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Column: From Plato to Ebola?: Introducing World History in a First Year Seminars on Epidemics

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Abstract: How can world historians take advantage of interdisciplinary general education requirements to introduce new students to the methods and uses of history? When survey courses are not institutionalized, specialized courses that draw on individual faculty members' expertise and fit into general education curricular niches may be the best option. This essay describes my efforts in a First Year Seminar on Epidemics and Empires to teach a broader range of students to how world historical approaches and methods both introduce them to a bigger, more complicated world, and provide tools to understand it.

Since Spring 2012, I have taught five sections of a First Year Seminar entitled “Epidemics and Empires,” designed to meet University of Richmond curricular requirements and introduce students—especially non-History majors and aspiring scientists and medical personnel--to policy-applicable world history.¹ Overall, subjectively, the course feels startlingly successful. My experiences with it may therefore offer ideas to others seeking to navigate program guidelines, changing general education requirements, the need to recruit students, and the responsibility to be policy-relevant.

In the early 1990s, the University of Richmond, a private, predominately undergraduate liberal arts university, dropped its year-long “Western Civilization” requirement in favor of a year-long first-year Core course that engaged in close reading and careful thematically organized discussion of a diverse, chronologically wide ranging, collection of primary sources. Several

¹ First year seminars at the University of Richmond are capped at 16 students. I taught one section in Spring 2012, and two sections each in the fall of 2013 and 2014. Each section had 15 or 16 students enrolled.

years ago, continuing to explore the question of what first-year students need, the faculty changed the curriculum again, moving to a system of writing-intensive first year seminars that could be on any topic.²

This shift offered both challenges and opportunities to the department of History, and indeed to the other humanities departments key to the older Core curriculum. The most basic challenges were with regard to staffing and student recruitment, as well as student preparation for further work. UR has a substantial block of tenure lines in History and Literature departments, intended to support a curriculum with general education requirements in Western Civilization, English Literature, and second language competency, lines held by faculty known for effective teaching. Western Civilization, followed by Core, was a major part of faculty teaching loads, and served to recruit students to further study in History or the humanities more generally. Some faculty members feared the First Year Seminar program's emphasis on including all branches of the University would trigger a loss of students and a pedagogical race toward entertainment at the expense of content. Additionally, many valued—and wanted students to learn—both the skill of careful close reading, and the varied ideas and perspectives central to the First Year Core Course.

Despite these concerns, though, once the faculty as a whole had voted to change the general education curriculum, the History department and individual historians had to consider what to teach, and thus we worked to develop First Year Seminars. This proved an opportunity to consider a range of curricular possibilities. Myself, I had been uncomfortable for years with the achronological, committee-selected works and approaches of the Core course, and was eager to

² For the UR website and archive of topics, see <http://fys.richmond.edu/about/index.html> . Topics vary, but seminars must be approved by a committee. and adhere to a list of guidelines.

experiment. As a historian of Africa, active in the International Studies program, I had also become increasingly aware of how students in interdisciplinary programs desperately needed more history than they were getting if they were to make sense of the world, the region they focused on, and the questions that interested them. Neither the Advanced Placement or International Baccalaureate classes that many students took before arrival, nor nods to history in multidisciplinary courses, were pushing students toward a confident, applied, approach to learning about historical contexts or historical thinking. And popular historical works students read outside any formal class sometimes produced enthusiasm, but rarely thoughtful discussions of evidence and the limits of overarching theories.³

After briefly considering a range of fanciful possible seminar topics, I decided to draw on my background in world history and medical history, take advantage of some excellent, accessible books, and develop a seminar intended to pull in students interested in science and medicine. My intent was to offer them a world historical perspective that might allow them to use history to think, talk, and write differently about health, values, and policy.

The structure of the seminar varied some from one version to another as I became increasingly familiar with the scientific literature I taught, and as world events intervened, but the basics remained stable:

After a very brief introduction to the syllabus and course requirements, and a warning that the seminar's topic will involve explicit material on pain, exploitation, death, violence and incapacity, I offer a specific case (eg. a radio report from Haiti on the introduction of cholera

³ Jared Diamond's *Guns, Germs and Steel* (1999), for example, was popular, engaging, and called for more critical analysis and discussion than students were doing.

after the earthquake) to provoke brainstorming.⁴ The point was to encourage students to think , from the seminar’s first day, about what they need to ask and learn to understand a situation, even one in the recent past. They rapidly realize they need to consider what happened (chronology), how it happened (ecology and epidemiology), who is responsible (politics and liability) and what the ethical implications are.

