

Arizona State University  
School of Human Evolution & Social Change  
*London: The World in One City.*  
Summer 2009

**Urban and Environmental Health**  
ASM 591/ ASM 494 / SSH 494/ SOS 494/ESS 514  
**Poverty, Social Justice, & Global Health**  
SSH 400/ ASB 400  
**Global History of Health**  
ASB 301/ SSH 301  
**Cross-cultural Studies in Global Health**  
SSH 403

**Instructors:** Drs Alexandra Brewis Slade (lead), Monica Green, Jameson Wetmore, and Gwyneira Isaac.

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London was arguably the greatest of the early modern cities, both a fabulous and a deadly place. With growing numbers of people over time, often fed and housed poorly, plague epidemics swelled and ebbed regularly, and violence, squalor, and social inequities were common. But it has also been and remains a place of grandeur, art, and amazing technological and social innovation. London was where, for the first time in human history, a nation became predominantly urban. It has faced and met the many of the challenges that other cities now are starting to struggle with regarding how we can actually make cities work: how to deal with rapid growth, new diseases, straining infrastructure, and rapid and often unforeseen technological and social change. This trans-disciplinary study abroad program combines the fascinating case of London with insights from a wide range of fields in the humanities, social sciences, and life sciences (such as Urban Studies, History, Anthropology, Science and Technology Studies, Geography, and Human Biology) to delve us headfirst into the complicated and fascinating questions of the inter-relationships between the contemporary city and its environmental, medical, technological, and social pasts. The program assumes no particular background in any of these fields, though, and is suitable for undergraduates from a wide range of majors. We teach our courses in an integrated fashion to highlight the value of a holistic, transdisciplinary, historical approach to understanding our greatest social, environmental, and health challenges. London, in one way or another, has already historically experienced most major modern challenges (e.g., disease, flood, famine, sanitation crisis, climate change, globalization, fire)

and has much to teach us about how people, the problems they face, and the cities they live in are inexorably linked.

### **Course Texts:**

Porter, Roy. 1994. *London: A Social History*. Harvard University Press (chapters of most interest are noted on the Blackboard site)

Johnson, Steven. 2006. *The Ghost Map: The Story of London's Most Terrifying Epidemic – and How it Changed Science, Cities, and the World*. Riverhead Books.

### **Course Goals.** Students will:

- Develop a sophisticated comparative understanding of how urbanism, globalization, and environmental conditions interact to affect the health and wellbeing of humans, using the example of London through history.
- Be able to explain urban and environmental health as a past, present, and future social and environmental 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 research design, data collection, and interpretation.
- Analyze health problems stemming from the political-economic setting of vulnerable and underserved populations.
- Engage productively in difficult, even controversial or adversarial, conversations regarding social inequities and responsibilities.
- Propose, refine, and defend a personal philosophy regarding responsibility for environmental health and sustainability, including a plan for any action or advocacy.
- Articulate in a sophisticated manner how poverty, social inequality, and disease are related.

### **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](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 allowed except in the most compelling circumstances.

Attendance: Unexcused absences are grounds for dismissal from the program.

Collaborative Learning: We use collaborative (team) exercises and assignments as a tool to promote learning. This approach requires students to be flexible, open, and good-tempered; it is challenging but most professional settings now require us to work in teams, so you are acquiring important skills. 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

### **Course Readings:**

Readings are posted on Blackboard and need to be downloaded and brought with you to London. In addition to downloading and bringing with you the individual readings also please bring with you a printed copy of the *list* of readings for each place we will be going.

