GLOBAL HEALTH AND THE SOCIAL STUDIES OF MEDICINE AND HEALTH
A Princeton-USP Collaborative Research and Teaching Project

Submitted by
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I. Introduction
This proposal seeks to consolidate and expand the pilot project on global health and the social studies of medicine and health that was initially articulated in 2012 and has been jointly developed by faculty from Princeton University and the University of São Paulo (USP). At the request of Princeton’s Council for International Teaching and Research, João Biehl (Professor of Anthropology and Co-Director of the Program in Global Health and Health Policy, see annex 1) has led initial efforts to articulate a project aimed at bringing together faculty and undergraduate and graduate students from both institutions in order to conduct collaborative research, organize seminars and exhibitions, develop publications and cultivate pedagogical initiatives around global health, health policy, theoretical studies on social markers of difference, and the anthropology of medicine and health. This is the first pilot project of the broader Princeton-USP strategic partnership that comes in the wake of the formal agreement signed by Presidents Shirley Tilghman and João Grandino Rodas on October 30th, 2012.

At Princeton, the pilot project has been administered by the interdisciplinary Program in Global Health and Health Policy (GHP), under the umbrella of the Center for Health and Wellbeing (CHW) of the Woodrow Wilson School of Public and International Affairs, and in collaboration with Department of Anthropology. At USP, the partners involved in this project are: the Center for Studies of Social Markers of Difference (Núcleo de Estudos sobre Marcadores Sociais de Diferença), within the Department of Anthropology; the Department of Preventative Medicine of the School of Medicine (Departamento de Medicina Preventiva); and the School of Public Health (Faculdade de Saúde Pública). At USP, the project is being coordinated by Lilia M. Schwarcz, Professor of Anthropology and Princeton Global Scholar; José Ricardo C. M. Ayres, Professor and Chair of the Department of Preventative Medicine of the Medical School; and Helena Ribeiro, Dean of the School of Public Health and associate coordinator of USP’s newly created Program in Global Health and Sustainability (see annex 1).
This project is fostering a vibrant and multilayered scholarly community, connecting members of each university from across generations for sustained collegial exchange and academic networking. Participants have facilitated productive mutual visits and meetings of various Princeton and USP representatives and faculty. Our research and pedagogical initiatives fall into the following broad areas:

- **The Social Determinants of Health and Care**: social, economic, and institutional factors that affect health, including race, gender, violence, region, generation and class as well as the shifting interface between religion, medicine and care and the development of integrated forms of comprehensive health care delivery.

- **The History of Global Health and Contemporary South-South-North Health Initiatives**: international health and the practice of medicine in Brazil and USA; documents and images that speak to the history of public health, medical education, psychiatry and other medical subjects in the South; the political-economic stakes of novel South-South partnerships in development and public health and alternative practices of global health care delivery.

Activities related to this pilot project have already begun, with initial financial support from Princeton’s Office of the Provost and the Council for International Teaching and Research. In August 2012, Professor João Biehl made a visit to USP to discuss ideas, identify possible partners and plan the logistics for carrying out this project. Several activities have been developed since then. Our pilot project has co-organized an international conference on “Race and Citizenship in the Americas: Then and Now” which was held at Princeton on February 22-23, 2013. Seven USP professors attended the conference, including José Ricardo Ayres and Lilia M. Schwarz. At that time, Professors Ayres and Schwarz met with several Princeton faculty and students involved in the pilot project and, together with Professor Biehl, planned a course titled *Health and the Social Markers of Difference*, which they will teach at Princeton in fall 2013. The course will be cross-listed between the Program in Global Health and Health Policy and the Department of Anthropology and will be co-taught by Princeton faculty and USP faculty from the Núcleo de Estudos sobre Marcadores Sociais de Diferença and Medicina Preventiva (see annex 2). Another cross-listed course on *Medical Humanities* is being planned for spring 2014 in Princeton (see annex 3).

We recently created the *Princeton Brazil Global Fellows Program* which supports excellent undergraduate and graduate students conducting field research in São Paulo with co-mentoring from USP faculty and that will culminate in independent work (senior theses and doctoral dissertations). This pedagogical project commenced this past spring break, when the first cohort of Princeton
Brazil Global Fellows travelled to USP to begin to experience firsthand the challenging and important world of contemporary Brazil and to form relationships with USP faculty.

Several other academic events at both Princeton and USP are currently being planned for the coming academic year. In October, for example, we will organize a series of workshops at USP around the work of Professor Didier Fassin (Institute for Advanced Study and Visiting Professor of Anthropology at Princeton) on humanitarian reason and the politics of compassion which will bring together faculty and students from USP’s Department of Anthropology and Preventive Medicine and School of Public Health as well as from Princeton’s Anthropology Department and Global Health Program. During his visit, Professor Fassin will also address a larger academic community and public as he will be a keynote speaker at USP’s annual International Humanities Conference on Emancipation, Inclusion and Exclusion: Past and Present Challenges. Co-organized by Prof. Lilia M. Schwartz, the Conference will address freedom and socio-economic rights in post-slavery societies.

