

Study Abroad in New Zealand and/or Fiji
Arizona State University, School of Human Evolution & Social Change
Adventures in Culture, Environment, History, and Health

2009

Program Syllabi



Instructors: Dr Alexandra Brewis Slade, Professor of Medical Anthropology & Dr Christopher Boone, Associate Professor of Urban Geography

Teaching Assistants: TBA

General Overview: Our study abroad program is designed to develop student's transdisciplinary, critical thinking, and global-orientation competencies. We focus on an integrated approach to understanding culture, health, and environment interactions using the cases of New Zealand and Fiji. The courses are designed to be accessible and relevant to students of a broad range of majors and thus – while health-oriented in the broad sense – are in no way health-focused. The courses emphasize the importance of understanding about knowledge in a number of domains to global health, and particularly how they affect each other – particularly the natural and built environment and environmental histories, political and health systems and institutions, demography, migration and cultural histories, and culture and cultural knowledge. We are interested in exploring how a wide range of approaches and perspectives (e.g., social science vs biomedical, Western vs local or indigenous) help us think more critically and comprehensively about some of the major challenges we face in our rapidly changing (urbanizing, globalizing, shrinking) world, including how to develop and maintain health for all and sustainably use our environments.

Our courses emphasize the importance of good global citizenship, a concern with social justice, and the importance of environmental stewardship: we ask students to think deeply about and reevaluate their own value systems as they observe and interact with the quite different settings and peoples of these diverse countries. To help achieve all this, we teach our courses in an integrated fashion, to address these larger set of goals. Coursework for each specific course is explained

separately however, so that students can track progress with regard to specific goals and coursework within individual classes.

Course Policies:

Academic Honesty. Students are responsible for their own academic behavior, and for making themselves fully aware of the University's policies:
http://www.asu.edu/studentaffairs/studentlife/judicial/academic_integrity.htm. Academic dishonesty includes using the uncredited work of others, but also tolerating or assisting dishonesty in others.

Disability Accommodations. If you are a disabled student in need of special arrangements for exams and/or homework, we will do all we can to help. But you will first need to bring a letter from the Disability Resources Center: 480-965-1234 (Voice) 480-965-9000 (TTY); you will also need to inform us well in advance of travel time.

Extra Credit: We will not assign work for extra credit.

Late Assignments: Late assignments will be accepted only under the most compelling and documented circumstances. Generally, make up exams will not be made except in the most compelling circumstances.

Attendance: Unexcused absences are grounds for dismissal from the course(s).

Collaborative Learning: We use collaborative (team) exercises and assignments as a tool to promote learning. It requires students to be flexible, open, and good-tempered; it is challenging but most professional settings now require us to work in teams so it is an important skill set. In any group, tensions can arise because of course no one can contribute exactly what another can as we have different skills and styles. The trick is to determine how the group can harness everyone's strengths to move forward and reach a goal.

Final grades for each course will be assigned as follows:

A	89.5 - 100 percent
B	79.5 - 89.4 percent
C	69.5 - 79.4 percent
D	59.5 - 69.4 percent
F	below 59.4 percent

This syllabus is a general plan only: deviations should be expected and will be announced by the instructors.

Urban and Environmental Health (New Zealand)

ASM 591/ ASM 494 / SSH 494

3 credit hours

Course Goals. Students will:

- Develop a sophisticated comparative understanding of how urbanism, globalization, and environmental conditions interact to affect the health of human populations, using the example of New Zealand.
- Be able to explain urban and environmental health as a social justice issue.
- Work as an effective member of an interdisciplinary research team.
- Have direct experience in the fundamental processes of urban-environmental health research, including application of social science methods to data collection & analysis.

In the program we will be looking at issues related to equity and the built environment, the history of health, and examining food and water quality from a social science perspective.

Class Readings

Prior to the start of the program, all students should have read the course reader and familiarized themselves with the material in it.

Coursework

Grades will be assessed based on:

Christchurch module: “Colonization, Environment, and Ecological Imperialism”	30 percent
Blenheim & Central NI module: “Food and Sustainability”	30 percent
Waikato module: “Water and Well-being”, Part II	40 percent

Higher (graduate level) standards in grading will be applied to ASM 591 students, and they will be expected to take a lead in managing and analyzing the group project data.

