



Land Acknowledgement

UCSD was built on the unceded territory of the Kumeyaay Nation. Today the Kumeyaay people continue to maintain their political sovereignty and cultural traditions as vital members of the San Diego community. We are honored to share this space with them and thank them for their stewardship of Mat Kulaaxuuy (statement borrowed with thanks from the Association of Native American Medical Students at UCSD). *[Please note land acknowledgements do not absolve settlers of the responsibility of decolonization and returning stolen land to indigenous people.]*

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COURSE OVERVIEW

Medicine, including public and global health, are in a state of unprecedented crisis. The politicization of medicine—from racist characterizations of covid-19 as the “China” or “Wuhan” virus, to inconsistencies in public messaging about the pandemic, to the failed model of employer-dependent healthcare, to the global apartheid on vaccines—have all had catastrophic results for marginalized communities in the US and across the globe. Public confidence in health experts is at an all-time low. To make matters worse, the covid-19 pandemic has ravaged BIPOC (Black, Indigenous and People of Color) communities, with migrants and incarcerated people suffering some of the worst effects of the pandemic, nationally and globally.

The field of medicine has long known about racial disparities in access to healthcare, yet as the pandemic has revealed, medicine’s attempts to address these disparities have clearly failed. In part, this is due to the fact that medicine has not accounted for the ways in which it has disproportionately produced harm, illness, disability, and death for racialized and colonized populations. Neither has medicine adequately considered the techniques those communities have used to creatively promote their own wellbeing in the face of sustained abandonment and exclusion.

What can we do? There is an urgent need not to reform, but *transform* medicine and global health so that it more fully responds to the needs of BIPOC communities in the US, as well as formerly and currently colonized and marginalized populations globally. Many activists and scholars are also calling for abolishing the medical industrial complex. To abolish that system and build a new, more just one, we must understand the relationships between medicine, colonialism, and capitalism that continue to inform the practice of healthcare and produce harm for communities. Medicine and healthcare have always grappled with matters of life and death, but now the stakes are higher than ever.

In this course, our goal will be to reimagine global health and medicine as projects of *radical social justice*. While this phrase might sound scary, the word “radical” shares etymology with the word “roots.” Thus a “radical” solution means one that tries to address *the root causes* of social and racial injustice. We will learn to go beyond band-aid solutions to actively rethink what global health and medicine can be, and who and what they are for.

We will focus on the harms done by medicine and global health as well as how individuals and communities are undoing the violence of current and past healthcare systems and their exclusions by engaging with feminist, social justice, antiracist, and decolonial clinicians, theorists, and scholars. Our goal is to critique the existing structures of biomedicine and healthcare, including projects in which we may already be involved, and to imagine better,

more just, and liberatory future that get to the root of contemporary problems. This course will culminate in students leading their own social justice projects in medicine/global health.

South Asia Studies Minor

This course counts towards the newly created [South Asia studies minor](#) at UCSD. If you would like more information about the South Asia studies minor, please contact Dr. Prashant Bharadwaj, Director of the Minor via email at pbharadwaj@ucsd.edu. To learn more about South Asia related programming at UCSD, visit the [South Asia Initiative](#) page.

REQUIRED READINGS

All course readings will be available on the course's canvas site and on Perusall.

Platforms: We will use three platforms for this course: (a) Zoom for discussions and lectures; (b) Canvas for course materials and schedule; and (c) Perusall for reading notations. I will make periodic updates and changes to the syllabus, schedule or inform you of extra credit opportunities on Canvas. Please make sure you have your notifications turned on.

COURSE REQUIREMENTS

Meetings & Zoom Etiquette

All classes will take place on zoom. During class, we will discuss, read, listen to, and watch course content together. Lectures (but not small group discussions) will be recorded and available for later viewing. It is highly recommended that you attend as many classes synchronously as you can to get the most out of this course and the discussions. The key to success in this course is to keep up with the readings and assignments, participate in discussions, and ask questions.

During class:

- Minimize distractions by trying to find a quiet place (if possible), putting your phone on silent, and closing other applications besides Zoom and a document for taking notes. **I very much appreciate you turning on your camera**, which greatly facilitates our conversations and can make the class feel more personal and intimate in a time when we are feeling isolated and disconnected. While I understand it is not always possible to have your video on, please do turn your camera on when you can, especially when you are in your small breakout rooms. **Please also include your preferred pronouns in your zoom name.**
- *Presence:* Much of your learning in this class will happen in small breakout rooms, rather than a traditional lecture format. In most classes, I will pose discussion questions to you and have you work on them in small groups. I will lecture occasionally, when I am introducing new concepts. The idea of having small groups is for you to take more responsibility and ownership for learning and to also get to know your fellow classmates better. Many of the topics we will discuss are intended to generate discussion and debate—and it is through conversation that many of us

learn. Presence is much more than being in class. It means carefully listening, engaging, and participating in discussions. You are invited to create an environment of mutual respect by listening and speaking with an open mind.

