological evolution and the universalization of Western liberal democracy as the final form of human government.”*

Francis Fukuyama, “The end of history?” *The National Interest*, Summer 1989. Fukuyama is former deputy director of the US State Department’s policy planning staff

### Course Overview

The two famous quotations had a great deal of influence in their time. Both turned out, and continue to be, completely wrong. The Surgeon General, as well as the dominant thinkers of the time, believed we had conquered infectious diseases, at least in the United States. Fukuyama, an influential government official and Rand policy analyst, came to the conclusion that the fall of the Berlin Wall signified a rejection of communism and virtually all autocratic regimes, and the triumph of liberal capitalist democracy and free trade, or what we now call neo-liberalism. The key lesson learned from the 20<sup>th</sup> century is that all countries would come to believe that democracy and unrestricted capitalism were the key to long-term prosperity and human rights. Like the Surgeon General’s views, this view was not uncommon at the time. These were heady times. The fall of the Berlin Wall and the dissolution of the Soviet Union signaled a new era where all countries, rich and poor, would realize what the US knew all along: capitalism, free and open markets, and deregulation was the answer to the persistent problems of poverty, human suffering, and oppression.

These authors missed one small detail – Globalization -- and it is the subject of this course. It is quite likely that the Surgeon General in 1967 was aware of the persistence of malaria and a myriad of other infectious diseases. The assumption he and others made was that Americans were protected from these “third world” diseases. Another assumption was that there would be no new or re-emergent infectious diseases, and the idea of zoonotic diseases was its barely known or understood. Bioterrorism was not in our vocabulary.

While the first known case of what we now know as AIDS was in 1959, it was not until the mid to late 1970s that the disease began to appear in the US, and it was not until 1983 that the virus that causes AIDS

was discovered. It could be said that AIDS, and later avian flu, SARS, and other diseases, signaled the end of the perception that the US, or any other country, was protected from diseases existing in other parts of the world.

With respect to Fukuyama's prediction about the "end of history," we found that liberal democracy and capitalism were far from cure-alls for poverty and oppression. Highly capitalistic regimes co-existed with political and economic oppression, and free trade and open borders often resulted in increased, not decreased, poverty. "Free trade agreements" were very often agreements that were in fact highly favorable to the wealthy countries of the North. We also discovered that other forces beyond economics continued to wield extraordinary influence on the human condition. Forces outside of the realm of economics, such as racism, religion, gender discrimination, and historic ethnic and national conflicts continued to wield tremendous influence on the human condition.

Fukuyama's was correct that these were unprecedented times. However, it was not the end of history and the start of a peaceful and organized era in which the entire world would come to realize the ultimate wisdom of democracy (as defined in the west) and capitalism. Rather than the end of history, the late 20<sup>th</sup> century signaled the beginning of an unprecedented era of global connectedness and interdependence. It would yield remarkable advances in communication and the transfer of knowledge and information, and also man-made and natural threats that could jeopardize the future of human existence.

Globalization – its historical and current economic, environmental, political, technological, institutional and socio-cultural dimensions – contributes to beneficial and adverse effects on population, community, family and individual health. However, the multiple pathways, processes, mechanisms and interactions of globalization's impact on health are not clearly understood. Because of the difficulty in understanding these pathways, much of the discussion of globalization and health is informed by ideology and political sentiments. We attempt in this course to understand the pathways that link the various dimensions of globalization with health.

The past few years have witnessed a change in social attitudes globally towards globalization. In the last twenty years, those opposing certain trends in globalization have been largely limited to those on the left side of the political spectrum. However, in the last few years, there has been a very different set of attitudes towards globalization, this time coming from the right and extreme right wing. This has been evidenced by a dramatic increase in the popularity of protectionist and nationalistic viewpoints, exacerbated in part by economic uncertainty and immigration. Far-right politicians have been elected to office in many countries, most prominently, in the US. This year, we will have the opportunity to explore the impact and potential impacts of major global political changes, including Trump administration policies, particularly as they relate to global cooperation, trade policy, global governance, and immigration. Other global issues continue to evolve, such as the United Kingdom's exit from the European Union.