Cross-cultural Studies in Global Health (New Zealand)

ASB 443/SSH 403

Poverty, Social Justice, & Global Health (New Zealand or Fiji)

ASB 410/SSH 400

Community Partnerships for Global Health (Fiji)

ASB 452 / ASB 512

3 credit hours

Course Goals. Students will:

- Be able to explicate health systems and health challenges using a comparative perspective.
- Explain the role of indigenous views and healing systems in promoting better health.
- Analyze health problems stemming from the political-economic setting of vulnerable and underserved populations.
- Critically evaluate the responsibility of nations, institutions, communities, and individuals in creating and effectiveness in reducing health inequities.
- Undertake health-related service learning activities or research activities with a goal to benefit the local people.
- Articulate in a sophisticated manner how poverty, social inequality, and disease are related.
- Identify and evaluate ethical and social justice issues related to community based health-related research and intervention.
- Engage productively in difficult, even controversial or adversarial, conversations regarding health inequities and responsibilities.
- Develop skills related to the development, support, and presentation of values-based propositions, including the ability to construct, support, and balance reasonable arguments on two or more sides of the same debate.
- Propose, refine, and defend a personal philosophy regarding responsibility for global health, including a plan for any action or advocacy.
- Distinguish externally-identified from community-identified health issues, methodologies, and solutions.
- Identify ways to improve communication and mutual understandings in community settings.
- Demonstrate effective problem-solving as a member of a team.
- Identify and refine an ideal model of community health partnership.

New Zealand Coursework

Grades will be assessed based on:

Kaikoura/Wellington module: “Indigenous Health Disparities”	30%
Rotorua module: “Water and Well-being”, Part I.	25%
Auckland module: “Social Justice and Urban Health of Immigrants”	45%

Fiji Coursework

Module: Food, Culture, and society	40%
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Module: Island environment, climate change, and health	35%
Oral and written reflection statement (incl. drafts)	25%

Higher (graduate level) standards in grading will be applied to 500-level students.

CHRISTCHURCH MODULE

Colonization, Environment, and Ecological Imperialism

New Zealand was the last major landmass settled by humans in the world, so the impacts of colonization have occurred recently and in a particularly accelerated fashion. The South Island has seen two major waves of colonization. First, tropical East Polynesians arrived on purposeful settlement voyages some 1000 years ago, and evolved culturally within New Zealand into Maori. Europeans first began settling Christchurch in earnest after the 1840s, mostly from Britain. The Foundation Stone at Christchurch cathedral reads “Good success of the hopes and plans of those who have earnestly struck to found another England not unworthy of the mother” (1864), and they earnestly and immediately began the ecological transformation of Christchurch into something more familiar. They also changed place names from Maori to English in an attempt to make the landscape more familiar and manageable, but meanwhile further alienating the indigenous peoples. “Ecological colonization” or “ecological imperialism” is the term for a process by which colonists attempt to mould and shape local ecology to a new, more culturally-valued and familiar form – such as the re-creation of English countryside by British colonists. Both colonizations had significant ecological impacts on the Canterbury region, including bringing many new species (accidentally as well as on purpose). (Notably, this process is not one way, and we will also begin to consider how colonists needed to adapt their technology and ways of using the landscape to survive in their new country.) Canterbury and Christchurch specifically present one of the very best examples of ecological imperialism anywhere. In this module we will explore how colonialism dramatically impacted ecology, how such impacts can be understood as cultural and global processes.

To complete this module, you will need to visit: the Canterbury Museum and ‘Our City O Tautahi’. Additional materials: lectures and the reading pack.

1. What was the landscape and ecology of Christchurch/Canterbury before human arrival?
2. (A) What particularly drew Polynesian settlers to the area? (B) How did prehistoric Maori exploit the local and/or South Island landscape to make a living? (C) How was this linked to significant ecological change? When you answer this, include consideration of both how Polynesians used their existing technology and subsistence modes and strategies to change the landscape and ecology, and the technological and subsistence adaptations they had to make in order to live successfully in the area. (Clue for this one: Canterbury Museum).
3. (A). What drew European settlers to the area (be sure to consider underlying (cultural) motivations of British settlers)? (B) What were the major transformations that accompanied European settlement? (C) How does ecological and landscape change in Christchurch area since 1840 exemplify global processes of “ecological imperialism”. Be sure to include discussion of the swamplands/Avon.
4. Find an informant and a map of Christchurch. Examine the layout of different suburbs, public parks and other open spaces, and the major industrial areas. (A) Where are the highest concentrations of Maori, Polynesian, and lower income residents located now in relation to the cityscape? (B) Why might this be, viewed historically?

