

# Transforming Undergraduate Global Health Education Through a Humanities-Focused Curriculum

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## Abstract

Global health needs the humanities today as medicine needed the humanities in the 1970s. When new biomedical technologies threatened to undermine the physician in their primary role of healing the patient, the field of medical humanities emerged to rehumanize the doctor and revive physician empathy through humanities methods and content such as close reading of poetry and novels, reflective writing, and critiquing art. In contrast, many of today's undergraduate global health students are plagued by a *surfeit*, rather than a *lack*, of empathy to “save the world.” As the medical humanities transformed medical education, can today's humanities and arts, especially the new fields of health humanities and critical medical humanities, transform global health education and practice by igniting a “global health humanities”? This essay focuses on emerging pedagogical and curricular challenges in nonclinical, undergraduate global health training primarily in North America.

## Keywords

co-teaching, global health education, global health humanities, global health pedagogy

## Introduction

Global health needs the humanities today as medicine needed the humanities in the 1970s. When new biomedical technologies threatened to undermine the physician in their primary role of healing the patient, the field of medical humanities emerged to rehumanize the doctor and revive physician empathy through humanities methods and content such as close reading of poetry and novels, reflective writing, and critiquing art (Jones, 2013). In contrast, many of today's undergraduate global health students are plagued by a *surfeit*, rather than a *lack*, of empathy to “save the world” (Lasker, 2016). Fueled by abundant images and first-person testimonies of suffering on the Internet, students often enter global health programs lacking the analytic skills to decipher how this digital information shaped their humanitarian motivations, and later encounter unanticipated frustrations when their unrealistic expectations of “making a difference” bump up against the reality they encounter in their field experience. As the medical humanities transformed medical education, can today's humanities, especially the new fields of health humanities (Klugman, 2017) and critical medical humanities (Whitehead et al., 2016), transform global health education and practice by

igniting a “global health humanities”?<sup>1</sup> A new report by the National Academies of Science, Engineering and Medicine (2018) suggests the answer is yes and makes a clear and persuasive argument for the mutual and intentional integration of the humanities and arts with science, technology, engineering, math, and medicine education. This essay focuses on emerging pedagogical and curriculum challenges in nonclinical, undergraduate global health preprofessional training primarily in North America.

## Growth of Global Health Education in the United States

The term *global health*, first coined in 1999 by researchers at the University of California at San Francisco, is now one of the fastest growing fields of study in the

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United States (Merson, 2014). In North America, global health programs are found at all types of schools, from community colleges to medical schools, and at all levels, from undergraduate to postgraduate. Over 250 colleges and universities in North America now offer undergraduate global health courses, certificates, minors, or majors (Consortium of Universities for Global Health [CUGH], 2019). The number of undergraduate global health– and public health–related degrees awarded in the United States will soon overtake master’s degrees, with much of that growth occurring at community colleges (Riegelman, 2018). Another robust area of growth is *nonclinical* global health education at liberal arts colleges. Nearly half of the 50 top-ranked U.S. liberal arts colleges offer a global health track, concentration, or program (Hill et al., 2012). The newest development in global health education, the baccalaureate degree, is currently offered at eight U.S. colleges and universities: Allegheny College, Arizona State University, Duke University, Georgetown University, Mercer University, New York University, University of California San Diego, and University of Southern California. This shift portends significant challenges, and also opportunities, for the evolution of global health education because undergraduate global health programs are most often affiliated with schools of arts and sciences rather than with schools of medicine, public health, or interprofessional health programs. For example, colleges that deliver global health courses through departments (as opposed to institutes or interdisciplinary certificates), most frequently offer them as social science courses, closely followed by the sciences, with only a few offering a global health course through a humanities or arts discipline (Drain et al., 2017).

Are these programs effectively training the next generation of the global health workforce? A United States Agency for International Development (USAID) survey of major global health employers noted that nonclinical global health job seekers lacked critical “soft skills,” such as flexibility, adaptability, creativity, cultural sensitivity, and cross-cultural communication (Rudy et al., 2016). Even recent graduates themselves reported this trend. A joint USAID and CUGH study of the transition from master’s global health graduate education to initial employment in global health positions found that of the 67% who secured full-time employment in a global health–related positions, many reported “soft skills” gaps in their academic training<sup>2</sup> (CUGH & USAID, 2018). This weakness is likely present in undergraduate global health training, too; of the 10 universities offering BA or BS degrees in global health in the United States, only two (Duke University, University of California San Diego) require a core course in humanities or the arts. It is time to make explicit what is undervalued in global health training: humanities content and methods, critical modes of analysis, and creative thinking.