This application builds upon this ongoing work and seeks the institutional support and funds that are necessary to carry out collaborative academic and pedagogical activities related to this pioneer project at USP. The administration of the USP arm of this joint project will take place at the Department of Preventive Medicine, with additional administrative support from the Department of Anthropology and the School of Public Health. The funds requested will be used to cover project expenses related to the following initiatives at USP (and that cannot be covered by Princeton funds):

- International Colloquium and research-related workshops
- Joint USP-Princeton teaching at USP
- Academic exchange programs to Princeton involving USP undergraduate and graduate students as well as professors and post-doctoral fellows from the Department of Anthropology, the Department of Preventative Medicine of the School of Medicine, and the School of Public Health.
- An itinerant photographic exhibition
- USP-based blog for the dissemination of events and outcomes related to Princeton-USP partnership.
- Project organization and research assistance at USP.
- Production and publication of a book in Portuguese (ideally by Edusp) with contributions from USP and Princeton faculty members (with an equivalent English version to be published by an academic press in the US).

Through its initial set of meetings, deliberations and successful activities, this pilot project has helped to solidify the broader partnership between Princeton and USP. The additional funding
requested will enable significant counterpart work at USP and this work will further strengthen the Princeton-USP partnership on the Brazil side. Moreover, the project aims to foster dialogue among scholars within USP, between diverse departments including anthropology, preventative medicine, and public health. Thus, this joint international project will also promote interdisciplinarity and enhance the collaboration between disciplines and programs that share interests and have had limited contact so far within USP itself. In all, this joint project will lead to innovation in terms of understanding and approaching the social determinants of health and comprehensive forms of caregiving and will also significantly inform teaching strategies in the field of global health. In what follows, we present the specific areas of inquiry and joint activities that will be covered by the funds requested and administered at USP.

II. Proposed Activities

1. Collaborative Research

The following two lines of inquiry will provide a broad structure for exploratory research projects to be jointly developed by students and faculty of both institutions and based at USP. The project will make possible interdisciplinary workshops around areas of common interest involving faculty members as well as undergraduate and graduate students. Students from both Princeton and USP will work with faculty mentors from both institutions to conduct ethnographic fieldwork, analyze datasets, and work with historical and archival materials; this experiential learning will be supplemented by seminars and participation in other academic events. This research will be developed alongside other projects supported by Princeton on *South-South-North Partnerships in Global Health and Development* and on *Health and the Environment*.

1.1. The Social Determinants of Health and Difference: Paths for Comprehensive Care

Ongoing quantitative and qualitative research in the Department of Preventive Medicine at the Samuel B. Pessoa Health Center of USP’s School of Medicine has been exploring how the principle of “integralidade” or comprehensiveness of care has been interpreted and implemented at several public health posts in the Butantã district in the western region of the city of São Paulo. This work has been carried out in conjunction with São Paulo’s Health Department and with participation of researchers from other USP academic units, including the School of Nursing, the School of Physical Education and Sports, and the School of Arts, Sciences and Humanities. Funded by the Fundação de Amparo à Pesquisa do Estado de São Paulo, this study wants to understand the barriers to
providing comprehensive health care to vulnerable individuals and communities in primary care settings and to create materials and strategies to enhance the education and care practices of health professionals.

Our new collaborative research will build on this work and seek to analyze how the principle of the integrality/comprehensiveness of care is influenced by social markers of difference such as race, gender, age, class and generation according to both patients and caregivers. This specific focus provides an excellent opportunity for analytical and methodological cooperation between medical scholars and social scientists from the research group on the social markers of difference in Anthropology at USP on the one side, and between this group of interdisciplinary scholars and medical anthropology and health policy scholars at Princeton, on the other hand.

Since 2007, a group of anthropology professors, postdoctoral researchers and undergraduate and graduate students have been collaborating on projects dealing with the social production of difference such as race, gender, sex, age and class, with respect to systems of social classification and the constitution of individual collective identities and bodily experience. Empirical and critical studies have demonstrated that categories that are generally considered separately—gender and race, for example—need to be studied in their intersection of these categories in order for us to understand how they actually affect people’s vulnerability to disease as well as access to healthcare and therapeutic itineraries.

The social markers of difference are interwoven and mutually reinforcing. Race, gender, sex, age and class are categories of classification that must be understood as locally situated and historically contingent constructions that belong not only to the order of social representation—fantasies, myths, or ideologies—but also have real effects in the world, through the production and reproduction of collective identities and politically powerful social hierarchies which are articulated in complex ways. As social markers of difference elaborated in systems of classification, regulated by conventions and norms, and materialized in bodies and collectives, these categories do not acquire their meaning and effectiveness in isolation. Rather, they emerge in relation to each other, without being reducible to each other.