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

### **Coursework**

Grades for COURSE 1 will be assessed based on:

Module 1	40 percent
Module 3	40 percent
Ethnohydrology interviewing and report	20 percent

Grades for COURSE 2 will be assessed based on:

Module 2	40 percent
Module 4	40 percent
Reflection statements (oral and written)	20 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 group project data.*

## Module: Plague, Pestilence, and the City

*Diseases have shaped human history, just as human social and technological change has shaped disease. Today, we deal with such 'new' diseases as HIV, antibiotic resistant-TB, and avian flu, which are often concentrated in cities. London has been dealing with dramatic 'new' epidemics throughout its history, and they are tightly woven into the technological, social, and economic history of the city. In this module, we will explore the social and ecological contexts that lead to some of the more dramatic prior disease outbreaks in London's during the Medieval and Tudor periods, and then trace their broad and profound impacts on English and European society, and consider how it can help us deal with the challenges of new epidemics in contemporary cities, and understand some of the basic challenges of healthy and sustainable urban life.*

**Part 1: The Black Death.** *The Black Death of 1348-49 reportedly struck down 2/3<sup>rd</sup> of the people of London and surrounds. The later Great Plague that stalked Tudor England killed some 100,000 people. Of course, who was struck down was not random, and the social and demographic setting of the times had a huge impact on who lived and died. Both waves of disease, however, had a massive effect through time on British and European society, including urban planning, how we think about health and healing, and social institutions such as responses to disaster, and the development of the medical profession.*

Q 1. A. What signs identified and thus shaped diagnosis of Black Death in the Middle Ages (esp. 1348-49)? B. Who within London and in Britain appears to have been most susceptible to illness and death from the plague, and why? C. What were the primary ways that developed to prevent and treat the disease, both within homes and institutionally (institutions to consider include the church, medical profession, city government, etc)?

Q 2. Why is understanding the *biology* of the disease important now, so many centuries later?

Q 3. A. What were the major demographic, social, and environmental changes that lead to a focusing of Black Death in London in 1348-9? B. Identify major shifts in British technology and society that resulted from the epidemic. C. Plot these relationships in a diagram to accompany your discussion to show the relationship between changes before and following the epidemic.

Q 4. A. Draw a map overlaying the city walls of London in 1665 and the areas most affected by plague at that time. B. Who, geographically, was most at risk, and why? (Consider: How did this pattern with social and economic status at the time?) C. How did the resurgence of plague in *Tudor* London differ from what had come before, biologically, ecologically, and socially? How did the institutional and domestic responses differ, and why? D. In what ways is

understanding institutional responses in the distant past – Medieval or Tudor - of use in the contemporary world?  
(4 pages single spaced, hand written maximum)

**Part 2: Leprosy.** *Leprosy also has had a long and more chronic presence in London, and despite being much harder to contract than plague has historically been one of the most stigmatized of diseases (just as TB and HIV/ AIDS are stigmatized public scourges today). Those thought affected were often completely socially ostracized, and between the tenth and 14<sup>th</sup> century Britain developed a huge network of specialized institutions to deal with those thought to be infected – the leprosaria. Examining leprosy lets us think about how diseases relate to broader social rules that emerge regarding who is allowed in and out, and who is sick or well, and who is disabled or fully able. These ideas about who should be excluded are sometimes so profound they literally become built into our cities, as we will discover here.*

Q 1. A. How did the prevalence of leprosy change across Roman, Medieval, Stuart/Tudor, and Victorian Britain? B. What different forms of evidence help us know how common the disease was in different periods?

Q 2. What factors shaped who and when people were socially ostracized as “lepers” in Medieval England? Was the presence or absence of biological disease the key factor?

Q 3. Using the resources at the Museum of London/ BM/ British Library, compare the map on London around 1300, prior to the first Black Death (when the population of London was around 100,000) to those from the period after the first Black Death and right before and after the Great Fire of London (e.g., John Leake). Where are the hospitals, main concentrations of wealthier and less wealthy people, the river, prisons, churches, and city walls located relative to each other in each period – and what can you intuit about why do these change through time? Ensure you list all your map sources and other sources used to draw your conclusions and illustrate as appropriate.

Q 4. A. Map the location of leper hospitals, other hospitals, and major religious structures in Chichester, in relation to the lay out of the city of the Medieval period. Characterize the architecture of each in general terms. B. What distinguished the leprosarium, in terms of location and architecture, and what does it tell us about how the disease was understood at the time? C. Identify (list and describe) a contemporary analogy to the leprosarium in this regard in a modern city.

