GRAD4042/5087/7052: The Psychosocial and Health Consequences of Forced Migration.

Coordinator: Jo Vearey, PhD jovearey@gmail.com
Class times and venue: Tuesdays (SH2115) and Thursdays (SH2116) 9.30 – 12.30

Background
This course provides a critical introduction to the health and psychosocial consequences of migration. The primary purpose of the course is to examine the intersections of humanitarianism, vulnerability and displacement from a health perspective. In order to do this, the course will introduce fundamental concepts and analytical tools to understand the interaction between health, disease and illness in social contexts. It will investigate the differential impacts of integrated public health responses on migrants with respect to ethnicity, gender, age and legal status. Case studies will be provided of a number of common interventions with migrant populations including HIV/AIDS interventions (particularly access to services and treatment), psychological and psychosocial interventions and the provision of basic services such as water, sanitation and immunisation. Throughout the course, the focus is on the complexity and politics of humanitarianism and the assumptions that underpin such interventions.

Core themes cutting through this course include:

- The need to critically evaluate the role of health and psychosocial interventions with displaced populations;
- The ethical and moral implications of humanitarian intervention;
- The role of culture and society in understanding of health and well-being among migrants and displaced populations;
- Illness and health in view of the political, economic and social context that underlie forced migration;
- The tension between individual and social health and well-being.

Teaching and learning process
Students will learn on this course in a variety of ways, all of which are equally important in successfully completing the course. These include:

- Independent reading: of weekly set texts, but ideally reading more widely;
- Regular writing: of response papers before class and practice exam question outlines in class;
- Presentations in class: based on response papers;
- Discussion in class; and
- Student-run study groups and discussion groups: these are not compulsory but it is highly recommended that students set up their own groups for regular discussion of readings.

The class coordinator is available for consultation. It is up to students to arrange consultations and to make the most of this opportunity.
Structure and assessment

The course is divided into 10, three-hour seminars held on Tuesday and Thursday mornings: 9.30 – 12.30. Attendance is compulsory. The course will be based on guest lectures as well as set readings which are to be completed before class. Each lecture outline begins with some guiding questions that should shape students’ reading. Students should come to class ready to give a brief summary of any of the readings and to and actively participate in debates and discussion related to the guiding questions. Depending on the number of participants, students will be asked to present the course readings once or twice during the term and comment on all readings in each class meeting.

The course privileges analysis, synthesis, and explanation over memorisation and description. To get the most from the readings and class room discussion, students are encouraged to continuously link specific topics and readings to the broader questions outlined above and to their own empirical work. Students should consider organising independent study groups and discussions towards this end.

The course will be assessed in two ways:

Assessment will be based on performance in two primary areas. Please note, any assignment submitted after the due date will be penalised by 20 points per 24 hours or portion thereof.

1. Response Papers of no more than 1000 words (50% of total mark): 4 for MA; 2 for Hons
   These papers synthesise all of the required readings for a given week and/or critically engage with assertions made within them. The best papers will relate all the works to the course’s primary questions or extend the reading’s implications to critical themes in the field. Under no circumstances should they merely summarise the readings. Each paper should be structured in the form of a short essay with an original and provocative thesis statement supported by evidence drawn from the readings.

   To earn credit, students must email copies to all course participants at least 24 hours before the class meeting. Response papers will be marked on the basis of the ACMS assessment template provided to students at orientation. Response papers will be marked solely by the course coordinators and returned after the relevant class session. Marks on the paper are a good predictor of exam performance so students are encouraged to consider how to improve them. An additional response paper may be submitted for credit. In such case, the student’s lowest mark will be removed from the record.

   Please note that for each week, one student will be responsible for presenting their argument and leading an initial class discussion (the use of powerpoint or handouts is encouraged). One other student who has written a response paper for the course will be charged with acting as a primary respondent, highlighting differences of opinions or interpretation and contributing additional insights and extrapolations.

2. Final Written Examination (50% of total mark)
   This take home exam will include a series of questions asking students to synthesise course readings. There will be no topic-based questions, so students must have a broad understanding of the course material. All students will be asked to answer three questions in 48 hours although MA and HONS students will be asked to answer different questions. Review questions will be distributed before the exam. Students are encouraged to work together while preparing but are not permitted to communicate about the exam while writing. Any evidence of plagiarism on the exam or other written work will be dealt with severely. Exams will be marked by the course coordinator and an external examiner. Please ensure that your student number (not name) appears on each page along with the
page number. Documents should be in 11-12 point font (Times New Roman, Calibri or Arial preferred), 1.5 spacing, and stapled on A4 paper (no covers please). The exam will be distributed on Monday 12th September (10am) and be due on Wednesday 14th September (10am).

