

# Into Africa

SOCIETY AND MEDICINE ON A TROUBLED CONTINENT

**S**ocial anthropologist and historian Steve Feierman has been studying medicine in Africa for more than 40 years. In the early '90s, when he was appointed professor in the Department of History and Sociology of Science, he started traveling there with Penn's Africa Health Group, which included faculty from the medical and nursing schools as well as Arts and Sciences. "What we were finding from working together was that our own ideas were being transformed by the fact that we were talking to one another," he recalls. Some of the physicians discovered that clinical problems "looked different" when seen through the lens of local customs and social conditions. "I myself found that I wasn't thinking deeply enough about medical issues. I thought this was enormously productive and wondered, Why don't we try to do this with students?"

The graduate seminar on Health and Society in Africa is the answer to this question.

In the spring, when Feierman offered his seminar for the fifth time, there were four students from the medical school, two from

Wharton and two from Arts and Sciences sitting around a table in Logan Hall's Rosemary Stevens seminar room. They were chosen from a pool of 24 applicants that included a Rhodes and a Marshall scholar. Nine had already published papers in their fields. "All of my classmates have had such interesting work and research experiences," says Monica Grant, a demography Ph.D. candidate. "In any given discussion, someone was bound to have relevant knowledge that they could share with the class."

The eight graduate students met one evening each week to prod, pick at and query readings and case studies covering epidemiology and health policy, traditional healing in Africa, the effects of Western medicine models there, the ethics of medical work in poor countries and the burden of diseases from malaria in Tanzania to AIDS in Botswana.

After an hour's discussion, a guest speaker would come into the classroom to make a presentation. "The guest is usually a Penn person who is involved in a major research project in Africa," Feierman says.

One evening, pediatrics professor Kwaku Ohene-Frempong stopped by to explain the facts of life and death in his home country of Ghana.

About ten years ago, he created a sickle-cell-disease screening program for newborns in a nation that had little money for public health, no screening infrastructure and no laboratories. "Sickle cell disease is the same in Africa and America," he told the class, ticking off symptoms of this now-manageable genetic disease, "but environmental differences mean that it has a much worse effect on Africans." He hinted that he could use some help with setting up an insurance plan so families could pay for treatment.

Says Feierman, "Students get to hear about a project, discuss the realities of research in Africa and make contacts that are potentially useful in finding a research topic and a place to do it."

Those contacts would be important because by the end of the semester, each student had to present a research plan for a project that would be undertaken in Africa over the summer. Funding for the seminar and the students' research is provided by the pharmaceutical company Merck.

"The course is really an extended orientation — to Africa, to issues, to different people's perspectives," observes Elise Carpenter, an