Q 5. How does the case of leprosy in Medieval Britain relate, or not, to understanding the major infectious diseases, and our responses to them, in the contemporary world? Support your argument with relevant examples.

(4 pages single spaced, hand written maximum)

## Module: Urbanization, Industrialization, Water, and Death

*The Victorian city of London was one of startling changes, contrasts, and challenges. Change in all aspects of human life was apace – technological, social, political, and ecological. The industrial revolution was in full swing, and expansion of the empire had made London the utter center of an ever expanding and interconnected world. By 1851, half the population of Britain was living in towns and cities, the first place this happened anyway. Urbanization was driven by massive migration to London by wage seekers, who provided the labor needed for the industrial revolution. The linked processes of massive urbanization and technological and economic changes transformed the city's environment between the start and middle of the 1800s. Ecologically, we see the start of complete crises related to maintaining a healthy city, especially the quality of air and water. Coal-fired stoves and new industry made the air heavy and foul-smelling. Industrial growth created jobs but also created muck and risk for those working in and living near factories, as many used toxic materials and produced dangerous effluents. With a very rapidly expanding population and industry, immense amounts of raw sewage and factory waste were increasingly being dumped straight into the Thames River -- also a main source of drinking water. With the mass migration and economic transformation, social inequities also became more profound. The poor, many from rural areas, became increasingly pressed into growing slums in the east of the city, while in the west the gentry took their leisure. New building and affluent development went hand in hand with the most horrible living and working conditions of which Dickens wrote. For many, London was a deathly place to live: housing became much denser and more crowded so disease spread quickly, the sanitation system strained, and coal from more fires made the air dangerous to many, especially the elderly. Living conditions combined in London in the mid 1800s to push the death rate to levels not seen since the Black Death. But still the city continued to grow. By the late 1800s, London had reached 3 million, and suburbanization was underway in earnest. It had emerged as a city of palaces culture, art, and coffee houses, but also of docks, prisons, factories, slums, and gin shops (in 1742 there was one per 75 residents). By the 1860s, the awful conditions in London had reached the rich and systematic efforts to deal with them are evident: the Victorian novels (such as Dickens in Oliver Twist) were helping to raise awareness.*

*Having enough clean water is emerging as one of the great sustainability and public health challenges of the new millennium. But London has dealt with major water crises in the past, and we can learn from that history. In this module we explore some of the connections between water, death, and urban and social change in the Victorian era. In the middle of the 1800s London reached a crunch point, when the sanitation system no longer worked and became a massive harbinger of death. Two of the turning points in the history of London that were especially influential in shaping the modern urban and health infrastructure in London and beyond were the cholera epidemics (especially in 1854), and the 'Great Stink' (1858). The cholera epidemic, and particularly its investigation afterward, transformed how people*

*understood the basis of contagious disease and recognized in particular that polluted water could kill. The Great Stink was a further push to sanitary reformation: The Commons had to close sessions after the stink from the sewer system (at the time thought by many to be miasmas that caused disease) forced them from the building. Eighteen days later, the money to construct a massive new sewer system (still in use today) was voted. The sanitary and housing reform that occurred in the second half of the 19<sup>th</sup> century thus got underway. The cityscape now demonstrates both large and small scale efforts to bring health to all at this time, and one of the most significant single civil engineering projects in the history of London involved the diversion of sewerage. Big cities require complex systems to make them 'work' and massive public works are one way this happens. The Victorian age was a time when we see these sorts of really large-scale technical solutions emerging to address the challenges of urban life.*

Q 1. Examine the Soho map created by John Snow. What basic principles about the nature of disease guided his identification of the Broad Street pump? How did institutional responses to deal with sewerage in London both assist with but also contribute to the outbreak of cholera?