The most recent version of the seminar, in Fall 2014, then proceeded to follow a roughly chronological, thematically focused, exploration of connections between epidemics and empires, meeting twice a week over 14 weeks. We began with the Columbian exchange, conquest, and the establishment of a connected Atlantic world, rooted in the slave trade and sugar cultivation. New literature on the degree of mortality and morbidity at conquest started us off with shock value. J.B. McNeill’s provocative book *Mosquito Empires* (2010) provided students a new way of organizing their historical stories, challenging assumptions about medical knowledge and environmental control. And the rich literature on the demography, experiences, and conditions of the slave trade and slavery both allowed students to consider, and question, environmental determinism. A short close reading exercise, working with “eyewitnessing” documents from the era of the slave trade, allowed students to consider how primary sources fit with historians’ larger claims.⁵

In the course’s second major unit, we examined issues related to the rise of the new imperialisms of the late 19th and early 20th centuries, first looking at how public health

⁴ For example, the National Public Radio report at <http://www.npr.org/blogs/health/2013/01/12/169075448/after-bringing-cholera-to-haiti-u-n-plans-to-get-rid-of-it> offers enough material in a short time to allow substantive discussion.

⁵ In addition to curated collections of narratives by enslaved people and witnesses to the trade, available on specialist websites such as Sidney Mintz’s <http://www.vgskole.net/prosjekt/slavrute/9.htm> , JSTOR provides access to rich, varied, document collections on the trade. And the Voyages database (<http://www.slavevoyages.org/tast/database/index.faces>) is available online and offers an excellent opportunity for students to experiment with demographic analysis.

interventions, the rise of germ theory, and new developments in tropical medicine were integral to the end of the slave trade, the Scramble for Africa, and the rise of modern empire in Africa and South Asia. We spent specific class sessions on case studies that explored, for example, how “tropical medicine” as a field was rooted not simply in the new science of germ theory, but in the politics of new empires, reading Sir Patrick Manson’s depiction of its centrality to British power, Mary Kingsley’s applications of it in her travels, and anthropologist Johannes Fabian’s discussion of its intoxicating, less systematic elements.⁶ We also looked at public health initiatives’ connections to the rise of segregation, how colonial administrations intervened in sexually transmitted diseases to manage fertility and reproduction, and how new medicine and new forms of work and labor management were basic to building colonial economies.⁷ Key readings also explored how indigenous healers and activists responded successfully or, at times, disastrously, to the environmental, social, and political interventions of new diseases, therapies, and public health initiatives.⁸ In specific projects, students selected or were pushed to look at

⁶ Sir Patrick Manson, “The Necessity for Special Education in Tropical Medicine” *The British Medical Journal*, 2: 1919 (Oct. 9, 1897) 985-989. Stable URL: <http://www.jstor.org/stable/20251585>; Mary Kingsley, “Disease in West Africa” from *Travels in West Africa* (MacMillan, 1898) available through google books at <https://books.google.com/books?id=KoHxmD5C2vUC&pg=PA681&dq=Mary+Kingsley+Travels+in+West+Africa+Disease&hl=en&sa=X&ved=0CDAQ6AEwAGoVChMI-47QlqbyyAIVBUAmCh3p4w7Y#v=onepage&q=Mary%20Kingsley%20Travels%20in%20West%20Africa%20Disease&f=false> and Johannes Fabian, *Out of Our Minds: Reason and Madness in the Exploration of Central Africa* (Berkeley: University of California Press, 2000) excerpt.

⁷ Readings have included Philip Curtin, “Medical Knowledge and Urban Planning in Tropical Africa” *American Historical Review*, 90: 3 (Jun., 1985) 594-613 at <http://www.jstor.org/stable/1860958>; Maynard Swanson, “Sanitation Syndrome: Bubonic Plague and Urban Native Policy in the Cape Colony, 1900-1909” *Journal of African History* (1977) 387-410 (JSTOR Stable URL: <http://www.jstor.org/stable/180639>); David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India* (Berkeley: University of California Press 1993) excerpt; Carol Summers, “Intimate Colonialism: The Production of Reproduction in Uganda 1907-1935” *Signs* (1991) <http://www.jstor.org/stable/3174573>; Sokhieng Au, *Mixed Medicines: Health and Culture in French Colonial Cambodia* (U of Chicago Press, 2011) excerpt, Randall Packard, “The “Healthy Reserve” and the “Dressed Native”: Discourses on Black Health and the Language of Legitimation in South Africa” *American Ethnologist*, (1989) 685-703 Stable URL: <http://www.jstor.org/stable/645116> and a variety of other articles and excerpts.