- Please restrict the chat function in zoom to materials relevant to the course.
- *Class structure:* During class, we will do a combination of large and small group work in breakout rooms. If you don't want to speak in class, you can also participate by using the chat. I may call on people randomly, but if you don't want to answer, you can always say, "Pass." I will absolutely not hold this against you. Likewise, if you are someone who speaks a lot, challenge yourself to take up less space and be mindful of how many contributions you make in a day.
- Please let your TAs or me know at any time if participation is becoming difficult or if there's anything I can do to facilitate your learning. I know many of you are dealing with challenging circumstances at home that might make studying difficult. I am committed to accommodating any and all challenges and to make this course enjoyable and hopefully transformative experience for you.

ACCESSIBILITY

I follow the below accessibility guidelines developed by the Coalition for Abolition Medicine, a disability justice organization:

I am committed to creating a learning space that is not only accessible for all students, but one that resists the university as a space of ableism, anti-Blackness, racism, classism, homophobia, transphobia, and other intersecting systems of oppression. I support de-normalizing ideas of productivity and what success looks like and is conventionally defined as in academia. If, at any point in the term, you find yourself not able to fully access the technology, content, and experience of this course, you are welcome to contact me to discuss how to make the course more accessible.

I understand that the Office for Students with Disabilities (OSD) is not available to everyone, so, if you are considering getting accommodations for a disability or medical condition, you are also welcomed to contact me to discuss how to meet your access needs. If you choose to gain accommodations through OSD, it is located in University Center 202 behind Center Hall and can be reached at 858-534-4382 or email at osd@ucsd.edu.

If you prefer to be called by a different name or referred to as a different gender than the one under which you are officially enrolled, please let me know at any time so that I can make adjustments accordingly. Lastly, if you are struggling, confused, or have fallen behind, I understand that the university can be a draining space and are here to meet you where you are at. We will figure out together how to best support you in continuing with the class.

ASSIGNMENTS

1. **Perusall Annotations** – (3 notations per reading/podcast/film, each worth 3 points x 15 readings = **135 points total**)* *Lowest reading notation score will be dropped.*

You will use [Perusall](#) to collectively annotate the assigned readings for this course. Please go to perusall and create an account using the course code: VARMA-U4LVR

You will find all the readings for the course available here. You must annotate 15 readings/videos/podcasts during the quarter. Each reading counts as one (i.e. chapters within the same reading do not count as separate readings). You can also do annotations on any podcast or film we are discussing or watching. In that case, you should email your notations to our TA.

In Perusall, you will be placed into a discussion group of 5 students, so that you can comment/reflect on each others' comments. I highly recommend that you share your emails and phone numbers with each other and check in with each other regularly, ask questions and work out difficult material/concepts together. You will not be graded as a group; this is just an effort to create more of a community in the classroom.

Everyone should individually include a minimum of **3 thoughtful comments, questions, or responses per reading** to get full credit. Each notation is worth a maximum of 3 points. A guide for how Perusall assignments will be graded is [here](#). You'll earn 3 points for an excellent, thoughtful notation; 2 points for a strong notation; 1 or 0 points for an incomplete or inadequate notation.

Once you have submitted your annotations on Perusall, please also submit which assignment # you did on Canvas. In Canvas, under the corresponding Assignment #, enter "Perusall: [the name of the reading you did]" and submit. You don't need to copy and paste your annotations, we just need the name of the reading you did. That way, we know which reading you did for that Assignment # and we'll check your comments on Perusall.

Perusall assignments for the week are due at 1:45 pm before class on the day the reading is due.

Every week, I will choose a few of the most thoughtful comments/reflections from your notations and use them to generate discussion questions for the following week.

2. **Reimagining Medicine as a Radical Social Justice Project** – Final project - (**180 points**)

Throughout the quarter, we will build an understanding and framework of what *radical social justice* is and how we can apply it to the practice of medicine and global health. We should have a clear understanding of the *wrongs* of medicine and global health: what have they failed to do? What can they do better? What is missing from their analyses? We will also learn about how different individuals and communities are re-envisioning care, health, and healing as social or racial justice projects, both from within and outside of biomedicine. We will examine efforts to decolonize global health and medicine, to depathologize illness and wrest control and power back to communities. We will build a social justice framework

together which you will use for your final projects.