**Timeline**

<table>
<thead>
<tr>
<th>Assignment</th>
<th>Date Due</th>
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<tbody>
<tr>
<td>First Class Session</td>
<td>Tuesday 26th July</td>
</tr>
<tr>
<td>Response papers (4 for MA, 3 for Hons)</td>
<td>By Tuesday 6th September</td>
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<tr>
<td>Teaching break</td>
<td>Monday 29th August – Friday 2nd September</td>
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<tr>
<td>Revision Session</td>
<td>Thursday 8th September</td>
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<tr>
<td>Final examination (48 hour take home exam)</td>
<td>Monday 12th to Wednesday 14th September</td>
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**Readings**

For each session there will be a set of four required (key) readings. **It is essential that you have read these in advance of the session.** You will be provided with these readings electronically. Additionally, a list of recommended readings is included to guide your reading around the subject.

There are 3 important documents that you are expected to familiarise yourself with.


## Session overview

<table>
<thead>
<tr>
<th>#</th>
<th>Date</th>
<th>Topic</th>
<th>Presenter</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Tuesday 26&lt;sup&gt;th&lt;/sup&gt; July</td>
<td>An introduction to the study of health and migration: a social determinants of health approach</td>
<td>Jo</td>
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<tr>
<td>2</td>
<td>Thursday 28&lt;sup&gt;th&lt;/sup&gt; July</td>
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<td>Becky</td>
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<td>Ingrid</td>
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<td>Jo</td>
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<td>Tuesday 16&lt;sup&gt;th&lt;/sup&gt; August</td>
<td>Sex work, trafficking and (public) health</td>
<td>Becky</td>
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<td>7</td>
<td>Thursday 18&lt;sup&gt;th&lt;/sup&gt; August</td>
<td>Humanitarian interventions, biopolitics and therapeutic citizenship</td>
<td>Matthew Wilhelm</td>
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<td>Tuesday 23&lt;sup&gt;rd&lt;/sup&gt; August</td>
<td>The provision of healthcare to migrant groups: interactions</td>
<td>Becky</td>
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<tr>
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<td>The Healthy Migrant Effect</td>
<td>Jo</td>
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<td>Jo</td>
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### Schedule

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Lecture 1: An introduction to the study of health and migration: introducing a social determinants of health approach

Tuesday 26\textsuperscript{th} July
Jo Vearey

\textbf{PRESENTER:} ______________________

\textbf{RESPONDENT:} ______________________

\textbf{Objectives:}

\begin{itemize}
\item To introduce the concepts of public health and public health ethics.
\item To introduce the relationship between migration, displacement and health.
\item To interrogate the health needs of migrant groups and the responsibilities of healthcare providers.
\end{itemize}

\textbf{Guiding questions:}

\begin{itemize}
\item What is the relationship between health and migration?
\item How do the different phases of migration influence health?
\item What is public health and how does it apply to migrant’s health?
\item Who is responsible for ‘public health’?
\item In a resource-limited setting such as South Africa, should cross-border migrants be provided with free healthcare?
\end{itemize}

\textbf{Readings}


Recommended readings


Lecture 2: Illness, disease and sickness - understanding health and wellbeing through idioms of distress

Thursday 28th July
Becky Walker

Objectives
- To understand the main theoretical approaches that conceptualises sickness, illness and diseases.
- To outline some of the characteristics of the biomedical approach and non-western medical systems.
- To understand the psychosocial, cultural and political dimensions of migrants’ health in the light of the multiple forms of understanding wellbeing and treating illness and distress.
- To identify the uses of idioms of distress as a mean to communicate experiences of illness and distress among migrant populations, in contexts of inequality, conflict and violence.
- To examine the place that idioms of distress have in the biomedical system, particularly in light of processes of medicalisation of human suffering and distress.

Guiding Questions
- What are the differences between disease, sickness and illness? How are these differences theoretically conceptualised? What are some of the implications of these distinctions on the study of migrants’ health?
- What is an idiom of distress? Why are these idioms used? What purposes do they serve? How do they relate to migrant’s living conditions, and the socio-political and economic contexts?
- Does the biomedical system recognise idioms of distress used by its patients? How are these idiom of distress treated within the biomedical system?
- What are the implications of incorporating idioms of distress as a tool to address migrants’ healthcare needs in contexts of inequality, conflict and violence?