⁸ J. B. Peires, *The Dead will Arise: Nongqawuse and the Great Xhosa Cattle-Killing Movement of 1856-7* (Bloomington: Indiana UP, 1989) or, alternatively several of Peires’ articles, have worked brilliantly to bring out these issues.

specific health crises, such as the sleeping sickness epidemic in East Africa, and use scientific and newspaper articles from the time to critically assess what sorts of resources and tools imperial advocates were able to use, and what they indicate about the values, power relationships, and choices of the era's public health experts and scientists.⁹

In the third section of the course, we explore how imperial medicine—broadly defined—fared during the 20th century, in an era of nationalism. Nancy Stepan's book, *Eradication* (2011) brought us back to South America, with an exploration of how eradicating smallpox, yellow fever, malaria, and other imperial diseases was both a national project, and one that linked South American nations to a global health community dominated by North American doctors and experts. We also spent time on new arguments about the origins of AIDS as an iatrogenic disease, spread by the medical interventions of the colonial era, thus bringing discussions of liability and responsibility into the present in unavoidable ways.

Finally, working with excellent new work on global health, we end the course with a set of readings that asks what—if anything—have people learned from the complex ways diseases, biomedicine, public health, and empire have shaped our world. Is health policy, I ask, merely a lens through which to observe the processes of world history, or is the sort of history they have studied, emphasizing mosquitos and parasites, biomedicine and epidemics, health bureaucracies and scientific knowledge, enough to explain the world of the present? Alternatively (as a provocation) I ask whether all this political and cultural history was superstructural to non-

⁹ Kirk Hoppe, "Lords of the Fly: Colonial Visions and Revisions of African Sleeping-Sickness Environment on Ugandan Lake Victoria, 1906-61" *Africa* 67: 1 (1997) 86-105 offered a jumping off point, and in class we worked with early 20th century articles by David Bruce, AR Cook, and others, all available on JSTOR, or even through the London Times Online. The section on trypanosomiasis also allowed a setup for a discussion of the iatrogenic origins of HIV/AIDS. Students have read significant portions of Jacques Pepin, *Origins of AIDS* (Cambridge: Cambridge University Press, 2011).

human contexts of pathogens, evolution, and ecological connections? Specific readings look at fights over polio eradication, initiatives by global drug companies to outsource safety testing, the rise of global pharmaceutical regulation and counterfeiting, and of course, the new epidemics such as cholera in Haiti, and the ebola virus in West Africa.¹⁰ In the fall of 2014, all students wrote their last project as an applied creative work, drawing on something specific they learned from ideas and experiences of imperial medicine to suggest a particular policy or approach to the ebola virus outbreak in Liberia, Guinea or Sierra Leone.

Readings in this course were challenging, but students did them, consistently. I started each class session with a short answer quiz on the readings, or a reaction paragraph, providing an immediate assessment tool. Student attendance was nearly perfect. Discussions—and almost all class sessions were predominately discussions—were lively. In their papers, students struggled with difficult materials, whether depictions of enslavement, scientific papers from the early 1900s, or more conventional histories, but they engaged actively and creatively with both history and policy. And, finally, in their exams, students studied the practice questions I provided, prepared in groups, and almost universally demonstrated their ability to work through complex and challenging material to use evidence as they made arguments, assessed policy, or asked questions about ethics and values.