The modern production of the categories of race and gender is situated within a broader historical phenomenon: the naturalization of differences promoted by Western knowledge since the nineteenth century. The belief in fundamental and distinctive attributes linked to race or sexual dimorphism remains a robust social myth and still serves as a basis for conceptualizing difference between people, despite theoretical arguments and contemporary scientific evidence to the contrary. To conceive of race, gender, sex, age and class categories as articulated thus involves the effort to
denaturalize them and contextualize them, following the classic impulse of anthropology to problematize rigid correlations among physical, moral and intellectual attributes. It also means questioning the narrow definitions of these categories, often linked to the political agenda of the moment, and rethinking partial approaches that identify one marker of difference as a privileged foundation of the social order.

In recent years, Brazil has seen a growing public debate about the questions of race and racism. There is a growing interest in discussions about miscegenation and national identity; affirmative action and other policies of social inclusion based on differentiation by race or color; and land ownership. Issues of gender and sexuality are also undergoing a process of redefinition, both on the level of sexual ethics (cultural norms of tolerance and deviance), and on the level of sexual politics (the limits of legal authority vis-à-vis sexuality). Ongoing discussions in Brazil about same-sex partnerships, sexual violence, abortion, sex work, and sex tourism are crucial cases of this emergent set of cultural shifts.

Medical and social scientific research is focused increasingly on minority rights related to markers of race, ethnicity, gender and sexual orientation; as they are recognized as urgent social issues, these subjects have begun to occupy an unprecedented place in the political and academic agenda of the country. By examining the production of categories of identity and the patterns of discrimination associated with those markers of difference, it is possible to see how the production of knowledge has been incorporated into social movements and public discourse. This serves not only to reconstruct classic and recurring questions about miscegenation, eroticism, and nation; but also to reflect on the impact of identity politics and affirmative action, the tension between universalist policies and policies that guarantee the rights of specific groups, and our understanding of social norms and representations associated with race, ethnicity, sexuality and gender in the context of preventive medicine.

By deploying an understanding of these markers as always concretely instantiated, we can allow the rich experiences of health professionals to contribute to our theories of social difference. A combined attention to the social determinants of health and to markers difference allows for a fuller picture of health and illness as complex biosocial processes to emerge. This, in turn, will enhance the capacity of social science to inform healthcare policies and practices of care. New times bring new conceptual challenges and demand new approaches in research, highlighting the need to think comparatively and across disciplinary lines. This perspective, which sees diverse forms of difference as fundamentally related, deepens our apprehension of these complex social worlds and enhances the applicability and significance of that understanding, particularly in the field of health and care.
1.2. Comprehensive Global Health Care Delivery

In the course of the twentieth century, innovations in public health and medicine helped to increase life expectancy at birth by almost thirty years in the United States and other rich countries. Meanwhile, mortality rates remained high and life expectancies short in poor countries. Advances in medical technology continue to give cause for hope, as do the substantial increases in financial resources now available to address some of the world’s most pressing health challenges. New state policies, public-private partnerships, and multidisciplinary research collaborations are reshaping the field that has come to be known as Global Health and, in the process, putting older paradigms into question and transforming realities on the ground. In key developing democracies—such as Brazil—we see activists and patients engaged in struggles over access to high-quality care and, at a more fundamental level, debating the meaning and implications of health conceived as a right rather than a privilege.

Magic-bullet approaches—the delivery of health technologies (usually new drugs or devices) that target one specific disease without regard to the myriad societal, political, and economic factors that influence outcomes—have been the norm in international health interventions for decades. There are, however, significant practical and epistemological downsides to this approach, which is now being challenged. Social scientists and health-policy advocates caution that a narrow focus on the triad of technology delivery, patient compliance, and the basic science of disease, as important as they are, is insufficient. Also, unintended consequences may be unleashed by even the most carefully designed interventions.

Our new research project explores what really happens when new treatments are introduced into epidemiologically diverse and variable social worlds. Taken Brazil’s pioneer policy of universal HIV/AIDS treatment and other initiatives to introduce new medical technologies in the country’s unified health care system, we ask: How is care organized by providers, by state and nonstate institutions? By what trajectories and means do the people who desperately need care access it (or fail to access it)? How can access to treatment be guaranteed and sustainably financed, particularly for people suffering from chronic diseases? And how can the stories of real people dealing with insecurities of all kinds find their way into and improve current health care delivery practices in Brazil and in the world of global health interventions?