## Global Health Humanities: Experiments in Co-Teaching

Global health needs the humanities to improve the performance of global health programs, to deepen global health trainee understanding of the historical and cultural context in which they conduct research, and to develop more successful collaboration with colleagues all over the world. However, there is no universal definition of what the “humanities” would constitute in public, global, or health promotion education (Gambescia, 2017). One approach argues that fulfilling a broad liberal arts education as mapped by the Association of American Colleges & Universities Liberal Education and American’s Promise initiative will promote humanities competencies for undergraduate public health students (Rodgers et al., 2017). Here I engage with the humanities less through its specific disciplines (literature, philosophy, history, etc.), and more through the distinctive skills, values, and pedagogies that permeate all humanities disciplines: critical analysis, deep reading, moral reasoning, flexible thinking, and tolerance for ambiguity. Therefore, I ask, what might a global health humanities curriculum look like and what would be its pedagogies? To explore that question, I imagined a collision between humanities and global health faculty<sup>3</sup>: How would they co-teach a week-long module? How would they agree on a framing question and materials to assign? How would they select a speaker to bring the two classes together in a joint event?

Over the past several years, I experimented with bringing together humanities, arts, and global health faculty, plus their students, to stimulate interdisciplinary conversation, inspire reflections on student motivations to study global health, and prompt critiques of global health practices and programming.<sup>4</sup> To prepare for the four “collision” events, I first brought the collaborating faculty together to discuss intellectual points of contact and possible conflicts between their topics, epistemologies, methodologies, pedagogies, and assignments. Next, they scheduled their classes to overlap for one week of shared readings, collaborative assignments, and an evening event. Across all these events, common themes emerged around the ethics of representation and the unexamined power of storytelling to shape global health programs.

At one event, a journalist, psychiatrist, and filmmaker clashed over modes of describing the Rwandan genocide. The journalist, eager to establish the political facts of the genocide, was skeptical of the psychiatrist who prioritized the emotional devastation of the genocide. Students acknowledged that knowing both political facts and psychological models of distress was essential for understanding the crisis. However, it was the immediacy, intensity, and surprisingly broad range of emotions expressed by participants in the film that fully revealed

the complexity of the ethics of representation (documentary film) and intervention (global mental health outreach program) by non-Rwandans. All these modes of knowing were necessary before considering global health engagement (Stewart, 2014). At another event, an ethnomusicologist of southern Africa, physician educator of doctor–patient communication, and clinical psychologist-poet from South Africa explored the concept of voice to better understand the increased burdens placed on volunteer HIV/AIDS home-based health care providers by task-shifting (delegation of tasks from more- to less-skilled workers). Intertwining the technical study of voice (caregivers singing together after work), literal manifestation of voice (caregivers speaking with patients), and political expressions of voice (caregivers' advocacy efforts), it is suddenly very clear why "recipients" of this global health care innovation (task-shifting) resist its implementation (Stewart, 2015a). Another event brought together a historian of yoga, historian of 20th-century India, and an epidemiologist to discuss diabetes, obesity, gender, and body image in India (Stewart, 2015b). A fourth event joined a historian of public health in 20th-century China, medical anthropologist of China, and Mandarin instructor to analyze the metaphor of the body-as-machine as seen in a series of World War II public health posters from China. The collision experiments produced a rich set of interactive conversations that highlight the potential of the humanities to expand global health education.

### **Global Health Humanities: Experiments in Solo-Teaching**

While these initial conversations were encouraging, the challenges of formulating a robust global health humanities through co-teaching are significant. Another approach is to add a single module to an existing syllabus. Start by identifying one entrenched, but largely unexamined conundrum or problematic issue bedeviling your undergraduate students preparing for short-term, nonclinical, global health field experiences such as service, research, internship, or study abroad. Then explore the issue following this structure: (1) identify a humanities framework or theory to unmask and analyze the issue; (2) engage a humanities method, or develop an exercise, to create an interactive lens through which students can embody or bring to life the issue; (3) offer a well-curated list of resources; (4) pose a set of questions designed to expose ethical dilemmas embedded in the issue; and (5) discuss student reflections on how engaging in the module generated new insights for them in advance of beginning their field experiences. Below I briefly describe five assignments that demonstrate how the humanities and arts can promote critical insights into

global health education (Stewart et al., 2019), ignite curiosity about the impact of global health practitioners on their collaborators and the local community (Stewart, 2013), and inspire critical self-reflection about ethical duties and obligations when engaging with others in a global health setting (Stewart, 2015c).