4 pages maximum, single spaced, hand-written

KAIKOURA & WELLINGTON MODULE
Indigenous Health Disparities in New Zealand

Maori have lower life expectancy and higher rates of many chronic (e.g., diabetes) and infectious (e.g., meningitis) diseases than non-Maori in New Zealand, especially when compared to Pakeha. The reasons this is the case can be analyzed and understood at a number of different levels, and each suggests different approaches to how we would improve the health of Maori and other vulnerable populations. These levels include molecular/cellular (e.g., genetic disposition, prior disease effects, individual/behavioral/psychological (lifestyle, personal disposition), neighborhood/community (built environment form, air pollution, social and cultural norms, social support, family resources) and social/structural/political-economic (e.g., media, economic systems, structural inequalities such as racism, government and policy makers). Different understandings at each level of why people become sick suggest very different ways by which health for all can be reached, and very different sets of individual and social responsibilities and obligations. Of course these levels also all interact, and cannot be considered in isolation from each other.

Materials: Maori Tours in Kaikoura, lectures, readings. Te Papa (treaty) in Wellington as an optional addition.

1. What is the scale and main features of health disparities between Maori and Pakeha/non-Maori in New Zealand?
2. Provide both proximate (e.g., individual) and structural (e.g., political, economic, historical) explanations for higher rates of disease in Maori, using two disease case studies (one infectious, one chronic). Try to contrast Maori views to those of biomedicine and/or yourself.
3. Compare Maori-lead and managed responses to improve health at the community level (Kaikoura) to mainstream policy-based responses promoted by the national government (Wellington). Do they suggest different implied levels of causation and different locus of responsibility for 'fixing' Maori health?
4. How does the Treaty of Waitangi and/or New Zealand history more generally figure into all of this, if at all?
5. In your opinion, who is responsible for equalizing the health of indigenous groups in New Zealand? Does the NZ situation equate in any way with Arizona/US, or not? Explain why or why not you think there are parallels. (up to 2 pages)

6 pages maximum, single spaced, hand-written

BLLENHEIM & CENTRAL NORTH ISLAND MODULE

Food, Health, and Sustainability

New Zealand is a major producer of agricultural products for the world market, and also produces much of its own food. A sustainable, secure, and healthy food supply is at the basis of public and population health in all countries, and the globalization of food systems in the world means that there can be a huge gap between where food is produced and where it is eaten, for example. In a global food market, food is more mass produced and relies on technological innovations to increase productivity, and the food that is produced travels further before it is eaten (or drunk). Two critical issues in New Zealand are 'food miles' (how far food travels to markets and is sourced), and concerns over how to remain competitive as an agricultural producer when your markets are so far away. From a health perspective, the further food travels and the greater processing it undergoes, the less healthy it is likely to be (more fatty, less nutritious, less fresh, more likely to be contaminated).

Materials: visits to vineyards in Blenheim, Blenheim market, lectures, readings, Piopio farm stay

1. How might the growing wealth of people globally, and other changes in the global market, shape technological innovation and decisions about the use of land and other natural resources in rural New Zealand? (wine industry is a good example).
2. Select an evening meal served in your farmstay. Itemize all the items provided in an evening meal ("supper/dinner") at your farmstay.
 - A. Calculate the average and total miles of the foods in your meal, and your meal total using the approach discussed below. Show your items and working.
 - B. Describe the meal in terms of elements and where they come from, considering how that might be different (or not) in the US, including on farms in the US.
3. Consider (in discussion with your host family, if possible)
 - A. What are the implications of increasing food miles (consumer buying foods from further afield) for family farms in New Zealand?
 - B. How are food miles likely quantitatively and qualitatively different in New Zealand than in the US?
 - C. What other factors than carbon footprints/ transportation costs might mean more food miles create more negative (a) environmental and (b) health impacts?
 - D. How would greater consumer concern over food miles (i.e., consumers trying to buy locally) affect New Zealand's economy?