For your final project, you will have several options to redesign an existing intervention or create your own global health intervention that exemplifies the values of radical social justice. In addition to the intervention, you will write a 5-7 page analytical and reflective essay OR give an oral presentation to the class reflecting on (a) how or why your intervention is a radical social justice intervention; (b) what your experience, struggles and challenges were designing the project and why those struggles were there; and (c) what you learned, what work is still left to do, where you want to go next with this project. You may work in groups of 2-3 for this project or you can work alone. Below are three examples of different interventions you can create (there are also other possibilities but you should discuss these with me):

- i. Create and deliver social justice intervention in global health or medicine. This could be an artistic project (like Femi Nylander's powerful [spoken word poem](#)), a project for an organization that you are already involved with but want to help remake, or it could be a series of conversations you stage with people you know or don't know in order to spread awareness about the topic you are working on. For example, maybe you are frustrated by friends in STEM who don't think racial justice is connected to science or medicine. How or why can you convince them? To do this, you can build a script for discussing/arguing for racial justice in medicine that you can try out on three people outside of class per week (for the 3 weeks of the project's duration).
- ii. Write a critical analysis of one aspect/field of global health and medicine that you feel continues a history of medical racism, violence or colonialism and explain why and how this field needs to be transformed. For example, this could be an aspect of a particular outbreak or global health intervention (such as Ebola/covid-19) or it could be a particular field of medicine (for ex. gynecology).
- iii. Join an existing radical social justice project on or off campus. Reflect on what this project is trying to do, how it connects with conversations in class, and how your participation in the group has changed your approach to healthcare and medicine.

Because this project is such a significant part of your grade, it will be broken into several components:

- i. **Project abstract:** Choose your topic, including your research plan, rationale, and justification for how your project is a radical social justice intervention. *Please also state if you will be giving an oral presentation or final paper at the end (1 page) – 27 points (10%)*
- ii. **Keeping a field journal** – like an anthropologist, you should keep a journal in which you reflect on and update your findings as you engage with your project. What are you finding? What are the stumbling blocks? What you choose to write about in your final paper/present in your final presentation should emerge from a clear question or dilemma from your field notes. You do not need to write every single day, although

- you can, but you should have at least two entries per week for the 4 weeks we will be working on the project (8 entries in total). Entries will be graded on their depth and thoughtfulness (not length!), how well they engage with the questions of our class, and how well they demonstrate your commitment to this work – 81 points total (30%)
- iii. **Final essay/oral presentation** (162 points or 60%) – If you have chosen (i) or (iii) from above, you must write an analytical and reflective essay synthesizing your learning and your experiences staging an intervention. For example, why was this intervention in global health necessary? What histories of violence or medical racism were you trying to undo? What did it mean to you and others engaged in this project to re-envision global health as a social justice project? What would you do differently next time? How has this changed your commitments as a person, scholar, researcher or future health practitioner? If you are writing an essay (ii) as your social justice intervention, you must present your findings to the class in an oral presentation - 72 points total.

Late policy: I understand we are living through very difficult times, so I want to provide you with as much consideration and flexibility as possible, while being mindful of the time commitments and obligations of our TA and reader. If you are unable to turn in an assignment on time, *please let me know in advance* so you will not be penalized.

Communication: The best way to communicate with your TAs and me is during office hours or via email. However, before you email either of us, please check the syllabus to make sure that the answer to your question cannot be found there. I will respond to emails within 24 hours. Email is also the best way to set up an appointment with me in case you cannot make office hours. All emails should have a specific subject line that indicates the purpose and context of the email, including a reference to the course title; a salutation, such as “Dear Professor X”; proper grammar and spelling; and a signature, such as “sincerely” or “thank you.”

COURSE SCHEDULE

Assignments are listed next to their due date on the syllabus.

Week 1: Introduction

DATE	READINGS DUE
Tuesday, 9/28	<p><i>No reading</i></p> <p><i>Introduction to course and syllabus</i></p> <ul style="list-style-type: none"> • <i>What brought you here? What do you hope to learn?</i> <p>Watch Joia Mukherjee, Partners in Health, in class: https://www.youtube.com/watch?v=amCyFbTlYCg</p> <ul style="list-style-type: none"> • <i>What is colonial about global health and medicine?</i>

	<p>Angela Davis, "Radical Frameworks for Social Justice" (excerpt, start around min 8, watch in class)</p> <ul style="list-style-type: none"> • What does a "radical" framework for social justice mean?
Thursday, 9/30	<p>Science Still Bears the Imprints of Colonialism</p> <p>To Abolish the Medical Industrial Complex</p>