Q. 2. Describe the form and function of the water and sewer system in London leading up to the 'Great Stink' of 1858. Where did people get their water? Where did their waste go (who and what handled it, and where did it end up)? What was the introduction of new sanitary policies and technologies aid in both creating and dealing with Great stink and the outbreaks of disease? (*Illustrate with maps as appropriate*)

Q 3. Sometimes, huge technical systems are required to allow cities to function as they need to. What were the major technological innovations in London in sanitation, transportation, and power in the 1840s-1880s? How did they change how the city functioned? Are they still functioning adequately today?

Q 4. What is the relationship between the city, urban and industrial development, and the mighty River Thames? Provide 5 specific examples to illustrate different forms of connections through time, including consideration of the docklands and Thames Barrier.

Q 5. Using a case study of your choice (e.g., London flood barrier, London Bridge, Thames embankment, London sewer system, subway system) explain how technology can embody specific forms of power and authority.

Q 6. How do Londoners now think about issues of water quality? Do you think they are more or less concerned than in the past, and why?  
(5 pages single spaced, hand written maximum)

## **ETHNOHYDROLOGY INTERVIEWING AND REPORT**

Conduct 3 interviews using the ethnohydrology protocol, and write a short (<2 page) report that addresses your assessment of the success of the interview both in terms of the data collection as a scientific enterprise and your personal engagement with it. Consider: 1) rapport with respondents, 2) respondent's comprehension of the questions and engagement with the topic, 3) your role as an interviewer. Thinking as an emerging scholar-scientist, what would your recommend be done differently, instead, or in addition in the interviews, based on your experiences? A failing grade will be issued for this exercise if *all* materials (including signed consent) are not submitted.

## **Module: The History of Medicine and Healing Traditions.**

*Healing therapies and related technology are interconnected with all areas of society, both driving and reflecting social, political, and economic change. The 'pill' is a great recent example. The perspective of history provides the ways to understand in a holistic ways how health and healing are entwined with social and technological transformations. It also gives us the chance to reflect on how advances in medical thought, medical practice, and related technologies can transform society in both positive and negative ways, and how to judge which is most likely to result as we devise new technological solutions to current problems. In this module we will explore some basic mainstream concepts of healing at different time periods, tracing some commonalities and examine how they have shaped how we see health and healing in the modern world, and the technologies we bring to bear on solving what we then define as medical problems, and then consider some of the expected and unexpected social impacts of that. Beginning with the Baths at Aquae Sulis (modern Bath), where the Romans imported their ideas about health and the body and built healing baths and a temple. We then will examine Medieval healing practice, which was clearly linked to ideas about the role of god and devotion in disease, suffering, and curing. However, it was also a period of increasing medicalization that also drew heavily on ideas about healing and the body from outside of England, and in ways that had profound long-lasting effects on many aspects of what was to become English and global ideas about health and healing in contemporary society.*

Q 1. A. Define a humoral understanding of disease and healing, and place it in historical and cultural context.

Q 2. A. In what way did the practices of balneology (curing through bathing) reflect mainstream Medieval medical beliefs? Include consideration of treatments that were common at the Bathhouse at that time, and any technology employed. B. Explain how these ideas might persist in some contemporary ideas about health or healing. Which of these ideas persist in modern thinking about health and healing, and which appear to have fallen out of fashion?

Q 3. A. What were the basic ideas about health and healing underlying the use of botanicals in medieval medical practice, as seen at the Chelsea psychic garden? Were they many or singular in form? B. What was the cultural and geographic origin of these basic ideas? C. Why was the garden located as it was? D. How do ideas about the botanical use of plants compare and contrast, or not in contemporary medicine (give examples to support your argument).

Q 4. What pushed the professionalization of medicine in London and England over time? Looking back: What was lost in this? What was gained?

Q 5. How did changing religious views through the Middle Ages shape changing practices, both in terms of personal health as well as institutional responses to disease and suffering? Consider such issues as what was considered the etiology of illness, the role of the individual, and the responsibilities of the church and state.

Q6. How have museums and botanical gardens contributed to the development of scientific practices? For example, what particular organizational practices used by museums in the past to categorize artifacts or specimens (i.e. taxonomies or typologies), are still in use today?