Explanations about Food Miles: Food Miles refers to the distance food travels from the place it is produced until it reaches the consumer or end-user. It is a measure used for assessing the likely environmental impact of food, whereby food that travels further has a more negative impact (such as in use of gas to transport it, creating increased carbon emissions). Food miles have also become a means to contrast local and global food systems and their health and sustainability implications. In the United States, the food for a typical meal has traveled some 1500- 2,100km, but if that meal contains off-season fruits or vegetables the total distance is much more. In the U.S., the average grocery store's produce travels nearly 1,500 miles between the farm where it was grown and your refrigerator. About 40% of fruit is produced overseas and, even though broccoli is likely grown within 20 miles of the average American's house, the broccoli we buy at the supermarket travels an average 1,800 miles. And even though most Americans live less than 60 miles from an apple orchard, the apples you buy at the grocery store travel 1,700 miles. Notably, 9% of red meat comes from foreign countries, including New Zealand.

To estimate food miles: Calculate (you may need to estimate) the relative weight or amount of each element in a food item and their food miles, then average these taking into account their

proportion of the total to come up with an average food miles for all food items in the meal. Then total all of these to get total food miles for the meal; divide by the number of items to get an average for the total meals. A weighted average of food miles for any food in your meal is thus based on the following estimate: (basically means "the average distance that food travels from where it's produced to where it is consumed".) = the sum of (amount/weight of the food (different location points it was produced) * distance from each point of production to each point of use (different location points it was produced)) / the sum of the amount/weight of the food (different location points it was produced).

This looks more complicated than it is. The basic idea is that you find out, for a particular element, the various places that it is imported from (say, oranges from the Cook Islands) and the amount that comes from each place. Taken together with the distances from those places, this can produce the average distance an imported tomato has come. You will need a map of the world and a map of New Zealand to be able to do this, of course. Make sure you do not calculate just distance of final food products, but also include the food miles that the ingredients in that food (potato chips, ice cream, bread) clocked up before they got the factory. For example:

<i>Ingredient</i>	<i>Place</i>	<i>Distance</i>	<i>% of meal</i>	<i>Food KMs</i>
Lamb	This farm	0	40	0
Pumpkin	Pukekohe	150	7	10.5
Apricot Ice cream	Auckland	200	25	50
Sugar	Fiji	2000	5	100
Milk/cream	central Waikato	100	15	15
Apricots	central Otago	500	10	50
				225.5

Discussion (excluding food miles calculation): 3 pages maximum, single spaced, hand-written

ROTORUA AND WAIKATO MODULE

Water and Well-being

Water is arguably the most essential element to human health and the well-being globally; not enough water or contaminated or disease-bearing water is a major cause of death and disease. The healing power of water is also recognized in many cultures in different but significant ways, including among Maori. Here we explore relationships between people, health, environment, and water using two different case studies from the central North Island.

Part 1: 'Taking the Cure' in Rotorua

Rotorua is known for its geothermal wonders, including boiling mud and hot pools, and this is a major underpinning of the city's current reliance on tourism. Rotorua's draw historically included as a healing center, where the waters would supposedly help those with a wide array of ailments. In the late 1800s Rotorua was being promoted as destination for those who 'sought the cure' through balneology (the treatment of disease through bathing), popular in Europe at the time. This part of the module places the 'cure' of water in ecological, historical, and social perspective.

Materials: visits to Rotorua Museum of Art and History and Wai-o-tapu, Readings.

1. A. Why, geologically, is Rotorua so geothermally active? B. Why, historically, did Rotorua emerge as a center for 'taking the cure' (other than the obvious availability of the heat and mud)?
2. A. What treatments were common at the Bathhouse in its heyday, and what technology did they employ? B. How did these link to general Western theories or understandings of health common at the time (such as what causes disease, and how you should respond to it)? C. Which of these ideas persist in modern thinking about health and healing, and which appear to have fallen out of fashion?