Global health interventions tend to mirror the limitations of health care delivery in the United States and are by and large “stuck in an access and volume mindset, rather than focusing on the value delivered to patients,” in the words of business scholar Michael Porter. That is, narrow
measurements of efficacy—which assess only discrete interventions, drugs, and services targeted at a specific disease—respond only on the level of vertical interventions, rather than taking into account systemic factors and the multiple disease processes and psychosocial factors that interact in each patient and community. Global health activists such as Paul Farmer have been calling for a shift in goals away from increasing access to treatments and toward delivering value for patients. The former goal assumes a consumer-patient capable of seeking out and paying for appropriate treatment as long as it is available; the latter puts greater responsibility on health systems and providers for actively reaching the patient in need and attending to the full cycle of care and health outcomes for his or her medical condition. The focus must be on the results obtained by the patients (measured in survival rates and in the degree and sustainability of recovery) and not on a program’s success (measured, for example, by its compliance with standardized guidelines or by the number of drugs distributed).

A more holistic understanding of health is called for, and diverse disciplines must be engaged as we seek to understand the complexities of the context and content of interventions as well as the endless, trial-and-error tinkering of real people dealing with the challenges of daily life. Such multiscale empirical knowledge is crucial to the development of a patient-centered care delivery framework. This alternative knowledge can and should challenge the reductionist epistemic frameworks that tend to inform donors’ priorities and funding decisions as well as global health evaluation schemes.

Our project aims to chronicle community-based and comprehensive-care approaches that blend technological intervention with a focus on making health systems work. We are particularly concerned with identifying services (public and private or combined public-private) that account for individual patient trajectories and staying with patients throughout the progression of their disease and rehabilitation while also incorporating prevention and tackling the economic and social factors that impact families and mitigating the decay of clinical infrastructures. We hope to show that attention to the public health care system is not necessarily a drain on the economy, but can be an enabler of social and economic development. In this regard, Brazil is a rich site to study these urgent questions. Due to its commitment to universal public health and the right to health, particularly with regard to the experience of HIV/AIDS, and the novel health landscape emerging as public institutions partner with private organizations and other international actors throughout the Global South, Brazil is an extremely valuable case study that can significantly advance the field of global health.
There are profound discrepancies between how global health policies and campaigns are envisaged to work and the concrete ways in which they are actually implemented or received by target populations that are routinely facing multiple morbidities and economic insecurity. Through our case studies we ask: how are we to measure the value that interventions have for people, their health, and their subjective well-being, and how do interventions affect health systems over time? And how can people and their advocates resocialize ill health and mobilize for a comprehensive right to health?

2. Pedagogical Initiatives

Within the two lines of research described above, courses at the undergraduate and graduate level are planned both at USP and at Princeton. At Princeton, the first course Health and the Social Markers of Difference will be offered in fall 2013 (see annex 2). A similar co-taught course will be offered at USP in 2014-2015. This course will be an opportunity to critically reflect and elaborate on some of the findings of our joint research on The Social Determinants of Health and Difference: Paths for Comprehensive Care. Likewise, a second course will be organized by Helena Ribeiro and João Biehl will be co-taught in 2014-2015 by USP and Princeton faculty on Global Health Care Delivery, with a focus on case studies developed by our joint research. A third course, Medical Humanities, will be offered in spring 2014 at Princeton. This course engages perspectives from philosophy, history, sociology, anthropology, psychology and communication and will study the meaning and implications of health care and will be based on the course taught by faculty to first-year medical students at USP by faculty from the Department of Preventive Medicine (see annex 3). This joint project will also facilitate the participation of Princeton faculty as guest lecturers in courses already in place at USP. Professor João Biehl will, for example, participate in fall 2013 in the course on Global Health and Sustainability coordinated by Professor Helena Ribeiro and colleagues at USP’s School of Public Health (see annex 4).

These courses speak to the broad thematic research areas described above; this will facilitate the integration of undergraduate and graduate students, post-doctoral fellows and faculty. A key goal of this program is to promote inter-generational mentoring, allowing senior students and junior faculty to take up teaching roles within our collaborative work.

3. Student Exchange

Beginning in fall 2014, we will use the joint-course teaching at Princeton as occasion to promote the international learning experience of a group of six USP undergraduate students from
Preventative Medicine, Anthropology, and Public Health. We will create a one- or two-week long exchange program at Princeton. During this time students will participate in sessions of the course Critical Perspectives in Global Health and Health Policy taught by Professor João Biehl and also participate in research workshops and in the jointly taught Princeton-USP course. This engagement would serve as a model for future opportunities for USP students to conduct exchanges of a semester or full year, integrating more fully in academic activities of the Program in Global Health and Health Policy and the Department of Anthropology, for example.

We will also identify three graduate students from our Departments and Schools at USP who could spend a year at Princeton as part of their doctoral training and mentoring. They will seek support from Brazilian funding organizations and will be appointed at Princeton as Visiting Student Research Collaborators (VSRCs) in accordance with Graduate School rules and subject to departmental approval. In addition to developing their own dissertation projects in conversation with Princeton faculty, these graduate students will also participate in research workshops and serve as mentors for USP undergraduates visiting Princeton.