This course examines multiple dimensions of globalization and explores their direct and indirect effects on determinants of health through presentations, cases, class discussions and interactive sessions, small group discussions, reading, written assignments, and a final project.

A primary outcome of this course is to develop an improved understanding of how the changes, diversity, and transformations of globalization affect health, directly and indirectly. By the end of this course, student should be able to:

1. Understand and describe the multiple dimensions of globalization, as well as key concepts related to each dimension.
2. By viewing global health problems through the lens of globalization, to better understand the multiple root causes of health problems, and how these root causes are interrelated.

3. Describe how multiple aspects of globalization present both risks to health and opportunities for solutions and improvement.
4. Analyze local and global health problems in a more comprehensive manner through an appreciation of the impacts on health of economic factors, trade policy, environmental policy, culture, politics, and other dimensions of globalization.

## Approaches and Requirements

A variety of approaches to learning are used in the course. We expect students to be actively involved and to take advantage of all learning possibilities embedded in the approaches, including the opportunity to learn from each other.

### 1. Submission of multiple choice questions based on reading material (25%)

Students prepare for many classes reading materials and other media. Reading material may augmented during the course as new journal and other articles, reports, videos and books are released. In predetermined dates in the syllabus, each student should create and submit multiple-choice questions (four choices) related to the day's readings (including the correct answer) to the Sakai website. These questions will be graded on originality and creativeness. The best questions will be used for the midterm and final exam.

### 2. Responses to film questions (6%)

We will view three films during the semester that will require students to respond to three questions. Maximum response should be limited to 2 pages, double-spaced. These will be due one week after the film has been shown. Each film response will be graded out of 2 points.

### 3. Group cases (14%)

Three cases will be discussed in groups in class. Cases will include three case questions. Group responses to these questions should be submitted by 6:00 pm on the day of the case discussion. Responses will generally require 1-2 pages.

### 4. Midterm (15%)

The mid-term is a multiple-choice exam based on reading material, class presentations, and discussions.

### 5. Final Project: (20%)

Projects may be completed either individually or in groups of two.

### 6. Final Project Presentation (5%)

Presentations will be conducted during the final two days of the semester.

### 7. Final Exam (15%)

### Assignments Summary

<b>Date</b>	<b>Assignment</b>	<b>Team or Individual</b>	<b>Point Value</b>
January 23	Three multiple choice questions	Individual	3
January 30	Two multiple choice questions	Individual	2
February 6	Team response to Project Echo questions	Team	5
February 6	Four multiple choice questions	Individual	3
February 13	Four multiple choice questions	Individual	3
February 20	Four multiple choice questions	Individual	3
February 20	Response to <i>Life and Debt</i> questions	Individual	2
February 27	Three multiple choice questions	Individual	3
March 6	Four multiple choice questions	Individual	3
March 6	Pharmaceutical case presentations (prepared in class)	Team	4
March 20	Mid-term exam	Individual	15
April 3	Response to <i>God Loves Uganda</i> questions	Individual	2
April 10	Team Response to "Iran's Triangular Clinic"	Team	5
April 10	Three multiple choice questions	Individual	3
April 17	Response to <i>China Blue</i> questions	Individual	2
April 17	Two multiple choice questions	Individual	2
April 24	Final project presentations	Team	5
May 1	Final project (by 11:59 pm)	Team	20
TBA	Final exam	Individual	15
	<b>TOTAL</b>		<b>100</b>

Unless otherwise indicated, assignments are due before the start of class.

### Grading

Students are expected to attend and participate in all class sessions. Each unexcused absence will result in a 5 point grade reduction. An excused absence is defined as having notified the instructor in advance of the session to be missed and the reason for the absence.

