

Global Health: Asia in the 21st Century



A Newspapers In Education Program

The Henry M. Jackson School of International Studies



100
 CENTENNIAL 1909–2009
 ENGAGING MINDS | ENGAGING THE WORLD



Newspapers In Education

The Seattle Times



Inspiring Students To Learn

Global Health: Asia in the 21st Century

Essential Academic Learning Requirements

The study questions and activities in this guide use the following Essential Academic Learning Requirements (EALRs) to meet Washington state learning objectives.

Social Studies

Geography

1. The student uses maps, charts, and other geographic tools to understand the spatial arrangement of people, places, resources, and environments on Earth's surface.

To meet this standard, the student:
 1.1 Uses and constructs maps, charts, and other resources to gather and interpret geographic information.

3. The student observes and analyzes the interaction between people, the environment, and culture.

To meet this standard, the student:
 3.1 Examines cultural characteristics, transmission, diffusion, and interaction.

History

2. The student understands the origin and impact of ideas and technological developments on history.

To meet this standard, the student:
 2.1 Compares and contrasts ideas in different places, time periods, and cultures, and examines the interrelationships between ideas, change, and conflict.

Writing

3. The student writes clearly and effectively.

To meet this standard, the student:
 3.1 Develops ideas and organizes writing.

Communication

1. The student uses listening and observation skills and strategies to gain understanding.

To meet this standard, the student:
 1.1 Uses listening and observation skills and strategies to focus attention and interpret information. 1.2 Understands, analyzes, synthesizes, or evaluates information from a variety of sources.

2. The students uses communication skills and strategies to interact/work effectively with others.

To meet this standard, the student:
 2.1 Uses language to interact effectively and responsibly in a multicultural context. 2.2 Uses interpersonal skills and strategies in a multicultural context to work collaboratively, solve problems, and perform tasks. 2.3 Uses skills and strategies to communicate interculturally.

3. The student uses communication skills and strategies to present ideas and one's self in a variety of situations.

To meet this standard, the student:
 3.1 Uses knowledge of topic/theme, audience, and purpose to plan pre-

sentations. 3.2 Uses media and other resources to support presentations. 3.3 Uses effective delivery.

Reading

2. The student understands the meaning of what is read.

To meet this standard, the student:
 2.1 Demonstrates evidence of reading comprehension. 2.2 Understands and applies knowledge of text components to comprehend text. 2.3 Expands comprehension by analyzing, interpreting, and synthesizing information and ideas in literary and informational text. 2.4 Thinks critically and analyzes author's use of language, style, purpose, and perspective in informational and literary text.

3. The student reads different materials for a variety of purposes.

To meet this standard, the student:
 3.1 Reads to learn new information. 3.2 Reads to perform a task.

About the Global Health: Asia in the 21st Century Project

For five weeks, students will learn about different health issues affecting various countries in Asia. Each week, students will identify one or more health issues and its effect on Asia or on a population in Asia. They will read concurrent *Seattle Times* articles as well as additional readings supplied in these lessons. They will discuss the ramifications of these problems and form opinions about how individual countries can begin dealing with the health issues facing them today.

The study guide is made up of five units in conjunction with the five *Seattle Times* articles. All sources included or referenced (except one video that can be borrowed from a public library) are available on the Internet with free public access. Whenever possible, all documents are included, although homework activities frequently require students to research topics on the Internet.

Author of the Teaching Guide

Tese Wintz Neighbor has traveled around the world, but her heart and soul remain in Asia. Her work has focused on East Asia since she graduated from Indiana University three decades ago. After receiving a B.A. in journalism and political science, she worked in Beijing as the English editor for *China Pictorial* magazine. During her one-and-a-half-year stay in China, she also taught English at Beijing University, and traveled extensively around China and the rest of Asia before finally settling in Hong Kong. From Hong Kong, she led tours across China and worked as a freelance writer for publications such as the *Wall Street Journal Asia* and the *Far Eastern Economic Review*.