Q7. Based on the museums you have visited, how is the history of health and disease represented to the public today? What do these representations tell us about current cultural values attributed to the role of medicine in society in the UK in the 21st century?

*(6 pages single spaced, hand written maximum)*

## **Group Module: Environmental and Social Injustice & the Urban Landscape**

*Given the complicated history of social disparities in London's past (from royals to paupers), areas of poverty, deprivation, and relative ill-health both with deep and recent histories are now evident. This problem is not London's alone: most 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 urban area have unequal access to amenities across different neighborhoods (e.g., access to parks, clean water, or fresh food sources) and exposure to disamenities (e.g., air or water pollution). What we so often see is that minorities or the otherwise socially devalued are most negatively affected, even once income is taken into account. The analysis of the distribution of wealth and access to amenities in communities can thus unmask broader social and political processes that structurally place some groups at greater comparative health risk than others. In this module we will conduct some basic research to unravel evidence of injustices in how and why environmental risk is and was spread across the city of London. We compare the current situation to that in the London of the mid 1800s. At that time, Victoria lived in Buckingham amid wonderful green-spaces, while but a few miles away was the boot polish factory where 12 year old Dickens worked to support his family. Now, the social landscape of London is completely transformed, by the massive suburbanization since, and more recently the influx of migrants from the former British colonies and most recently an open Europe. We reflect on what these differences meant to people's life chances and the social fabric and geography of London.*

*Copies of Booth's map can be purchased at the Museum of London for ~20 GBP. The original map should be along the back wall, towards the centre of the second half of the World Cities gallery in the MoL.*

Q 1. Explain an environmental justice perspective on health disparities/inequalities, using a contemporary example from England (1/2 page)

Q. 2. Examine Booth's late 1800s map of London that characterized neighborhoods on the basis of wealth and occupation. He thought he was going to demonstrate that the social reformers of the time had exaggerated the bleak living conditions of the time, but found that some 10% of people lived in extreme poverty and a third in poverty. (A) Select three areas on the map that Booth showed as very different classes at the time, and describe the living conditions and population characteristics in each area at that time (health conditions, working conditions, economic conditions, where people were from,

etc). (B) Illustrate with pictures of historical sites/exhibits of each, to show how people lived at that time (e.g., places of work, interiors of homes, etc).

Q. 3. Return to the Booth map materials you examined previously. (A) Can you determine any possible environmental justice issues associated with the distribution you have observed? (B) How did and do changes in the public transportation system in London tie into this? (C) How does this match or not the pattern seen in the “modern plague of London” map in the MoL showing public houses?

Q 4. Find a local informant. With their help, examine the current layout of different areas of London, including the suburbs, public parks and other open spaces, and the major industrial areas. A. Where are the highest current concentrations of immigrants and lower income residents located now in relation to the cityscape? B. How has this changed since the mid 1800s, including the *distribution* of poverty in the city geographically? Consider issues of both distribution, relative location to each other, and location to key amenities (both good and bad). C. How has the pattern of environmental injustice and/or social inequity changed?

Q 5. What broad social and economic processes of the last 200 years help explain the changes; for those that have not changed, what broader structures might tend to reinforce some patterns over time?

Q 8. A. Does the London situation of the mid 1800s in relation to the distribution of social/environmental injustice equate in any way with contemporary London, or not? Explain why or why not you think there are parallels. B. Does contemporary London situation equate in any way with contemporary Phoenix, or other US cities?

*(Group presents 8 pages maximum, hand written, single spaced).*

## WRITTEN & ORAL REFLECTION STATEMENTS

Each student will prepare a draft, then orally present in class, then redraft and hand in a final version of 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. Ask yourself some basic questions about disparities and responsibilities: For example: how does your experiences in London fit with what you understand and know already? What challenges you most and why?

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.

### Notes: How to Ace your Modules

Our programs use field modules as an instructional approach to introducing topics of study. The module approach relies heavily on short essay answers to complex inter-related ecological, environmental, cultural, technological, political, and social aspects of the history, present, and future of the city. This is a writing-intensive approach to study that requires the student to have (1) a clear understanding of the question and responses and (2) the ability to formulate those responses in a concise and non-redundant manner. We believe that reading, writing and communication skills are critically important to succeeding both in university and in the workplace. Those who speak and write well are at a clear advantage.