Final course grades are assigned according to the following point system:

- H or A: 90-100 points
- P or B: 80-89 points
- L or C: 70-79 points
- D: 60-69 points
- F: <60 points

## Texts

### Required:

Fadiman, Anne. *The Spirit Catches You and You Fall Down. A Hmong Child, Her American Doctors, and the Collision of Two Cultures.* New York, Farrar, Straus and Giroux, 1997.

Schaeffer, Robert K. *Understanding Globalization: The Social Consequences of Political, Economic, and Environmental Change.* Fifth edition. Lanham, MD: Rowman& Littlefield, 2016

Stiglitz, Joseph E. *Globalization and its Discontents Revisited: Anti-Globalization in the Era of Trump.* New York: W.W. Norton, 2018.

*National Geographic.* Washington; January 2017; Vol.231 (1). This issue of *National Geographic* is devoted entirely to gender. There are at least three ways to obtain this (one way of free of charge), and these will be discussed in class.

### Recognizing, Valuing, and Encouraging Diversity:

The importance of diversity is recognized in the mission statement of HPM. In the classroom, diversity *strengthens* the products, *enriches* the learning, and *broadens* the perspectives of all in the class. Diversity requires an atmosphere of inclusion and tolerance, which oftentimes challenges our own closely-held ideas, as well as our personal comfort zones. The results, however, create a sense of community and promote excellence in the learning environment. This class will follow principles of inclusion, respect, tolerance, and acceptance that support the values of diversity.

Diversity includes consideration of: (1) life experiences, including type, variety, uniqueness, duration, personal values, political viewpoints, and intensity; and (2) factors related to “diversity of presence,” including, among others, age, economic circumstances, ethnic identification, family educational attainment, disability, gender, geographic origin, maturity, race, religion, sexual orientation, social position, and veteran status.

### *Disability Accommodation*

UNC-CH supports all reasonable accommodations, including resources and services, for students with disabilities, chronic medical conditions, a temporary disability, or a pregnancy complication resulting in difficulties with accessing learning opportunities.

All accommodations are coordinated through the UNC Office of Accessibility Resources & Services (ARS), <http://accessibility.unc.edu>; phone 919-962-8300 or email [accessibility@unc.edu](mailto:accessibility@unc.edu). Students must document/register their need for accommodations with ARS before any accommodations can be implemented.

### *UNC Honor Code:*

The principles of academic honesty, integrity, and responsible citizenship govern the performance of all academic work and student conduct at the University as they have during the long life of this institution. Your acceptance of enrollment in the University presupposes a commitment to the principles embodied in

the Code of Student Conduct and a respect for this most significant Carolina tradition. Your reward is in the practice of these principles.

Your participation in this course comes with the expectation that your work will be completed in full observance of the Honor Code. Academic dishonesty in any form is unacceptable, because any breach in academic integrity, however small, strikes destructively at the University's life and work.

If you have any questions about your responsibility or the responsibility of faculty members under the Honor Code, please consult with someone in either the Office of the Student Attorney General (966-4084) or the Office of the Dean of Students (966-4042).

Read “The Instrument of Student Judicial Governance” (<http://instrument.unc.edu>).

***Course Evaluation:***

HPM participates in the UNC-CH’s online course evaluation system. Your responses will be anonymous, with feedback provided in the aggregate. Open-ended comments will be shared with instructors, but not identified with individual students. Your participation in course evaluation is an expectation, since providing constructive feedback is a professional obligation. Feedback is critical, moreover, to improving the quality of our courses, as well as for instructor assessment.



## Class Schedule

Note: Reading material marked with \* will be potentially included in mid-term and final exams. Dates are subject to change.