After moving from Hong Kong to Seattle in 1985, Tese Wintz Neighbor received an M.A. in China Regional Studies from the Henry M. Jackson School of International Studies at the University of Washington. For the last decade she has been working as the Senior Director of Professional Development for the Seattle World Affairs Council and also teaching an intensive Asia Seminar class for the National Consortium for Teaching about Asia, based at the Univer-

sity of Washington's East Asia Resource Center.

Tese Wintz Neighbor is the author of numerous curricula on Asia. *Journey Down the Yangtze: From Dragon's Tail to Dragon's Head*, published in 1998, is a 60-page collection of teaching ideas and readings about Sichuan, Chongqing Municipality, and the Yangtze River. In the spring of 2001, the Seattle Art Museum published her Teacher's Guide to *Treasures from a Lost Civilization: Ancient Chinese Art from Sichuan*. She wrote "Top Ten Things to Know about China in the Twenty-first Century" for *Education About Asia* in 2004. In 2008, the World Affairs Council published her three-part curriculum unit *China Matters*, which focuses on issues facing China today, including the environment. **Global Health: Asia in the 21st Century** is her second Newspapers In Education project; in 2003 she co-authored a 63-page Newspapers In Education curriculum guide titled *Understanding the World of Political Cartoons*.

Acknowledgments

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The editor of the article series is Tamara Leonard. The editor of the teaching guide is Keith Snodgrass.

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Lesson One: A Region in Transition: Health in the Former Soviet Union

Pair with “A Region in Transition: Health in the Former Soviet Union” by Wendy Inouye. (This article appears in *The Seattle Times* on Friday, February 27, 2009.)

Lesson One provides students with a basic introduction to the geography and health situation of various countries that constitute the former Soviet Union. Students will first locate Russia and the 14 other independent states that emerged from the former Soviet Union. This broad overview of geography and health statistics will provide a foundation as the students discuss various reading assignments including Wendy Inouye’s *Seattle Times* article “A Region in Transition: Health in the Former Soviet Union.” After focusing on Russia’s health woes and possible solutions/reforms, students will be encouraged to do their own independent research on the health problems facing one of the other 14 independent states.

Objectives

1. Students will identify by name and location the countries that were part of the former Soviet Union.
2. Students will read articles about health issues facing Russia today and present the main points to class.
3. Students will propose concrete policies/actions to address Russia’s health crisis.
4. Students will compile and compare health statistics from the United States, Russia, and one of the other independent former Soviet states.

Focus Questions

1. Discuss: Under the Soviet system, health was a right of all citizens.
2. What impact has the dissolution of the Soviet Union had

on health care in Russia and Central Asia (and the other independent states that emerged from the former Soviet Union)?

3. What are the main causes of death in Russia and Central Asia?
4. Discuss the importance of preventive care.
5. What reforms should be instituted to address this health crisis?
6. Why is it important to invest in health? In what ways can mass media play a role?

Materials

- *The Seattle Times* article by Wendy Inouye titled “A Region in Transition: Health in the Former Soviet Union”
- Classroom map or handouts of maps that include the area of the former Soviet Union
- Handout 1A: Population and Health Comparisons
- Handout 1B: Excerpt from “Behind the Bluster, Russia Is Collapsing” by Murray Feshbach
- Internet access

Activities

Before Reading

1. Discuss the first line from Wendy Inouye’s *Seattle Times* article: “On January 1, 1992, the world awoke to a headline it thought it would never see: the Soviet Union, the major 20th century superpower, no longer existed.” What happened in 1992 to this diverse country that spanned 8.6 million miles across Europe and Asia? The former Soviet Union transitioned from “a single, strongly centralized government into 15 new nations.” Ask students to write down as many of these 15 countries as possible. Call on students to list the countries on the classroom display. Then ask them to list them geographically. What three countries make up the Baltic republics? (Latvia, Lithuania,

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and Estonia.) What are the five “Stans” that make up the Central Asian states? (Kazakhstan, Kyrgyzstan, Uzbekistan, Tajikistan, and Turkmenistan.) What three countries make up the South Caucasus? (Georgia, Armenia, and Azerbaijan.) What four countries are considered European nations? (Moldova, Belarus, Ukraine, and Russia, although over half of its territory is in Asia.)