2 pages maximum, single spaced, hand-written

Part 2: The Mighty Waikato River

Having enough water to provide food and power to populations is a critical global health issue and how we will live sustainably in decades ahead. All countries are now dealing in some basic questions with questions of how to provide their populations with enough water of sufficient quality, and how to balance who gets what, when, and why. The problem is only being exacerbated by climate change, as water supplies become less certain because of draught and other changes from 'normal' weather patterns. Although New Zealand appears to have plenty of water, it is none-the-less grappling with difficult questions about how to best manage this precious commodity. Agriculture, for example, is a backbone of the New Zealand economy, but many forms use very large amounts of water and/or damage the waterways so the water is not available for other uses. Energy production that depends on water also is important to the nation but not without costs to water quality and quantity. Kiwis also have cultural ideas about rights to water, such as who is responsible and what their rights to water are as individuals and communities. And recreational use of water is an important element of contemporary Kiwi society. Clearly, trade-offs are being made in how water is used, and these are nested within broader political, cultural, and economic debates about what the priorities are, including who should have the ultimate say. In this part of the module, we explore some of the tensions about water in New Zealand life and culture, politics, and the economy, considering the genesis of contemporary problems with access to high quality and enough water in New Zealand, and how different stakeholders are working together, nor not, to solve them; and ultimately what this all means for water and health in New Zealand's future.

The setting for the module is the mighty Waikato River, the longest in New Zealand, which runs from its source from the eastern Mount Ruapehu, emptying into Lake Taupo, New Zealand's largest lake. It drains out northward to create the Huka Falls, then flows northwest, through the Waikato Plains where it feeds farmland. It empties into the Tasman Sea south of Auckland, which increasingly depends on its water for drinking supplies. The river is also a major

source for energy production, and has a series of eight hydroelectric power stations. The river also provides cooling water for the coal/gas fired thermal power station at Huntly and the geothermal power station at Wairakei. It is also used recreationally. The Waikato River has spiritual meaning and long historical connections (e.g. as a major source of food) for various local Māori tribes, from the Ngati Tuwharetoa in the Taupo area to the Tainui, who moved in and farmed the river banks further north. Tainui tribe have sought to re-establish their links to the river after the Maori wars and subsequent illegal confiscations of the 1860's, and are continuing negotiations with the current New Zealand government regarding the rights to control the water. Currently, the whole length of the river is administered by the elected local body the Waikato Regional Council, or "Environment Waikato", based in Hamilton.

Materials include: Farm stays, Visit to Lake Taupo/ Huka Falls, Waikato Museum Mighty River exhibit, the River, Wairakei and Huntly power stations, Environment Waikato report, ethnohydrology interviews. For current Waikato water quality measures see:

<http://www.ew.govt.nz/enviroinfo/water/healthyrivers/waikato/waikatoriver/>

3. A. How do kiwis in the street think about their water? (For example, where does responsibility for managing water lie? B. What 'rights' do they think they should have related to water? C. Do they perceive problems with their water supply (quantity and quality)?

4. A. How does the quality of the river water change from its source to its end? B. What are the major factors influencing water quality on the Waikato? C. What is the historical and economic basis of the main factors reducing water quality now? D. What are the main health impacts of poor water quality, and *who* is most at risk from them?

5. A. Who are the major groups of stakeholders related to management and health of the Waikato River, now? B. How do their different perspectives and priorities lead to conflict over water? C. How are/might these be resolved? (include consideration of treaty issues, as applicable). D. What implications does all this have for the long term health and well-being of populations in New Zealand?

6 pages maximum, single spaced, hand-written

AUCKLAND MODULE

Social Justice, Built Environments, Immigrants, and Urban Health

Cities are the place where people of many different backgrounds and very different means are pressed together in increasing densities. It is in cities that environmental injustices are often most apparent, in that people living in the same place have unequal access to amenities (e.g., parks, full service supermarkets) and exposure to disamenities (e.g., air or water pollution). What we so often see, is that minorities and those of low income are most negatively affected. The analysis of access to amenities in communities can unmask broader social and political processes that put some groups at greater comparative health risk than others. In Auckland, as in Arizona, minority immigrants tend to be more likely to live in lower income areas, and also be much more at risk of disease and higher death rates; but it is also useful to think about how built environment effects might contribute to diseases (such as obesity) and thus help explain differences in health across groups.