<b>Date</b>	<b>January 16, 2018</b>
<b>Topic</b>	<b>Course Organization, Expectations and Themes</b> <b>Perceptions of Globalization and Health</b> <b>Linkages Between Globalization and Health</b> <b>Film: <i>Malana: Globalization of a Himalayan Village</i></b>
<b>Reading</b>	<ol style="list-style-type: none"> <li>1. Review Syllabus</li> <li>2. Huynen M, et al. "The Health Impacts of Globalisation: A Conceptual Framework." <i>Globalization and Health</i>, August 2005, 1:14. <a href="http://www.globalizationandhealth.com/content/1/1/14">http://www.globalizationandhealth.com/content/1/1/14</a>*</li> <li>3. Sen A. "How to judge globalism." <i>The American Prospect</i>, 13, 1, January 1, 2002. <a href="http://prospect.org/article/how-judge-globalism">http://prospect.org/article/how-judge-globalism</a>*</li> <li>4. Appiah, K.A. "The case for contamination." <i>The New York Times</i>, January 1, 2006.</li> </ol>

<b>Date</b>	<b>January 23, 2018</b>
<b>Topic</b>	<b>Economic Background I: Lower Income Countries and Neoliberalism</b>
<b>Reading</b>	<ol style="list-style-type: none"> <li>1. Schaeffer, Chapter 1: "The crisis of globalization"*</li> <li>2. Stiglitz, "Introduction"*</li> <li>3. Stiglitz, Chapter 1: "The failures of globalization"*</li> <li>4. Stiglitz, Chapter 2: "The multiple dimensions of globalization"*</li> </ol>
<b>Deliverables</b>	Submit three multiple choice questions (1 per chapter)

<b>Date</b>	<b>January 30, 2018</b>
<b>Topic</b>	<b>Global Options for Health Service Delivery</b>
<b>Reading</b>	<ol style="list-style-type: none"> <li>1. Case: "Project ECHO: Expanding the Capacity of Primary Care Providers to Address Complex Conditions"</li> <li>2. Kim JY, Farmer P, Porter ME. "Redefining global health-care delivery." <i>Lancet</i> 2013;382:1060-69.*</li> </ol>
<b>Deliverables</b>	<ol style="list-style-type: none"> <li>1. Submit two multiple choice questions (1 for each of the two readings)</li> </ol> Note: Team response to case questions, due February 6

<b>Date</b>	<b>February 6, 2018</b>
<b>Topic</b>	<b>Economic Background II: The Great Recession and its Impacts</b> <b>Debrief on Project ECHO</b> <b>Guest facilitator: Ms. Janell Wright, MSPH, DrPH candidate, UNC</b> <b>Department of Health Policy &amp; Management</b>
<b>Reading</b>	<ol style="list-style-type: none"> <li>1. Schaeffer, Chapter 2: "The rise of Wall Street"*</li> <li>2. Schaeffer, Chapter 3: "The housing boom"*</li> <li>3. Schaeffer, Chapter 4: "Financial crisis and the great recession"*</li> </ol>
<b>Deliverables</b>	<ol style="list-style-type: none"> <li>1. Team response to Project ECHO questions (due prior to class)</li> <li>2. Submit four multiple choice questions (at least one for each of the three chapters)</li> </ol>





<b>Date</b>	<b>February 13, 2018</b>
<b>Topic</b>	<b>Economic Background III: Globalization and Trade</b> <b>Film: <i>Life and Debt</i></b>
<b>Reading</b>	<ol style="list-style-type: none"> <li>1. Stiglitz, Chapter 5: “The promise of global institutions”*</li> <li>2. Stiglitz, Chapter 6: “Broken promises”*</li> <li>3. Stiglitz, Chapter 10: “Unfair trade laws and other mischief”*</li> <li>4. Friel S, Hattersley L, Townsend R. “Trade policy and public health.” <i>Annu. Rev. Public Health</i> 2015. 36:325–44.* <a href="http://www.annualreviews.org/doi/pdf/10.1146/annurev-publhealth-031914-122739">http://www.annualreviews.org/doi/pdf/10.1146/annurev-publhealth-031914-122739</a></li> </ol>
<b>Deliverables</b>	Submit four multiple choice questions (at least one for each chapter)