4. Research Workshops

There will be several workshops at both Princeton and USP involving Princeton-USP participants to plan collaborative research, discuss projects underway, and present findings. These events are crucial for the organization of various activities within the partnership, including research, teaching, and academic events. In addition, there will be internal workshops held at both Princeton and USP, funded by the home institution.

5. International Colloquium

An international colloquium will be organized at USP to bring together scholars working on the main areas of inquiry described above. This event will be similar to the “Conferências USP,” sponsored by the Vice-Provost for Outreach and Culture since 2012. The international colloquium will be a three-day event in October 2014. There will be six sessions, each involving three professors (two presenters and one discussant). Each session will seek to disseminate findings of the research in the areas described above and broaden our critical perspectives through discussions with other scholars who also work in these areas. The colloquium will be interdisciplinary, putting research from diverse disciplines such as anthropology, medicine, sociology, political science and health policy in dialogue.
6. Publications

In addition to co-authored articles (in English and in Portuguese) to be submitted to scholarly journals such as *Social Science & Medicine*, *Medical Anthropology*, and *Revista de Saúde Pública*, we will produce an edited book that will represent the common result of the investigations carried out by professors from the University of São Paulo and Princeton. Joint courses, workshops, the Colloquium and online exchanges will allow us to probe the analysis and discuss the materials collected and to present chapters-in-progress. The book tentatively titled *The Social Markers of Difference and Caregiving in the Times of Global Health: Experiences from Brazil* will be published both in Brazil and in the United States.

7. Blog

Throughout the duration of this project, we will maintain a blog to share information on the group’s activities, data collection and analysis, and working papers. We believe that this is a valuable way to disseminate research results; instead of presenting our work as closed and finalized, we hope to emphasize the process of formulating and reformulating research questions and modes of analysis. A research assistant from USP will administer and maintain this blog.

8. Itinerant Photographic Exhibition

In 2015-16, as we finalize the book and work towards its publication, we will organize a photographic exhibition on the “History of Medicine and Global Health in Brazil.” We will work with documents, materials, equipment, photos, paintings, and prototypes to map the history of medical research and public health care in the country, from the time of arrival of the Portuguese Court in 1808 through the Rockefeller international health projects in the country and the first medical expeditions through Brazil in the 1910s to the 1930s.

USP’s School of Medicine operates the Professor Carlos da Silva Lacaz Historical Museum, organized by faculty from the Department of Preventive Medicine (André Mota and José Ricardo Ayres). This museum, installed in 1977, was recently renovated and modernized, thus becoming one of the most important spaces for exhibition and historical research of its kind in the country. Extensive documentation and collection of books, equipment and other objects testify to the construction of so-called ‘modern medicine’ in Brazil, with respect to the scientific and technological transformations that occurred in the late nineteenth century through the early twentieth century, and the political and institutional processes that accompanied those innovations. The USP Laboratory of Visual Anthropology also has a collection of documents on the subject.
We will also work with Fundação Oswaldo Cruz (Fiocruz), collaborating with social scientist Nisia Trindade Lima, who maintains an archive on medical expeditions in Brazil. By tracing the historical antecedents of today’s global health, we will bring notions of patienthood and care into clearer focus in the context of contemporary global health. Moreover, a historical perspective will deepen the research conducted through the Princeton-USP program on care, the social determinants of health, and the development of global health interventions in the 21st century and illuminate some of the paradoxes that emerge in this work. The exhibition will travel to various USP campuses as well as to Princeton.

III. Project Funding

Princeton and USP faculty have been in close contact and have already started to implement several research and teaching initiatives in global health and the anthropology of health and medicine. The present proposal drafted by USP Professors Lilia M. Schwarz, José Ricardo Ayres and Helena Ribeiro and supported by Professor João Biehl is a counterpart to the pilot project that began in fall 2012 with funding from Princeton’s Office of the Provost and the Council for International Teaching and Research. That is, part of the funding for this project has already been allocated by Princeton and these funds will cover many activities, including joint research workshops and conferences held at Princeton, expenses related to courses taught at Princeton, and expenses related to travel to USP for Princeton faculty and students participating in research and teaching exchanges. However, it is necessary for USP to provide resources and institutional support for the organization of research workshops and the international colloquium, the production and publication of the Portuguese version of the project’s collaborative book, the photographic travelling exhibition, the project blog, and the travel of USP students and faculty to Princeton for research and study abroad. This second phase of the Princeton-USP project will integrate with work already initiated and promises to build on that work to produce important results in research, teaching, and international academic exchange.
Annex 1: Short Bios of Project Coordinators