Ask students to locate these countries on a world map. If you do not have a large classroom map, you can print maps off the Internet.

2. Give each student a copy of Handout 1A: Population and Health Comparisons. This graph compares the population and health statistics of Russia and the United States. Ask students to use a yellow marker to highlight any statistics they have questions about and/or that surprise them. Briefly go around the class and ask students to share what they have highlighted. Ask them to muse on the following questions: Why do you think that the birth rate is decreasing in Russia as compared to the United States? Why is life expectancy for males 15 years lower in Russia compared with the United States? What other statistics would you like to explore? Challenge students to add two other comparisons (such as statistics focusing on injury or death due to accidents, safety issues at work, chemical exposure, etc.) to the table on Handout 1A.

During Reading

3. Ask students to read the following two pieces: (1) *The Seattle Times* article by Wendy Inouye titled “A Region in Transition: Health in the Former Soviet Union,” and (2) Handout 1B, an excerpt from Murray Feshbach’s Washington Post article “Behind the Bluster, Russia Is Collapsing.” Mention to students that these brief articles cannot begin to address the depth and complexity of health issues facing Russia today. If time permits, ask each student to find one other article that addresses health issues in Russia. Although they can search the U.S. press, encourage them to check the Russian press (see list under Other Resources).

Ask students to use a yellow marker to highlight all health issues and factors that are addressed in all three articles (the two articles mentioned here and the one that they find). Before students start this assignment, remind them that health outcomes are influenced by numerous factors

that operate from individual to community to state levels.

Note: If time permits, organize a quick brainstorm session. With an overhead projector, project a blank table with three columns headed, from left to right, “Factors,” “Individual,” “State.” What health factors would students add to the first column? Factors could include diet, behavior, sanitation, clean water, access to health facilities, traffic safety, safety at work, environmental factors. Ask students to ponder the following questions: As an individual, what are health factors that I can or cannot control? Should the state control factors if I cannot? What is the role of the state with regard to health? What can I reasonably expect the state to do for me with regard to health? Ask students to think about each factor and then fill in the last two columns (jotting down the responsibilities of the individual and/or state). For example, with regard to diet, the individual is responsible for diet choices and food preparation. The government is responsible for agricultural policies, education campaigns, and so forth.

After Reading

4. After students have completed activity 3, divide the class into groups of five students. Ask students in each group to share their findings from the two main articles and any other articles they may have found. Each group should record their findings as well as any other outstanding questions. Request that each group compile three lists: (1) Health issues facing Russia today; (2) Factors contributing to these issues; and (3) Parties responsible for controlling these factors. You may want to distribute large pieces of butcher or poster paper. Debrief the findings from each group with the entire class. If there is time, you may want to discuss the following: Different forms of government may take responsibility for different factors influencing health in different ways. How did the transition from the Soviet state to independent nationhood affect how Russians view the role of government in health? What do students think should be the role of the state? Do Americans take work safety and environmental issues for granted? Do Americans assume our government is protecting us? Why is it important to invest in health? In what ways can mass media play a role?



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Assessment

Inform each group of five students that they have been recruited to work for the Russian Red Cross or the Russian Ministry of Health. Their final project is to write a “policy paper” recommending actions/reforms to combat Russia’s current health crisis. Ask each group to brainstorm a list of actions and/or reforms. Ideas might include controlling excessive alcohol consumption (through education campaigns, regulations, taxation, prices); promoting physical activity and healthier eating (through education campaigns, national guidelines, TV programs on nutrition, sports activities); reforming health policies (with financial assistance, revised benefits); or developing infrastructure (for education of health care workers, modern hospitals and clinics). If each group comes up with five actions or reforms, then each student can be responsible for developing a one-page proposal on one of these actions. In other words, the final policy paper would be a total of five pages long (proposing a total of five actions). Each group will present their policy paper to the class. They may want to illustrate their ideas by making a corresponding poster.