Readings
Recommended readings:


- Nunez, L (2009). “Is it possible to eradicate poverty without attending to mental health? Listening to migrants workers in Chile through their idioms of distress.” (to be published in the Journal of Health management 11(3) 2009.)
Lecture 3: Conceptualising distress in displaced populations: the rise and fall of trauma interventions

Tuesday 2nd August
Ingrid Palmary

PRESENTER: ______________________
RESPONDENT: ____________________

Objective:

• To gain a historical perspective on the emergence of trauma interventions with displaced populations.

• To understand the critiques that have been developed of trauma interventions.

• To look at examples of alternatives to traditional trauma interventions with a focus on migrant children.

Guiding questions:

• What are the most common ways of understanding and measuring the distress caused by forced displacement?

• What are the complexities of applying this model to forcibly displaced people in the African context?

• What critiques have emerged of notions of trauma?

• What contexts do these critiques come from?

• What alternatives are suggested?

• Do we need interventions aimed at reducing trauma when working with forcibly displaced populations?

Readings:


Recommended readings


Lecture 4: Migration, health and ethics

Thursday 4th August
Jo Vearey

PRESENTER: _______________________
RESPONDENT: ______________________

Objectives:

- To describe the HIV-related needs of forced migrants within an emergency setting.
- To explore the relationship between emergencies and HIV.

Guiding questions:

- Is conflict a predictor of increased vulnerability to HIV infection?
- What are the immediate HIV-related needs within an emergency setting?

Readings:


Recommended readings:


Lecture 5: Migration and HIV

Tuesday 11th August
Jo Vearey

PRESENTER: ________________________
RESPONDENT: ______________________

Objectives:

- To understand the linkages between mobility, migration and HIV.
- To understand how migrant groups may be vulnerable to HIV.
- To consider appropriate HIV interventions in a region of high population mobility.

Guiding questions:

- What is the relationship between migration and HIV?
- What can we say about migrants’ vulnerability to HIV?
- What does this mean for HIV programming in a region of high population mobility?

Readings:

Recommended readings:


- Links between Mobility and HIV – Entire issue (2006) *Crossings* 7(1)


Lecture 6: Sex work, trafficking and (public) health

Tuesday 16th August
Becky Walker

PRESENTER: __________________________

RESPONDENT: ______________________

Objectives:

- To explore the relationship between sex-work, migration and trafficking
- To discuss sex-work in the context of West and South Africa
- To examine the relationship between health and sex-work

Guiding questions:

- Why do we talk about sex-work rather than prostitution?
- What are the differences between migration, sex-work and trafficking?
- Do sex-workers have a choice?
- Is sex-work work?
- What is the relationship between sex-work and HIV?

Readings:

Recommended Readings:


  *Selected text available online:*  
  http://books.google.co.za/books?hl=en&lr=&id=pB6IIKGtP2cC&oi=fnd&pg=PR9&dq=brennan+love+got+to+do+with+it&ots=zHeVNNe_yd&sig=FhAMk2bbsDiPeo4MYDKc7oCpZ4#v=onepage&q&f=false


  http://www.codesria.org/IMG/pdf/22LBUCKNER_.pdf


- Human Rights Council; Fourteenth session; Agenda item 3; "Promotion and protection of all human rights, civil, political, economic, social and cultural rights, including the right to development": Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Anand Grover; 27 April 2010; A/HRC/14/20


  *Selected text available online:*  
  http://books.google.co.za/books?id=fJzJAgUTMC&printsec=frontcover&dq=kempadoo+global+sex+workers &hl=en&ei=96stTfIXTMtkC0yUL2Os8&sa=X&oi=book_result&ct=result&resnum=1&ved=0CDUQ6AEwAA#v=onepage&q=&f=false


- Oliveira E. (2016) "I am more than just a sex worker but you have to also know that I sell sex and it’s okay': Lived Experiences of Migrant Sex Workers in Inner-City Johannesburg, South Africa. *Urban Forum*


• Walker and Oliviera (2015) Contested Spaces: Exploring the intersection of migration, sex work and trafficking in South Africa Graduate Journal of Social Sciences 11(2) 129-153


Lecture 7: The Practice and Biopolitics of Humanitarianism

Thursday 18th August
Matthew Wilhelm-Solomon

PRESENTER: ______________________
RESPONDENT: _____________________

Objective:
The objective of this lecture is to introduce students to both practical and critical perspectives on humanitarianism. It will focus on humanitarian interventions in so-called ‘complex emergencies’ — situations affected by conflict, natural disaster and forced displacement — but also explore how humanitarian logics operate in stable settings particularly with regard to migrant health. The public health dimension of this lecture will explore how we can understand humanitarian health interventions as situated on a spectrum between primary health and emergency paradigms of care. It will outline the particularly difficulties of providing interventions in contexts characterised by high levels of instability and mobility. However, the lecture will also hold up the notion of humanitarianism to a critical perspective, arguing that a narrow focus on public health dimensions of humanitarian interventions risks ignoring the social and political dimensions of humanitarian health interventions. The lecture will also apply the analysis to three case studies: Darfur, Eastern DRC and Northern Uganda.