**Lilia Moritz Schwa**rz is Full Professor in Anthropology at the University of São Paulo. Her main interests are history of the slaves; theories of race; the history of the Brazilian Court; academic art; and the history of anthropology in Brazil. She published several books, including two in English: *Spectacle of Races: Scientists, Institutions and Racial Theories in Brazil at the End of the 21st Century* (Farrar Strauss and Giroux, 1999) and *The Emperors Beard: D. Pedro II a tropical king*, (Farrar Strauss and Giroux, 2004). She has curated exhibitions including: “The great travel of the king’s Library” (2006), Rio de Janeiro), “Nicolas-Antoine Taunay: a French translation of the tropics” (2008, São Paulo and Rio de Janeiro) and “The History of Brazil: an Interpretation”, (2013, São Paulo, Rio de Janeiro, Brasília, Curitiba, Belo Horizonte). She was fellow at the Guggenheim Foundation (2006/2007), and at the John Carter Brown Library (2007); was a visiting professor at Oxford, Leiden, Princeton and Brown Universities, a Tinker Professor at Columbia University (2008); and since 2011, she has been a Princeton Global Scholar. From 2006 to 2012, she served on the Advisory Group for the Harvard Brazilian Office. She holds a Commendation of the Brazilian Order of Scientific Merit presented by the Presidency of the Republic (2010).

**José Ricardo de Carvalho Mesquita Ayres** is Full Professor in the Department of Preventive in the Medicine of the School of Medicine of the University of São Paulo. He is also USP Deputy Provost of University Extension. He chairs the USP Commission for Culture and Outreach and is Chair of the Department of Preventive Medicine and Chairman of the Board of the Samuel B. Pessoa Health Center. His main area of interest is public health with an emphasis on primary care. He works in the Centro de Saúde Escola and the Adolescent Medicine Program. He is the author of the books *Care: Work and Interaction in Health Practices* (CEPESC-IMS/UERJ-ABRASCO, 2009), *On Risk: Understanding Epidemiology* (2008 Hucitec 3rd. Ed., also published in Spanish by Editorial Place 2005) and *Epidemiology and Emancipation* (Hucitec 2002 2nd. Ed). He has also published widely in international journals. His research explores the following themes: interventions and programs in primary health care, prevention and health promotion, adolescent health, HIV/AIDS, risk and vulnerability (conceptual and applied), the family health strategy, historical and epistemological development of epidemiology and other health sciences, comprehensiveness, and care.
Helena Ribeiro is Dean of the School of Public Health of the University of São Paulo where she is also a Full Professor in the Department of Environmental Health. Her interests lie in geosciences, geographical climatology, environmental health, urban health, medical geography, air pollution, climate change, and environmental education. She is the editor of the book Recycling and Social Inclusion (Fapesp e Anna Blume, 2009). She has also published numerous journal articles and book chapters, including “Sugar cane burning in Brazil: effects on respiratory health” (Revista de Saúde Pública, 2009) and “Improvement in respiratory symptoms in children as a result of pollution control strategies in a district of the city of São Paulo, Brazil” (WHO, 2005). She has served as Environmental Advisor to the Mayor of São Paulo and on the Executive Committee of the International Council for Local Environmental Initiatives. Her current research projects investigate environmental determinants of health from a geographical perspective and recycling and waste disposal.

João Biehl is Susan Dod Brown Professor of Anthropology and Woodrow Wilson School Faculty Associate at Princeton University. Biehl is also the Co-Director of Princeton’s Program in Global Health and Health Policy. He currently holds an Old Dominion Professorship at Princeton’s Council of the Humanities and is a Visitor at the School of Social Science of the Institute for Advanced Study. In recent years, Biehl authored the award-winning books Vita: Life in a Zone of Social Abandonment (University of California Press 2005) and Will to Live: AIDS Therapies and the Politics of Survival (Princeton University Press 2007). Biehl is the co-editor of When People Come First: Critical Studies in Global Health (Princeton University Press 2013) and Subjectivity: Ethnographic Investigations (University of California Press 2007). He is also co-editor of the book series Critical Global Health (Duke University Press). Biehl is currently working on two book projects. He is writing an historical ethnography of the “Mucker War”—a religious and armed conflict which shattered the German-Brazilian communities of southern Brazil in the nineteenth century. Biehl’s second manuscript, “Patient-Citizen-Consumers,” combines ethnographic research, legal analysis and photography. The book chronicles the widespread phenomenon of right-to-health litigation in Brazil and explores the social and economic stakes of the judicialization of politics. Biehl received Princeton’s Presidential Distinguished Teaching Award in 2005 and Princeton’s Graduate Mentoring Award in 2012.
Annex 2: Syllabus

HEALTH AND THE SOCIAL MARKERS OF DIFFERENCE
GHP 403 / ANT 383
Princeton University
Fall 2013
Thursdays 7:30-10:20 PM

Instructors:
Princeton Faculty: João Biehl, Peter Locke
USP Faculty: Lilia M. Schwarcz, Laura Moutinho, José Ricardo Ayres

Course Description:
This course will examine the role of social markers of difference including race, nationality, gender, sexuality, age and religion in current debates and challenges in global health. We will explore contemporary illness experiences and therapeutic interventions in sociocultural context through case studies from the US, Brazil, and South Africa. Students will be introduced to key concepts such as medicalization, embodiment, structural violence, and the social determinants of health. Through close reading and discussion of interdisciplinary sources, we will explore how the social dynamics of race, class, gender, beauty, and aging figure into the introduction and effects of new medical technologies and public health policies. How do social categories of difference determine disease and health outcomes in individuals and collectivities? How is medical science influenced by economic and political institutions and by patient mobilization? How do patterns of social and economic inclusion and exclusion govern access to therapies?