This was not purely a history course. To understand the readings and the arguments, students had to learn about the differences between viruses, bacteria, and eukaryotic parasites, consider genetic evidence of pathogens' variation and evolution, and follow the basic principles

¹⁰ Readings have included Elisha Renne, "Perspectives on Polio Immunization in Northern Nigeria" *Social Science and Medicine* 63 (2006) 1857-69; Adriana Petryna, *When Experiments Travel* (Princeton: Princeton University Press, 2009) excerpt, Kristen Peterson, *Speculative Markets: Drug Circuits and Derivative Life in Nigeria* (Durham: Duke University Press, 2014) excerpt, and Paul Farmer, *Haiti: After the Earthquake* (New York: Public Affairs, 2011) excerpt as well as a range of examples from websites and journalistic coverage.

of challenging ideas such as harm reduction, environmental control, the development of new drugs through the assessment of drug targets, and more, at a level more often expected of students in science courses. A colleague in the Biology department (Professor Laura Runyan-Janecki) took on a very lively and challenging question day (repeatedly), answering or exploring questions students submitted on the science they were reading. Myself, I found it necessary not simply to revisit my undergraduate work in biology, but to update it to understand some of the new and ongoing science on issues such as the origins of HIV/AIDS and the management of malaria, and incorporate basic knowledge of diseases and pharmacology into quick background answers and explanations. For my audience, it was essential to avoid the usual shortcut in historical courses, where one might simply see biology as a set of facts that could be background. Instead, with Laura Runyan-Janecki's support, I sought to portray the processes of enquiry, debate and learning that characterized all stages of imperial medicine, from the pre-germ theory days to the present.

My goals for the course were limited. First Year Seminars are, after all, *introductions* to college, lack pre-requisites, and need to fill a list of requirements, such as offering students guidance in critical and analytic reading, writing and speaking. Mastery of the issues of global health was not the goal. Huge gaps existed, both accidental and deliberate; I organized the course around accessible readings and my own knowledge, avoiding my colleagues' specialties. The course was introductory, aimed at exposing students to issues and raising their awareness complexities. But in using a historical approach, the course also sought to demonstrate the usefulness of considering historical connections, especially global, transnational linkages, in analyzing and considering policies to address complicated problems.

Repeated versions of this course have taught me more science than I have used in decades, and forced me to brush up knowledge of Latin American and Caribbean history that I never studied systematically. Preparing for it pushed me to read widely in popular medical histories, most of which fit badly with course goals, but suggested plenty of entertaining anecdotes. For me, though, the most engaging aspect of this course has been its emphasis on how history—especially a world history that crosses borders, examines linkages, and enquires into processes of exploitation—illuminates policy issues.

As world historians, teaching at institutions that prepare not just history majors, but students with diverse interests and aims, we have many potential models of what to do in our courses. We could offer big global history courses, conveying enough of what made the world what it is today to offer students background for whatever they choose to do. We could draw on the riches of historical narratives, characterization, and anecdote to entertain, illuminate, and suggest the humanistic possibilities of culture, as opposed to immediate questions of survival or profits. We could use world history courses to raise students' consciousness of a broader world of exploitation, survival, and possibilities as they become adult global citizens, decentering a fixation on American exceptionalism. All of these options, and others that emerge as we consider the field, are valuable in connecting young adults to a broader world.

At the University of Richmond, though, the first challenge is convincing students that they *need* to take world history, or indeed history more generally. As a field, world history's incorporation of multidisciplinary perspectives and its inherently comparative qualities make it especially suitable as an approach to general curricular courses where the goals need to go beyond coverage to engagement and training in how historical analysis can contribute to not simply personal growth or citizenship, but comprehension and action.

By using a focused, problem-oriented world historical approach to the general curricular requirement of a first year seminar, I have also sought to encourage students to understand that the world is big. They also learn, though, that information on its complexity is available. And during the seminar, they also get practice in world history approaches that offer analytic, evidentiary, and narrative tools that allow them to understand, evaluate and potentially develop policy relevant to these big complicated problems, places, and ideas.

As history courses come under challenge from other curricular requirements and distracted student interest, my experiences with this First Year Seminar, and indeed with my long-running upper level seminar on food and power in Africa and Asia, convince me that topically and policy-focused interdisciplinary world history offers an opportunity for each professor to develop a distinctive, provocative, intervention in students' lives. In such courses, perhaps even more than in conventional surveys, students can encounter, struggle, question, brainstorm, consider consequences, and pursue answers in ways that build skills, and shape their further ideas and work. In a context with the ready availability of wikipedia for details, and big, broad narratives for context, my goal as a historian is to focus on what my courses can offer that is most distinctive and unusual—with the highest value added for students. First year seminars have, at my institution, proven a way to distinguish our students' experiences and learning.