Materials: Walkability audits, lectures, readings.

1. Explain an environmental justice perspective on health disparities/inequalities, using an example from New Zealand (1/2 page)
2. Prepare for the walkability exercise by answering the following BEFORE you depart. This exercise will evaluate how easy it is to walk around certain neighborhoods in Auckland. Researchers refer to this quality of the built environment as “walkability”. Your group will be assessing the walkability of two different neighborhoods, one with a higher deprivation index and one with a lower deprivation index. A. List two environmental and two health-related reasons why we might care about the walkability of a neighborhood. B. Which neighborhood would you expect to be more walkable? C. Which would you expect to contain more pedestrians? Write two research hypotheses based on the answers to these questions. In a few sentences, justify your hypotheses.
3. After you have completed your walkability data collection: A. Present your results and state whether they supported your hypotheses. Explain why they did or did not support your predictions. (1-2 paragraphs). B. Based on the audit, what do you think are the major constraints to walking in Auckland? How could these constraints be addressed? (1 paragraph). C. You looked at how the built environment affects people’s walking behaviors. List three additional factors that might affect walking behavior. Choose one of these factors. In a paragraph, describe how you could conduct research to measure how that factor affects walking behavior. D. You experienced the public transit system firsthand. Evaluate how well public transportation was able to get you from one place to another. Does public transit affect residents’ health? Walkability? Why or why not? (1-2 paragraphs)
4. Do you think the Auckland city council is doing a decent job providing health-relevant amenities to its residents? (Explain your position, 1/2-1 page).
5. A. What are the major sources of Pacific island immigrants to Auckland since WW2, and why did people move there? B. Where in the city did they settle and where do they live now (ask an informant in Auckland if you are having trouble with this)? C. How does the health of those from the Pacific nations (e.g., Samoa, Cook Islands) compare to that of the general population in regard to both chronic and infectious disease? D. Can you detect any environmental justice issues related to Pacific Island populations in Auckland? If so, what, if not, why do you think this is so? (2 pages)
6. In your opinion, who is responsible for equalizing the health of immigrants and other vulnerable groups in New Zealand? Does the NZ situation equate in any way with Arizona/US, or not? Explain why or why not you think there are parallels. (2 pages)

NADI, SUVA, & VOTUA MODULE

Food, Culture, & Health

Some of the major processes affecting health and well-being in most developing countries – such as globalization, urbanization, growing income inequalities - are evident in Fiji. Fiji has two major ethnic groups – indigenous Fijians and Indo-Fijians, with very different (and often separate) cultures, as well as histories, opportunities, and challenges. The contrast between how the groups live, their health, and wellbeing can be startling. Both groups are also having to cope with the challenges of living in a small country with limited resources to help its citizens. In this module we examine the differences between the two major ethnic groups in Fiji in terms of health risks, and think about how differences in culture, ecology, and resources at the community and national level play into this. Given the importance of food in Pacific island societies, we pay close attention to nutrition-related illness.

Materials: windshield tour, lectures at USP, readings, Votua visit. Be sure to ask your host family in Votua to give you a full village tour, including the water project and water sources, where the kids swim, gardens and piggeries, and where they shop, and get all their food. Also be sure to work with your host family to complete the social network interview with your target participant, and the household survey.

1. What are the main chronic (non-infectious) health issues in Fiji, today? What difference does ethnicity make to the health and health experiences of people in Fiji?
2. How do people appear to be responding to current infectious and non-infectious health challenges, such as cardio-vascular disease, car accidents, diarrhea, and diabetes? What options are available to them, and which ones do they appear to favor, and which ones seem most effective?
3. Assess how well the Fiji government is doing at providing basic health services to its citizens. How does this stack up against your state and federal government in the US? How are the issues similar and different between the US and Fiji (considering such factors as economics, social norms, culture, ethnicity, etc)
4. What foods form the center of the family diet in Votua? What items are always eaten or most often eaten, and why? B. How does it compare to the traditional Fijian diet? What health issues related to diet can you detect? Include an assessment of whether the Fijian village diet healthier or less healthy than US diets. C. How is food tied to village life, including social relations? D. How does reciprocity (in food, for example) in Fijian villages compare to the US communities with which you are familiar? E. How is diet and lifestyle changing in the village and what are some health implications of this, looking forward? F. What are the economic implications of this?
5. Are Indo-Fijians similarly at risk of nutrition-related illness to Fijians? Explain why or why not in both proximate (e.g., behavioral), medial (e.g., community, environment, cultural) and ultimate (e.g., political economic) levels.