The course will provide advanced instruction in anthropological and related social scientific research methods as they apply to questions of public health policy in both the United States and in emerging postcolonial economic powers. The course draws from historical accounts, contemporary ethnographies, public health literature, media reports, and films. We will build awareness of the competing values, belief systems, and political agendas at play in health decision-making processes and bring our insights to bear on debates over emerging forms of health and illness and over the theory and practice of global health.

Requirements/Grading

The success of the course depends on your commitment to complete all required readings for each session, to critically reflect on the readings, to participate actively in all discussions, and to creatively integrate the insights we generate together into your written work and independent research. The final paper is meant to serve as a medium through which you may explore your own interests in the interface of health and social difference.

- Attendance and class participation: 15%.
- Weekly reading responses: 20%. Your reports should bring the readings for each week into conversation with each other, synthesizing key themes and insights and raising critical questions for in-class discussion. Reports should not exceed one single-spaced page in length.
• Midterm essay (6-8 pages): 25%. An analysis of an interview you will conduct with someone you know (a family member or friend) who has been effected by the interaction of a social marker of difference (race, gender, sexuality) with the experience of illness and treatment. You might also consider analyzing such an account found in memoirs or documentary film.

• Final research paper (12-15 pages): 40%. Your final paper will address the interface of health and the social markers of difference at the community, institutional, and/or policy level through a case study explored through significant independent research.

Books


Week 1 (Thurs 9/12)  
Introduction: Medical Anthropology and the Social Determinants of Health

Instructors: Lilia Moritz Schwarcz, Professor of Anthropology, University of São Paulo; João Biehl, Professor of Anthropology, Princeton University; Peter Locke, Lecturer, Woodrow Wilson School, Princeton University

- Film: The Age of AIDS. (Frontline, PBS.)

Week 2 (Thurs 9/19)  
Race and Disease in Historical Perspective: Brazil

Instructor: Lilia Moritz Schwarcz, Professor of Anthropology, University of São Paulo


Week 3 (Thurs 9/26)  
Race and Disease in Brazil II

Instructor: Lilia Moritz Schwarcz, Professor of Anthropology, University of São Paulo

Week 4 (Thurs 10/3)
Racial Health Disparities in the United States

Instructor: Peter Locke, Lecturer, Woodrow Wilson School, Princeton University


Week 5 (Thurs 10/10)
Social Vulnerability and Living with HIV/AIDS

Instructor: João Biehl, Professor of Anthropology, Princeton University


Week 6 (Thurs 10/17)
Health in the Post-Colony: HIV/AIDS in South Africa

Instructor: Laura Moutinho, Professor of Anthropology, University of São Paulo

Week 7 (Thurs 10/24)
Gendered Health

Instructor: Laura Moutinho, Professor of Anthropology, University of São Paulo


Optional Reading:

***Fall Recess: 10/26—11/3***

Week 8 (Thurs 11/7)
Sexuality and Health

Instructors: Laura Moutinho, Professor of Anthropology, University of São Paulo; Peter Locke, Lecturer, Woodrow Wilson School, Princeton University


Optional:
• Film: And the Band Played On (1993)

Week 9 (Thurs 11/14)
Beauty, Sex, and Medicine

Instructors: Peter Locke, Lecturer, Woodrow Wilson School, Princeton University


Week 10 (Thurs 11/21)
Aging and Health

Instructors: João Biehl, Professor of Anthropology, Princeton University; Peter Locke, Lecturer, Woodrow Wilson School, Princeton University


***Thanksgiving Recess 11/27—12/1***
Week 11 (Thurs 12/5)
Care and the Clinic: Heath and Difference from the Patient’s Perspective

Instructor: José Ricardo Ayres, Professor of Preventative Medicine, University of São Paulo


Week 12 (Thurs 12/12)
The Social Markers of Difference and the Future of Global Medicine

Instructor: José Ricardo Ayres, Professor of Preventative Medicine, University of São Paulo

Annex 3: Syllabus

Medical Humanities

Coordinated by José Ricardo de Carvalho Mesquita Ayres
USP Department of Preventative Medicine

Overview and objectives:
Healthcare practice and the study of global health require technical and scientific mastery alongside a humanistic foundation that is necessary for the effective care of individuals and populations. This interdisciplinary course aims to:

1. Introduce the concept of “care” in health as it relates to best practices of health professionals
2. Present conceptual and technical contributions in diverse humanistic disciplines to the development of care during prevention, diagnosis, treatment, and rehabilitation
3. Foster critical reflection about the cultural and historical origins of medical practice, and enable students to analyze technical and ethical problems in the care of individuals and populations

The course will further these objectives through four conceptual focus points in the humanities:

1. Philosophical aspects of healthcare—coordinated by Professor José Ricardo Ayres, this module aims to present the concept of “care” in health, focusing on the scientific basis and practice of healthcare
2. Historical aspects of healthcare—coordinated by Professor André Mota, this module aims to explore the historicity of concepts and practices within healthcare, and to historically contextualize the contemporary theory and practice of medicine
3. Sociocultural and anthropological problems in healthcare—coordinated by Professor Márcia Thereza Couto Falcão, this module aims to study the sociocultural aspects of medicine and the social determinants of health, including race, gender, religion, and cultural values
4. Communication and psychodynamic aspects of healthcare—coordinated by Professor Izabel Rios, this module aims to explore communicative aspects of health, such as teaching and learning, as well as psychodynamic aspects, such as empathy and identity, and their implications for the understanding of doctor-patient relationships

The course will involve lectures, practical activities, and various out-of-class activities. Weekly lectures (50 minutes) will introduce core theoretical concepts and methods with correlations to hands-on activities and assigned work. Practical activities (2 hours), will be scheduled before or after lectures and will expand upon the concepts presented in lecture. Homework will be assigned individually and in groups, and will include readings, research, and fieldwork assignments.

Outline

Module I
“Care” in health: practical success as a guideline
“Care” in health: science as technical basis

Module II
Therapeutic practices throughout history
Diverse perspectives on the body throughout the history of medicine
Healthcare institutions and historical transformations of medical practice

Module III
The anthropological perspective on the body and healing/illness
Religion and the process of healing and illness
Gender and health: differences in health between men and women
Class, race, and ethnicity: vulnerability and health

Module IV
Interactivity and communication in healthcare
Psychodynamic concepts in medical practice
Fieldwork
Seminar: “I”-physician/”Other”-patient

Assessment:
Students will be evaluated on their understanding of core course concepts, their ability to critically evaluate arguments based on course material, and participation and engagement with class discussions. Specifically, students will be graded on participation in class activities (25%), 3 assignments spaced throughout the term (25%), and a final term paper (50%).

Sample reading list:

CHALOUB, S. e cols. Artes e ofícios de curar no Brasil. Campinas: EDUNICAMP, 2003;
COUTO, MT; SCHRAIBER, LB; AYRES, JRCM. Aspectos sociais e culturais da saúde e da doença. In: Martins, MA; Carrilho, FJ; Castilho, EA; Alves, VAF; Cerri, GG (Eds.). Clínica médica. Volume I. Barueri: Manole, 2009, p. 350-353;
LUZ, MT. Natural, racional, social: razão médica e racionalidade científica moderna. São Paulo: Hucitec, 2004;
MARINHO, MGSMC. Trajetória da Faculdade de Medicina da Universidade de São Paulo: aspectos históricos da Casa de Arnaldo. São Paulo: Fundação Faculdade de Medicina, 2006;
Annex 4: Syllabus

Global Health and Sustainability
Course offered by the USP School of Public Health
With the participation of Professor João Biehl (Princeton)
2013/Fall semester

- Number of credits: 4
- Lectures: 4 hours
- Seminars and practical sessions: 4 hours
- Out-of-class work: 2 hours

Professors: Helena Ribeiro, Paulo Antonio de Carvalho Fores, Eliseu Alves Waldman, João Biehl

Objectives:
To discuss and analyze concepts and debates in global health and sustainability, in light of the process of globalization the healthcare and environmental sector; to study the social, economic, and environmental determinants of health

Overview:
Healthcare systems in the 21st century confront new challenges to achieve national and international health goals in a globalized world. Environmental and public health agendas have established a set of priorities that require international and inter-sectorial action in order to be achieved in an equitable and effective manner. The processes of epidemiological and demographic transition, the opening of borders to free trade, climate change, increasing human migration, and new technologies have created new and urgent demands upon the UN and the international community at large. It is crucial for managers, academics, and health professionals to promote equity; this requires a deeper understanding of the social determinants of health and an openness to the formulation of policies and practices spanning diverse public and private institutions and reaching across national borders.

Topics:
- Global Health as a discipline—historical evolution and core concepts
- International economy, globalization in public health, and sustainability
- Contemporary politics of international relations
- The principal social determinants of health
- Demographic transition and population transformation
- Bioethics and human rights in global health and sustainability
- Global public health and surveillance
- Sustainability and territoriality
- Climate change and its effects on global health

Prerequisites: None

Assessment: Class participation, seminar presentations, term paper
Sample Reading List