For excellent background information, recommend the World Bank’s recent report titled *Better Outcomes through Health Reforms in the Russian Federation: The Challenge in 2008 and Beyond* (<http://www.who.int/management/country/rus/en/>). This 20-page report covers the current health challenges facing the Russian federation and discusses actions to take, including (1) increasing funding; (2) instituting policy and institutional reforms to enhance efficiency, equity, and effectiveness in the health system; (3) centralizing the pooling of revenues; (4) guaranteeing medical benefits; and (5) providing incentives to enhance service quality and efficiency.

Extension Ideas

Lesson One focuses on health issues facing Russia today. Students may want to explore health issues facing one or more of the other 14 nations that emerged from the dissolution of the Soviet Union. Ask students to choose one of these countries and add the corresponding statistics to the right-hand column of the table on Handout 1A. Students may want to use the same source used to record the Russia and U.S. statistics on Handout 1A—the CIA’s *World Factbook* located at <https://www.cia.gov/library/publications/the-world-factbook/geos/ni.html>. Statistics

with an asterisk (*) were taken from WHO country profiles at <http://www.who.int/countries/en/>. The CIA and WHO sites are just two of a number of Web sites that feature country profiles and data. Students may enjoy exploring other sites, including the World Bank (<http://www.worldbank.org/>); the United Nation Cyberschoolbus (<http://www.un.org/Pubs/CyberSchoolBus/infonation3/basic.asp>); or the BBC’s Country Profiles (http://news.bbc.co.uk/2/hi/country_profiles/default.stm). Remind students to list each source as well as the estimated date the statistic was recorded. Students’ next task is to do independent research on their chosen country in order to (1) answer any questions they may have with regard to the statistics they charted; (2) explore a health issue of their choice facing their designated country; and finally, (3) write a brief one-page overview of this health issue.

Other Resources

Russian News Sources Online:

Interfax, <http://www.interfax.com/>

Itar-Tass, <http://www.itar-tass.com/eng/>

The Moscow News, <http://www.mnweekly.ru/>

The Moscow Times, <http://www.themoscowtimes.com/index.htm>

Novaya Gazeta, <http://en.novayagazeta.ru/>

RIA-Novosti, <http://en.rian.ru/>

Additional Resources:

Murray Feshbach’s 2008 report *Russian Demography, Health and the Military: Current and Future Issues*, http://asci.researchhub.ssrc.org/russian-demography-health-and-the-military-current-and-future-issues/resource_view

WHO Highlights on Health, Russian Federation (home page), <http://www.euro.who.int/eprise/main/who/progs/chhrus/home/>

WHO report *Highlights on Health in the Russian Federation 2005*, <http://www.euro.who.int/document/E88405.pdf>

Handout 1A: Population and Health Comparisons

Source: The CIA's *World Factbook*, located at: <https://www.cia.gov/library/publications/the-world-factbook/geos/ni.html>. Statistics with an asterisk (*) are from WHO country profiles, located at: <http://www.who.int/countries/en/>.

	RUSSIA	UNITED STATES
Area	17,075,200 sq. km	9,826,630 sq. km
Total population	140,702,096 (July 2008 est.)	303,824,640 (July 2008 est.)
Median age of population	38.3 years	36.7 years
Infant mortality rate	10.81 deaths/1,000 live births	6.3 deaths/1,000 live births
Life expectancy at birth*	60 male / 73 female	75 male / 80 female
Total fertility rate	1.4 children born/woman (2008 est.)	2.1 children born/woman
Population growth rate	-0.474% (2008 est.)	0.883% (2007 est.)
Death rate	16.06 deaths/1000 pop. (2008 est.)	8.27 deaths/1000 pop. (2008 est.)
Exports	\$355.5 billion (2007 est.)	\$1.148 trillion f.o.b. (2007 est.)
Imports	\$223.4 billion (2007 est.)	\$1.968 trillion f.o.b. (2007 est.)
Inflation rate	9% annual avg.	2.9% annual avg. (2007 est.)
Literacy (total/male/female)	99.4% / 99.7% / 99.2% (2002 census)	99% / 99% / 99% (2003 est.)
Population below poverty line	15.8% (November 2007)	12% (2004 est.)
GDP per capita	\$14,800 (2007 est.)	\$45,800 (2007 est.)
Unemployment rate	6.2% (2007 est.)	4.6% (2007 est.)
HIV/AIDS adult prevalence rate	1.1% (2001 est.)	0.6% (2004 est.)
People living with HIV/AIDS	860,000 (2001 est.)	950,000 (2003 est.)
HIV/AIDS deaths	9,000 (2001 est.)	17,011 (2005 est.)
Healthy life expectancy*	53 male / 64 female	67 male / 71 female
\$ spent on health per capita*	US\$561	US\$6,347
\$ spent on health as % of	5.2%	15.2%