Each module relates to a specific theme and/or geographical location and consists of (a) a background/introductory narrative, (b) related readings and other associated material, and (c) approximately 4-8 questions. The following guidelines are applied to grading and assessing your work:

1. Each question (comprised of all parts) should be answered using a limit of ~250 words written clearly, succinctly, and legibly. Your response will be graded on appropriate content, grammar, and presentation. Do not repeat the question as part of your answer.
2. Any references other than from the readings listed with the module (a) are encouraged (to be included as citations in the body of the essay) and (b) must be included in a references section (not included in the 250 word limit). Such references include all forms of personal communication (from lecturers, faculty members, field guides, etc), information available during field trips (for example, visitor centers), and/or incidental/additional material collected during the program (from libraries, tourist shops, etc).
3. If there are multiple parts to each question (e.g., 1a, 1b, 1c, etc), give equal weight to each part.
4. Unless specified otherwise, all module questions receive equal weight in the final assessment.
5. Answer each question on one side of a single sheet of paper and include the references on the reverse side. You should not include references for readings that are already part of the module question (though you can/should cite the author(s) of these readings within the body of the essay) – use the reference section only for additional sources not included as part of the module question.
6. Write your name and question # at the top of each sheet of paper.

The module approach is probably unlike most other approaches to teaching and learning that you have experienced on campus. In most campus classes, you are taught and you learn through lectures in a somewhat linear fashion with one class building upon another. The module approach is more like doing a mosaic in which the complete picture only gradually comes into focus as more and more pieces of the mosaic are put into place. When the last piece of the mosaic is in place, the picture is complete, and you can see the complex and multifaceted nature of what you have created. To push this analogy a little further, the pieces of the mosaic are like pieces of information, and the complete mosaic is the knowledge that you have gained of the subject.

You will likely find this approach confusing and even frustrating early on. Where do I find the pieces of information? Where does this piece fit? *Does* this piece fit? How does this piece relate to the overall topic? These are all legitimate questions, and questions that you will have to keep asking yourself and discussing among classmates. Despite some initial confusion (perhaps like the confusion when confronted with a jumble of mosaic pieces), we believe that the module approach has numerous advantages, especially for teaching and learning within the context of a field-oriented study abroad program. Perhaps the single greatest advantage of this approach is that it is active. You are actively engaged in finding the pieces of information from multiple sources. True, one of these sources is the traditional classroom lecture, but there are also mini field-lectures, class discussions on the road, informal conversations with field faculty, meetings with specialists and professionals, and direct experience and observation, as well as the related readings. The

module approach obliges you to be an active learner, an active participant in the learning process. In practice, this means listening and looking, taking good notes, asking good questions, and generally taking advantage of all of the resources and opportunities you encounter. It is a way of learning that is far removed from the taking and regurgitating of lecture notes. The module approach will be novel and challenging for most students. However, if you embrace it you will also find it a highly satisfying way of learning. Indeed, you may even find that it influences the way in which you look at the world around you and learn beyond this particular study abroad experience.

#### Tips for writing concise responses

1. It is arguably more difficult to write essays of 250 words than 1000 words. As a result, write short, concise sentences and avoid quotations. Develop a skeletal outline of your essay, write your answer out, and then rewrite to get within the 250 words limit.
2. Ensure that your sentences flow – don't abruptly change topics. Do not simply provide a chain of undeveloped (or unsupported) facts that are simply reiterations of lectures and/or readings. You can use facts/data but they must be substantiated and fit within the context of the story you are writing.
3. Make a statement, support that statement, and provide the "so what". This shows that you can conceptualize and see "the big picture."
4. Avoid writing about things, and using technical terms that you don't understand. Your lack of understanding will come through and affect your grade. If you are confused or don't understand something, ask.
5. Most importantly, answer the question.