<b>Date</b>	<b>February 20, 2018</b>
<b>Topic</b>	<b>Global Health Governance</b>
<b>Reading</b>	<ol style="list-style-type: none"> <li>1. Frenk J, Moon S. “Governance challenges in global health.” <i>The New England Journal of Medicine</i> 2013; 368: 936-42.*</li> <li>2. Bennett B, Cohen G, Davies SE, Gostin LO, Hill PS, Mankad A, Phelan AL. “Future-proofing global health: Governance of priorities. <i>Global Public Health</i>, 2017. <a href="http://dx.doi.org/10.1080/17441692.2017.1296172">http://dx.doi.org/10.1080/17441692.2017.1296172</a>*</li> <li>3. Ward CL, Shaw D, Sprumont D, Sankoh O, Tanner M, Elger B. “Good collaborative practice: reforming capacity building governance of international health research partnerships.” <i>Globalization and Health</i>. Globalization and Health 2018;14:1* <a href="https://doi.org/10.1186/s12992-017-0319-4">https://doi.org/10.1186/s12992-017-0319-4</a></li> </ol>
<b>Deliverables</b>	<ol style="list-style-type: none"> <li>1. Submit 4 multiple choice questions (at least one for each of the three chapters)</li> <li>2. Response to <i>Life and Debt</i> questions</li> </ol>

<b>Date</b>	<b>February 27, 2018</b>
<b>Topic</b>	<b>Working in Conflict Settings I</b> <b>Guest speaker: Dalshad Jaff, Research Advisor for Conflict and Disaster Prevention Research, Gillings Global Gateway</b>
<b>Reading</b>	<p>Note that there are several readings for February 27. You are encouraged to read all of them, but for this session, please read Schaeffer (Chapter 6) and select two other chapters of your choice.</p> <ol style="list-style-type: none"> <li>1. Schaeffer, Chapter 6: “Division and subdivision, conflict and war”*</li> <li>2. Jaff D, Singh K, Margolis L. “Targeting health care in armed conflicts and emergencies: is it underestimated?” <i>Medicine, Conflict and Survival</i>, 2016, DOI: 10.1080/13623699.2016.1205784. Available online: <a href="http://dx.doi.org/10.1080/13623699.2016.1205784">http://dx.doi.org/10.1080/13623699.2016.1205784</a></li> <li>3. Moss WJ, Ramakrishnan M, Storms D, Siegle AH, Weiss WM, Jejnev I, Muhe L. “Child health in complex emergencies.” <i>Bulletin of the World Health Organization</i>, January 2006, 84 (1).</li> <li>4. Hershey CL, Doocy S, Anderson J, Haskew C, Spiegel P, Moss WJ. “Incidence and risk factors for malaria, pneumonia and diarrhea in children under 5 in UNHCR refugee camps: A retrospective study.” <i>Conflict and Health</i>, 2011, 5:24.</li> <li>5. Chi PC, Bulage P, Urdal H, Sundby J. “Perceptions of the effects of armed conflict on material and reproductive health services and outcomes in Burundi and Northern Uganda: a qualitative study.” <i>BMC International Health and Human Rights</i>, 15:7, 2015. DOI 10.1186/s12914-015-0045-z</li> </ol>

	<ol style="list-style-type: none"> <li>6. Rubenstein LS, Bittle MD. “Responsibility for protection of medical workers and facilities in armed conflict.” <i>The Lancet</i> Volume 375, No. 9711, P 329-340, 23 January 2010.</li> <li>7. El-Khatib Z, Scales D, Vearey J, Forsberg BC. “Syrian refugees, between rocky crisis in Syria and hard inaccessibility to healthcare services in Lebanon and Jordan.” <i>Conflict and Health</i>, 2013, 7:18. DOI: 10.1186/1752-1505-7-18</li> <li>8. Hinsenkamp M. “Violence against healthcare workers.” <i>Int Orthop</i>. 2013 Dec; 37(12): 2321–2322. DOI: 10.1007/s00264-013-2129-5</li> </ol>
<b>Deliverables</b>	Submit three multiple choice questions (1 for each of three articles)