Note: The CIA and WHO sites are just two of a number of Web sites that feature country profiles and data. You may enjoy exploring other sites, including the World Bank (<http://www.worldbank.org/>); the United Nations Cyberschoolbus (<http://www.un.org/Pubs/CyberSchoolBus/infonation3/basic.asp>); or the BBC's Country Profiles (http://news.bbc.co.uk/2/hi/country_profiles/default.stm).



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Handout 1B: “Behind the Bluster” Reading

Excerpt from “Behind the Bluster, Russia Is Collapsing” by Murray Feshbach.

Source: Feshbach, Murray. “Behind the Bluster, Russia Is Collapsing.” *The Washington Post*, October 5, 2008, <http://www.washingtonpost.com/wp-dyn/content/article/2008/10/03/AR2008100301976.html> (accessed November 8, 2008). The author, Murray Feshbach, is a senior scholar at the Woodrow Wilson Center, Washington, D. C. His expertise is Russia’s health, population, and environment.

Recent decades, most notably since the breakup of the Soviet Union in 1991, have seen an appalling deterioration in the health of the Russian population, anchoring Russia not in the forefront of developed countries but among the most backward of nations.

This is a tragedy of huge proportions—but not a particularly surprising one, at least to me. I followed population, health and environmental issues in the Soviet Union for decades, and more recently, I have reported on diseases such as the HIV/AIDS epidemic ravaging the Russian population. I’ve visited Russia more than 50 times over the years, so I can say from firsthand experience that this national calamity isn’t happening suddenly. It’s happening inexorably.

According to U.N. figures, the average life expectancy for a Russian man is 59 years—putting the country at about 166th place in the world longevity sweepstakes, one notch above Gambia. For women, the picture is somewhat rosier: They can expect to live, on average, 73 years, barely beating out the Moldovans. But there are still some 126 countries where they could expect to live longer. And the gap between expected longevity for men and for women—14 years—is the largest in the developed world.

So what’s killing the Russians? All the usual suspects—HIV/AIDS, tuberculosis, alcoholism, cancer, cardiovascular and circulatory diseases, suicides, smoking, traffic accidents—but they occur in alarmingly large numbers, and Moscow has neither the resources nor the will to stem the tide.

Consider this:

Three times as many Russians die from heart-related illnesses as do Americans or Europeans, per each 100,000 people.

Tuberculosis deaths in Russia are about triple the World Health Organization’s definition of an epidemic, which is based on a new-case rate of 50 cases per 100,000 people.

Average alcohol consumption per capita is double the rate the WHO considers dangerous to one’s health.

About 1 million people in Russia have been diagnosed with HIV or AIDS, according to WHO estimates.

Using mid-year figures, it’s estimated that 25 percent more new HIV/AIDS cases will be recorded this year than were logged in 2007.

And none of this is likely to get better any time soon. Peter Piot, the head of UNAIDS, the U.N. agency created in response to the epidemic, told a press conference this summer that he is “very pessimistic about what is going on in Russia and Eastern Europe . . . where there is the least progress.” This should be all the more worrisome because young people are most at risk in Russia. In the United States and Western Europe, 70 percent of those with HIV/AIDS are men over age 30; in Russia, 80 percent of this group are aged 15 to 29. And although injected-drug users represent about 65 percent of Russia’s cases, the country has officially rejected methadone as a treatment, even though it would likely reduce the potential for HIV infections that lead to AIDS.