"YOU'RE NOT GOING TO KNOW WHAT YOU THINK

PHOTO BY JON PERLMUTTER

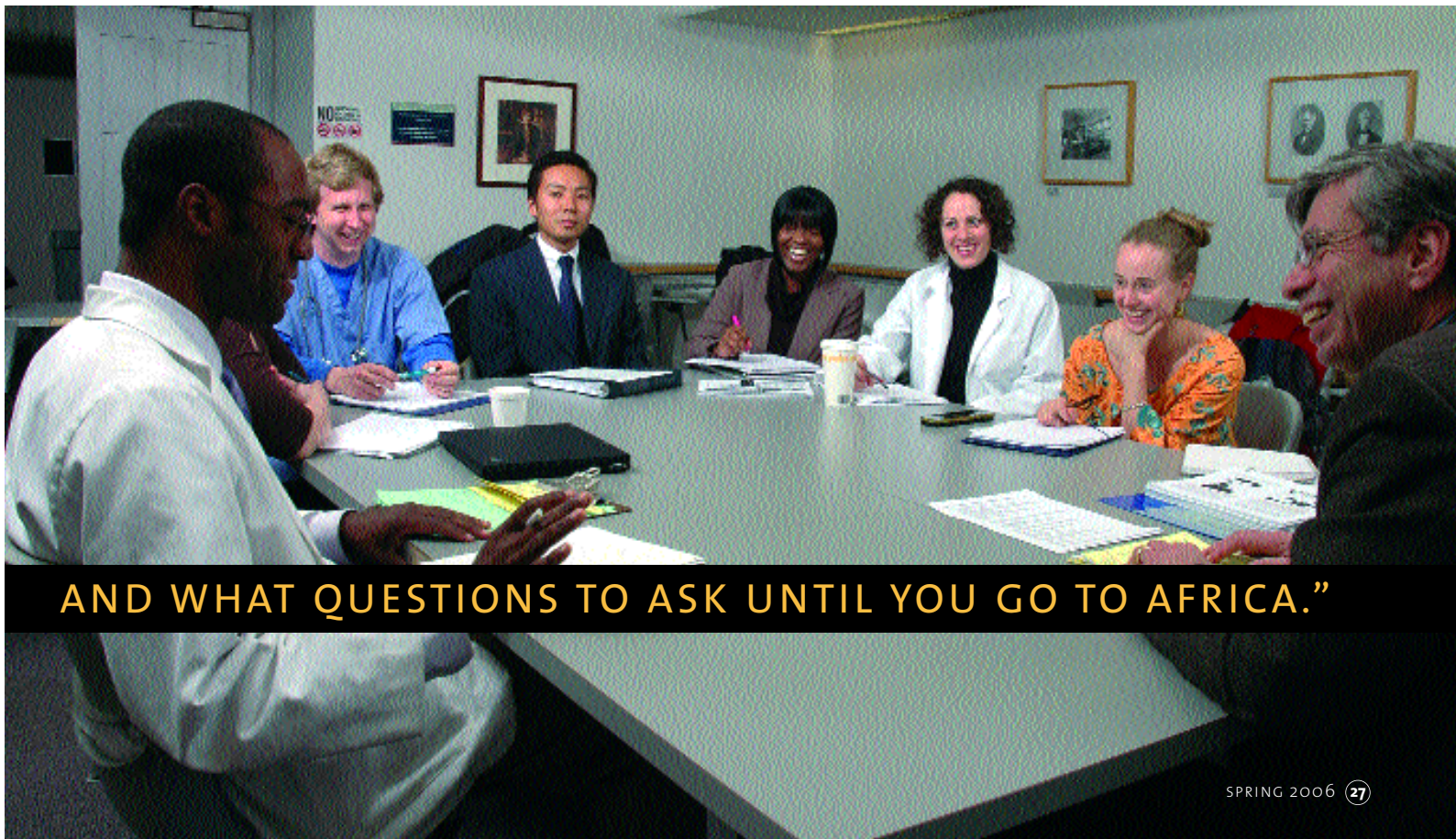
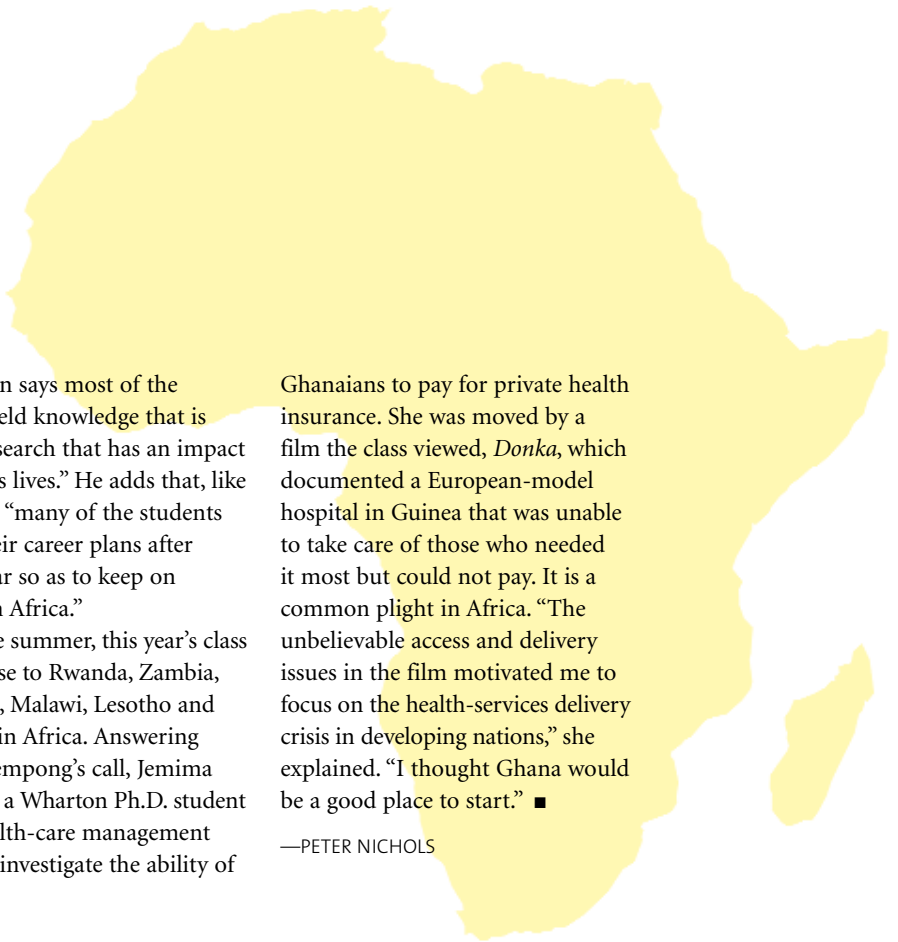
M.D./Ph.D. candidate who took the seminar in 2002. “You’re not going to know what you think and what questions to ask until you go to Africa.” Carpenter journeyed to Botswana and worked as an intern with the African Comprehensive HIV/AIDS Partnership. The experience there changed the focus of her dissertation, which will look at the partnership’s rollout of a nationwide program for AIDS treatment and prevention. She now plans to study Botswana more intimately throughout her career as an academician.

Feierman says most of the projects yield knowledge that is useful, “research that has an impact on people’s lives.” He adds that, like Carpenter, “many of the students change their career plans after the seminar so as to keep on working in Africa.”

Over the summer, this year’s class will disperse to Rwanda, Zambia, Zimbabwe, Malawi, Lesotho and elsewhere in Africa. Answering Ohene-Frempong’s call, Jemima Frimpong, a Wharton Ph.D. student on the health-care management track, will investigate the ability of

Ghanaians to pay for private health insurance. She was moved by a film the class viewed, *Donka*, which documented a European-model hospital in Guinea that was unable to take care of those who needed it most but could not pay. It is a common plight in Africa. “The unbelievable access and delivery issues in the film motivated me to focus on the health-services delivery crisis in developing nations,” she explained. “I thought Ghana would be a good place to start.” ■

—PETER NICHOLS



AND WHAT QUESTIONS TO ASK UNTIL YOU GO TO AFRICA.”