<b>Date</b>	<b>March 6, 2018</b>
<b>Topic</b>	Globalization and Pharmaceuticals
<b>Reading</b>	<ol style="list-style-type: none"> <li>1. Glickman SW, McHutchison JG, Peterson ED, Cairns CB, Harrington RA, Califf RM, Schulman KA. “Ethical and scientific implications of the globalization of clinical research.” <i>The New England Journal of Medicine</i> 360;8, February 19, 2009.8*</li> <li>2. Roberts MJ, and Reich MR. “Introduction to the pharmaceutical sector.” Chapter 3 in Roberts MJ and Reich MR, <i>Pharmaceutical Reform: A Guide to Improving Performance and Equity</i>. Washington DC: The World Bank, 2011.* Full text available: <a href="http://site.ebrary.com/lib/uncch/detail.action?docID=10506408">http://site.ebrary.com/lib/uncch/detail.action?docID=10506408</a> Specific cases and additional chapters from this book will be assigned in class.</li> </ol>
<b>Deliverables</b>	<ol style="list-style-type: none"> <li>1. Submit four multiple choice questions</li> <li>2. Pharmaceutical case presentations (end of class)</li> </ol>

<b>Date</b>	<b>March 13, 2018 - Spring Break</b>
-------------	--------------------------------------

<b>Date</b>	<b>March 20, 2018 – Midterm Exam</b>
-------------	--------------------------------------

<b>Date</b>	<b>March 27, 2018</b>
<b>Topic</b>	<b>Gender Disparities and Sexuality</b> <b>Film: <i>God Loves Uganda</i></b>
<b>Reading</b>	National Geographic, January 2017: Gender Revolution (selected articles)

<b>Date</b>	<b>April 3, 2018</b>
<b>Topic</b>	<b>Global Health Delivery II: “Iran’s Triangular Clinic”</b>
<b>Reading</b>	1. “Iran’s Triangular Clinic”
<b>Deliverables</b>	2. Response to <i>God Loves Uganda</i> questions

<b>Date</b>	<b>April 10, 2018</b>
<b>Topic</b>	<b>Globalization and Labor</b> <b>Debrief on “Iran’s Triangular Clinic”</b> <b>Guest facilitator: Dr. Amir Alishahitabriz, MD, MPH, PhD candidate, UNC</b> <b>Department of Health Policy &amp; Management</b> <b>Film: <i>China Blue</i></b>
<b>Reading</b>	<ol style="list-style-type: none"> <li>Hogstedt C et al. “The consequences of economic globalization on working conditions, labor relations, and workers’ health.” Chapter 8 in Kawachi I, &amp; Wamala S. (eds). <i>Globalization and Health</i>, Oxford: Oxford University Press.*</li> <li>Ehrenreich B &amp; Hochschild AR. “Global woman: Nannies, maids, and sex workers in the new economy.” Chapter 22 in Eitzen DS &amp; Zinn MB, <i>Globalization: The Transformation of Social Worlds</i>, Belmont CA: Wadsworth, 2012.*</li> <li>Schaeffer, Chapter 7: “Globalization and China”*</li> </ol>
<b>Deliverables</b>	<ol style="list-style-type: none"> <li>Team response to “Iran’s Triangular Clinic questions (due prior to class)</li> <li>Submit three multiple choice questions (1 for each reading)</li> </ol>

<b>Date</b>	<b>April 17, 2018</b>
	<b>Culture and Migration: The Hmong Community</b> <b>Guest Panel: Members of the Hmong Community</b> <b>The Future of Globalization</b>
<b>Reading</b>	<ol style="list-style-type: none"> <li>Stiglitz, Chapter 4</li> <li>Please complete <i>The Spirit Catches You and You Fall Down</i> by this date.</li> </ol>
<b>Deliverables</b>	<ol style="list-style-type: none"> <li>Response to <i>China Blue</i> questions</li> <li>Submit two multiple choice questions (based on Skolnick chapter)</li> </ol>

<b>Date</b>	<b>April 24, 2018</b>
<b>Topic</b>	<b>Class Presentations</b>