And then there’s tuberculosis—remember tuberculosis? In the United States, with a population of 303 million, 650 people died of the disease in 2007. In Russia, which has a total of 142 million people, an astonishing 24,000 of them died of tuberculosis in 2007. Can it possibly be coincidental that, according to Gennady Onishchenko, the country’s chief public health physician, only 9 percent of Russian TB hospitals meet current hygienic standards, 21 percent lack either hot or cold running water, 11 percent lack a sewer system, and 20 percent have a shortage of TB drugs? Hardly.

On the other end of the lifeline, the news isn’t much better. Russia’s birth rate has been declining for more than a

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decade, and even a recent increase in births will be limited by the fact that the number of women age 20 to 29 (those responsible for two-thirds of all babies) will drop markedly in the next four or five years to mirror the 50 percent drop in the birth rate in the late 1980s and the 1990s. And, sadly, the health of Russia's newborns is quite poor, with about 70 percent of them experiencing complications at birth.

Last summer, Piot of UNAIDS said that bringing Russia's HIV/AIDS epidemic under control was "a matter of political leadership and of changing the policy." He might just as well have been talking about the much larger public health crisis that threatens this vast country. But the policies seem unlikely to change as the bear lumbers along, driven by disastrously misplaced priorities and the blindingly unrealistic expectations of a resentment-driven political leadership. Moscow remains bent on ignoring the devastating truth: The nation is not just sick but dying.



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Lesson Two: War and Health: Agent Orange in Vietnam

Pair with “War and Health: Agent Orange in Vietnam” by Diane Niblack Fox. (This article appears in *The Seattle Times* on Friday, March 6, 2009.)

The health effects of war do not end when the battles subside. The Vietnam War ended almost 35 years ago; consequences of the use of Agent Orange continue. Today, children are still being born with birth defects; adults are still debilitated by disease. After a brief overview of the Vietnam War, this unit explores some of the legacies of Agent Orange and asks students to “listen” to the voices of people affected by Agent Orange. Students will explore the different perspectives of people affected by Agent Orange and learn about the organizations and individuals who are dedicated to helping the people and the land affected by the military use of this extremely toxic herbicide.

Objectives

1. Students will review the basic background of the Vietnam War.
2. Students will define and discuss Agent Orange.
3. Students will identify the initial and long-range repercussions of Agent Orange.
4. Students will “trade shoes” and explore the thoughts of people whose lives have been changed by Agent Orange.
5. Students will discover nongovernmental organizations (NGOs) that focus on Agent Orange issues.

Focus Questions

1. What is Agent Orange?
2. Discuss the impact of Agent Orange on human health and the environment.
3. What is the legacy of Agent Orange?

4. How are Americans and Vietnamese working together today to deal with the continuing aftereffects of Agent Orange?

Materials

- *The Seattle Times* article by Diane Niblack Fox titled “War and Health: Agent Orange in Vietnam”
- (optional) Handout 2A: A brief overview of the Vietnam War by William S. Turley
- Handout 2B: Authentic Voices Exercise
- Internet access

Activities

Before Reading

1. Ask students to spend a few minutes writing down what they know about the Vietnam War. Debrief student responses. For those who have not studied the Vietnam War, see Handout 2A for a brief overview contributed by William S. Turley.

During and After Reading

2. Read the article in *The Seattle Times* on Agent Orange. Ask students to discuss the main points of the article. What was Agent Orange? (Students may be interested to know that the name comes from the orange stripe painted on the huge drums that contained the chemicals.) Why did the Americans spray millions of tons of the toxic herbicide Agent Orange over the Vietnamese jungles? In addition to killing the foliage, what else did it do? Discuss the legacy of Agent Orange. You may want to ask students to pair off in groups and work on a legacy list for 5–10 minutes. Students will likely list points taken from this short article; encourage them also to brainstorm and come up with other possible repercussions.