Guiding questions:

- Do humanitarian health interventions end up privileging biological life over social justice and equality? If so, for what reasons?
- What is a ‘complex emergency’? Is such a characterisation useful? Do similar dynamics emergence in urban settings?
- Are paradigms of primary health or emergency health-care still applicable in understanding health interventions targeted at refugee or migrant populations?
- What strategies do healthcare providers need to put in place to adapt to uncertainty and displacement?
- In what ways can medical data be used or misused for political ends?
- Can we understand humanitarian health interventions as social interventions?

Required Reading:


[See also the Readings for the Humanitarianism Lecture in the Core Course]
Public Health Approaches towards Humanitarian Assistance


Case Studies:

Northern Uganda:
- Nibbe, Ayesha. "The Effects of a Narrative." Doctorate, Department of Anthropology, University of California at Davis., 2010 [Available from M. Wilhelm-Solomon on request].

Eastern DRC
- Watch “Kisangani Diary” directed by Hubert Sauper available on YouTube [http://www.youtube.com/results?search_query=Kisangani+Diary&sa=X&spell=1&search=Search&oi=spell](http://www.youtube.com/results?search_query=Kisangani+Diary&sa=X&spell=1&search=Search&oi=spell)

**Darfur, Sudan**

- Pedersen, Jens. N.d. “Advocacy versus delivery: The dilemma facing humanitarianism after the expulsion of NGO’s in Darfur”. [To be circulated via email ahead of lecture]
Lecture 8: The provision of healthcare to foreign migrants: healthcare practitioners and migrants’ interactions

Tuesday 23rd August
Becky Walker

PRESENTER: _______________________
RESPONDENT: ___________________

Objectives:

• To identify social, cultural and political processes involved in the interaction of healthcare providers and migrants, in the provision of healthcare.

• To understand the influence exerted by gender, race and ethnicity in the interaction between healthcare providers and migrants and provision of healthcare to migrant groups.

• To understand processes of renegotiation, of migrant’s resistance and agency taking place in migrant’s interactions with healthcare providers as well as in dealing with their own healthcare needs.

Guiding questions:

• What are the processes that can be identified in the interaction between healthcare providers and migrants, in various medical settings?

• Are these processes applicable to understand the provision of healthcare to migrants in the (Southern) African context?

Readings:


Recommended Readings:


Lecture 9: The healthy migrant effect

Thursday 25th August
Jo Vearey

PRESENTER: ______________________
RESPONDENT: ______________________

Objectives:

• To explore the idea of a “healthy migrant effect”.

• To examine the processes that explain the healthy migrant’s effect as well as the potential stressors that may deteriorate that condition.

Guiding questions:

o What is it understood by the healthy migrant effect?

o Is morbidity and mortality affecting migrants differently according to sex, age, and ethnicity/race?

o What is the relationship between acculturation and health?

Readings


Recommended Readings

• Andersson G, Drefahl S. (2016) Long-Distance Migration and Mortality in Sweden: Testing the Salmon Bias and Healthy Migrant Hypotheses. Population, Space and Place


• Razum, O., Zeeb, H., Akgun, S., and Yilmaz, S. (1998) Low overall mortality of Turkish residents in Germany persists and extends into a second generation; merely a health migrant effect? Tropical Medicine and International Health 3 (4) 297-303


• Razum O. and Twardella D. (2002) Time travel with Oliver Twist Tropical Medicine and International Health 7:4–10


• Waldestein A. (2008) "Diaspora and health? Traditional Medicine and Culture in a Mexican Migrant Community". International Migration Vol.46 (5)

Lecture 10: Social networks, social capital and migrant’s health

Tuesday 6th August
Jo Vearey

PRESENTER: _____________________
RESPONDENT: _____________________

Objectives

• To understand the theories about social capital in the context of migration
• To understand the role of social capital as a determinant of health
• Reflect on the role of social capital in helping migrants get by and get ahead

Guiding questions:

• How can debates about ‘social capital’ help in understanding the complexity of its relationship between health and disease for migrants (especially forced migrants)?
• What are the implications of migrants as ‘other’, ‘excluded’ in addressing the social determinants of health?
• What are the implications of individual and neighbourhood social capital in addressing the social determinants of health, using spatial targeting?

Readings


Recommended readings