The first assignment addresses the ethics of representation in U.S.- and Africa-based HIV/AIDS documentary film. Students often mistake documentary film for an objective representation of reality, lack skills to understand how film manipulates emotions, and underestimate the power of the filmmaker's point-of-view to shape their understanding of the story (Godmilow, 2002). A side-by-side comparison of documentaries about HIV/AIDS in the United States and Africa, made by American filmmakers primarily for U.S. audiences, clearly demonstrates that those who control the narrative can distort the narrative, exposes unexamined stereotypes at the intersection of race, gender, and sexuality, and reveals a widespread, but devastating, blind spot about recognizing African agency in combatting the HIV/AIDS epidemic.

The second assignment suggests that self-representation through art can overcome some of the problems of representation identified in the first assignment. Global health relies primarily on quantitative data to build evidence for interventions and policy (Adams, 2016); therefore, what is the value of seeking alternative sources of data, such as evidence from the inner-world and lived experience of the people targeted by the intervention? A comparative study of United States and African HIV/AIDS self-representation or self-portraiture reveals artists complicating simplistic representations of HIV/AIDS by asserting their own individuality and agency in the illness experience; see, for example, the artwork of Kia Labeija, Shan Kelley, and Rotimi Fani-Kayode. But a comparative study also exposes differences in the HIV/AIDS experience; for many African artists, claiming access to public space stands in stark contrast to the more private, individualized creative works by North American artists.

The third assignment confronts a lack of historical awareness in the practice of global health, and resistance to the fact that global health knowledge, like any other kind of knowledge, is socially constructed. Assign students a global health archive—for example, a 20-year run of UNAIDS policy documents—and task them to examine how an idea (e.g., sexuality) evolves over time and across continents through a close study of the archive. Then, applying Tom Phillips's (2016) humument concrete poetry and art technique, students can critically reinterpret a single page from the global health archive through both words and art (Stewart & Swain, 2016).

The fourth assignment addresses the central problem of how to balance different types of evidence in global

health humanities research; for example, scientific evidence (epidemiological, medical), social science evidence (interviews, focus group discussions, survey), and interpretive evidence (arts-based, community participatory). This assignment engages narrative theory and close reading to expose the impact of “master narrative thinking” on global health policies and practices. For example, ask students to identify “chaos and contagion” as a master narrative (Wald, 2008) running through a variety of literary formats and modes of writing about bubonic plague, cholera, HIV/AIDS, and Ebola. The reading list could include historical novels (Camus, 1948; Defoe, 1722/2003), experimental fiction (Moele, 2009; Sontag, 1987), long-form journalism (Steinberg, 2010), and global health communications such as radio shows, blogs, and policy briefs. And finally, a fifth assignment, is to experiment with public performance to enhance learning, such as having students present a formal reading of a play that engages ideas or locations relevant to the class (Stewart et al., 2018).

### Challenges for Building a Global Health Humanities

As a field of study, global health was developed primarily by researchers and practitioners from high-income countries who received their field training in low- and middle-income countries. But the scope of global health clearly includes health inequities and disparities in North America as well. Therefore, global health has an ethical obligation to facilitate a conversation about its own inequalities and colonial tendencies (Eichbaum et al., 2019; Katsi & Daniel, 2018; Matenga et al., 2019; Pai, 2019). Challenging global health faculty and researchers to explore humanities pedagogies and content can spark this critical turn. For example, recent movements to decolonize the university in general, and global health in specific,<sup>5</sup> demand a new intellectual and research practice that is historically aware, critically engaged, and genuinely collaborative. Inviting the humanities into undergraduate global health education is clearly a way forward toward reorienting global health within the emerging demands of the 21st century.

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### Notes

1. Quentin Eichbaum recently spearheaded the CUGH Education Committee Working Group on “Global Health Humanities.” The group presented its work at a satellite session at the 10th Annual CUGH Conference in Chicago, March 8-10, 2019.
2. In addition to the “soft skills” mentioned above, respondents employed in global health positions also mentioned lacking skills in new business development, foreign languages, software and/or IT (information technology) capabilities, and project design and implementation.
3. I teach at a U.S. university classified as “R1” by the Carnegie Classification of Institutions of Higher Education. There are many schools (Arts & Sciences, Medicine, Nursing, Public Policy, Engineering, Law, Business, Environment, Divinity) and global health is an institute situated in both the Arts & Sciences and Medicine.
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5. Students of global health are leading this movement. In South Africa, the Rhodes Must Fall movement included humanities students at the University of Cape Town, <https://za.boell.org/en/2018/02/19/rhodesmustfall-it-was-never-just-about-statue>. In the United States, more recent examples are <https://www.hsph.harvard.edu/news/features/decolonizing-global-health/>, <https://sites.duke.edu/dukedgh/>.

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