Week 2: *Colonial Foundations of Global Medicine*

Tuesday, 10/5	Linda Tuhiwai Smith, <i>Decolonizing Methodologies</i> , Chapter 3, "Colonizing Knowledges"
Thursday, 10/7	<p>Eve Tuck, "Suspending Damage: A Letter to Communities."</p> <p>"The Fight for Mauna Kea is a Fight against Colonial Science"</p>

Week 3: *Colonial medicine and the body*

DATE	READINGS DUE
Tuesday, 10/12	Introduction, <i>Inflamed</i> , pp. 3-28
Thursday, 10/14	Kara Granzow, "Against settler colonial iatrogenesis: Inuit resistance to treatment in Indian Hospitals in Canada"

Week 4: *Medical Violence*

DATE	READINGS DUE
Tuesday, 10/19	<p>*Warning* This essay includes graphic descriptions of bodily trauma and medical harm.</p> <p>Leah Ashe, "From Iatrogenic Harm to Iatrogenic Violence"</p>
Thursday, 10/21	Guest Lecture, Rachel Yim, "What Medical Schools Don't Teach You" (UCSD MA Global Health graduate)

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Week 5: *Decolonial Embodiments*

Tuesday, 10/26	Kalindi Vora, “Re-imagining Reproduction: Unsettling Metaphors in the History of Imperial Science and Commercial Surrogacy in India”
Thursday, 10/28	Carolyn Ureña, “Decolonial Embodiment: Fanon, the Clinical Encounter, and the Colonial Wound” Watch in class: Colonialism: Have we inherited the pain of our ancestors? <i>Introduce final project</i>

Week 6: *Neoliberalism & Philanthrocapitalism*

DATE	READINGS DUE
Tuesday, 11/2	Michele Eliason, “Neoliberalism and Health” Genevieve LeBaron and Adrienne Roberts, “Toward a Feminist Political Economy of Capitalism and Carcerality” [*Note* this article has some big words that might be unfamiliar to you but don’t worry we will discuss in class.]
Thursday, 11/4	Anne-Emmanuelle Birn, “Philanthrocapitalism: Past and Present” How Bill Gates Impeded Global Access to Covid Vaccines

Week 7: *Health and Policing*

DATE	READINGS DUE
Monday, 11/8	Project abstract due
Tuesday, 11/9	No class: Veterans Day
Thursday, 11/11	Eric Rafia-Yuan, Divya Chhabra, and Michael O. Mensah, Decoupling Crisis Response from Policing — A Step Toward Equitable Psychiatric Emergency Services

	<p>Optional reading for annotation: Gloria Anzaldúa, Chapter One, “The Homeland, Aztlán” from <i>Borderlands/La Frontera</i></p> <p>This Photo is about Bodies—Migrant Bodies, and our Body Politic. Don’t Look Away (not eligible for notation)</p> <p>Misleading headline claims thousands of caravan migrants have HIV, tuberculosis, other diseases (not eligible for notation)</p>
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Week 8: *Towards Abolition*

DATE	READINGS DUE	
Tuesday, 11/16	<p>Read: Chapters 15 and 16, <i>Who Do you Serve, Who Do you Protect?</i></p> <p>Watch: Protest and Policing in the UC System and Beyond (5 mins)</p>	
Wednesday, 11/17	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>Field journal due (entry 1 of 4)</td> </tr> </table>	Field journal due (entry 1 of 4)
Field journal due (entry 1 of 4)		
Thursday, 11/18	<p>Watch: Visions of Abolition: from critical resistance to a new way of life” (stream through the UCSD library VPN) (please send a word/google doc notation to your TA)</p>	

Week 9: *Disability Justice and Mental Health*

DATE	READINGS DUE
Monday, 11/22	Field journal due (entry 2 of 4)
Tuesday, 11/23	Kai Chang Thom, “The Myth of Mental Health” and Johanna Hedva, Sick Woman Theory

Week 10: *Course wrap up*

Monday, 11/29	Field journal due (entry 3 of 4)
Tuesday, 11/30	Oral presentations

	Optional reading: Alondra Nelson, “The People’s Free Medical Clinic” in <i>Body and Soul: The Black Panther Party and the Fight against Medical Discrimination</i>
Thursday, 12/2	Oral presentations and course wrap up

Monday, 12/6	<i>Final field journal due (entry 4 or 4).</i> Your final entry should reflect on the aftermath of your intervention
Wednesday, 12/8	Final paper due