7 pages max, single spaced

VOTUA & BOUNTY ISLAND MODULE
Island Environments, Climate Change, and Health

Peoples of the Pacific live in a watery world, living in the low lying islands and coastal areas and depending on the vast Pacific ocean and very small amounts of land for much of their livelihood. Many communities remain tied to the sea as fisherfolk and practice subsistence agriculture, while in other parts of Fiji the beach and sea have become the mainstay of tourism as a way to create income as local village collect lease money and work in resorts. The islands on which people live are very small, and this means they have limited resources, limited opportunities for development, and they are extremely vulnerable to climate change (“unexpected deviations from normal weather cycles”). Comparative remoteness also creates challenges making it difficult to interact with the outside world (transport, communications), and creates low resilience to climate change because people’s options for responding to new challenges are so limited. And, for any village dealing with climate change, traditional values and village decision-making processes are still in place; this provides both constraints and opportunities in how responses to climate change can be applied and how successful they will be.

Materials: lectures, Votua village, Bounty Island, readings, class exercises

1. A. What are some of the keys ways in which climate change is affecting Fiji and the Pacific (i.e., what are the main impacts)? B. What is the relationship between climate change and health in Fiji (known and predicted)?
2. How much public awareness of climate change can you detect in Fiji?
3. A. Using the cases of the Coral Coast and Bounty Is, conduct a very basic environmental impact assessment. B. What are the major environmental impacts associated with tourism on coasts and small islands of Fiji? C. What health risks to populations living in and visiting the areas can you identify? D. Looking forward, how are climate change and tourism iteratively connected, and what solutions can you offer?
4. As a citizen of a country that is a major contributor to climate change (due to excessive energy use and emissions), what is your justification regarding your responsibility for global climate change (e.g., what do you say to someone in a village in Fiji who is dealing with climate change about your own and your country’s responsibilities?) (2 pages)

Seven pages max, single spaced and hand written

Written & Oral Reflection Statement

Each student will prepare and then orally present in class a short (less than 2 page, less than 2 minute) summary reflective statement on their personal values and plans in relation to global health and/or the environment.

Writing a reflection statement is in many ways an act to reveal one's beliefs, and in a way that can inform and shape our future actions. This is our goal here. Each student will prepare a written reflection statement regarding their personal values and plans related to global health and how their experiences on the program may have helped shape this. How you tackle this challenge is up to you, but what we are looking for is a statement that shows evidence of careful thought and clarity of expression, realistic self-awareness, the acknowledgement of doubts and the effort to resolve doubts, thoughtful integration of concepts and propositions we have explored in the class with one's own personal philosophic and ethical positions, articulation with longer term goals. It is important not to slip into simple narrative or focus on issues that are only related to you: global health raises some very troubling, complicated, and dramatic questions – such as issues of economic, national, or ethnic privilege - and you want to be grappling rather with your relationship to such large questions – that is, with your place in a broader world and how you might best understand and engage with it. Of course, there is no right or wrong position one can take in writing a reflection statement, since it is a personal expression, but there are statements that are more thoughtful, well-developed, articulate, and interesting. Reflection statements can be difficult to write. You will need to consider in your own personal and professional terms what your 'story' and position are, think clearly about academic and intellectual issues we have explored in the course, and then work to integrate the two. The goal is not an exhaustive investigation, and specific conclusions may or may not be present. Successful reflection enables self-awareness, and personal and professional growth. To get you started, you might want to keep a running 'shoe box' of ideas and thoughts that come to you through out the class. When you sit down to start writing, identify a few points that you wish to develop – perhaps no more than 3 or 4. Try to get to the heart of your discussion quickly, and maintain focus. The more drafts you write, the better the statement will be.