(If students have easy access to reference books and/or computers, you could extend the time and have them do some quick research. The Web site from War Legacies Project, <http://warlegacies.org/AgentOrange.htm>, is highly recommended.)

When students have finished, compile a joint list on the board. This list might include:

- Agent Orange contains the TCDD dioxin, which has been called the most toxic man-made chemical.
- Land has been stripped of vegetation (a million acres are still barren or covered in a tough grass).
- Loss of livelihood and consequent poverty result in health issues including malnutrition and inability to pay for medical care.
- Besides killing the foliage, the poison seeps into the soil and water and then moves up the food chain.
- A high incidence of birth defects—both mental and physical—is found in areas that were sprayed (the consequent health care bills result in increased poverty).
- According to the EPA, TCDD is thought to be linked to “cardiovascular disease, diabetes, cancer, nerve and skin disorders, decreased testosterone, and endometriosis.” In fetuses and young children, there appear to be links to development of the thyroid, the immune system, neurobehavior, cognition, and dentition.
- Contaminated “hot spots” remain, and the threat of new exposure to TCDD continues.

3. Divide students into small groups for this short exercise. Pass out Handout 2B. Ask students to try to “trade shoes” with each person speaking. Are students able to glean any underlying messages from these brief passages? If students had a chance to meet each person, what questions would they ask? What voices are missing? Compile the following list on the board: U.S. veteran, family member of a U.S. veteran, North Vietnam veteran, family member of a North Vietnam veteran, doctor working with Agent Orange patients, scientist working on Agent Orange exposure, current resident near Agent Orange “hot spot,” farmer trying to eke out an existence on barren land.

4. Give students homework to find a quote about Agent Orange from someone whose life has been affected by Agent Orange. These can be from published interviews, from articles, or from neighbors or relatives who are Vietnam War veterans. Ask students to share their quotes with the rest of the class. (This could easily be made into

a more creative exercise with students designing posters and visuals for their quotes.)

Assessment

Now that students have heard briefly from people dealing with the legacy of Agent Orange, assign pairs of students to research at least one organization that focuses on Agent Orange issues, then write a two-page essay discussing the history and mission of the organization. Encourage students to use one or two quotes from people involved in the organization or from Agent Orange victims who have been assisted. If students were able to interview the founder of this organization, what two or three questions would they ask? (Ask students to list these questions at the end of their essay.) For inspiration (before their final assignment is due), show the 11-minute video titled *Agent Orange: The Legacy of War*. This video can be easily accessed, on all computers and programs, from <http://warlegacies.org/AgentOrange.htm>.

The following is a list of organizations students may choose to research:

War Legacies Project, <http://warlegacies.org/AgentOrange.htm>

Voices for Agent Orange Victims, <http://www.ffrd.org/Voices.html>

The Danang/Quang Nam Fund, <http://www.danangquangnamfund.org/home.html>

Vietnam Friendship Village, <http://www.vietnamfriendship.org/>

Fund for Reconciliation and Development, <http://www.ffrd.org/agentorange.htm>

Orange Helpers, <http://orangehelpers.org/ngo/>

Vietnam Agent Orange Relief and Responsibility Campaign, <http://www.vn-agentorange.org/>

The Vietnam-Dioxin Collective, http://www.vietnam-dioxine.org/accueil_old_en.php

Veterans Administration Agent Orange, <http://www1.va.gov/agentorange/>



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va.gov/Agentorange/

Quilt of Tears, <http://www.agentorangequiltotears.com/index.html>

Order of the Silver Rose, <http://www.silverrose.info/>

Handout 2A: Background Essay

A Brief Overview of the Vietnam War by William S. Turley.

Source: This overview was written by William S. Turley, Professor Emeritus, Southern Illinois University Carbondale. For more information see Turley's book entitled: *The Second Indochina War: A Concise Political and Military History* (2008). Another recommended source is the Vietnam entry in the Encyclopedia Britannica (see <http://www.britannica.com/>).

Vietnam, joined to Laos and Cambodia in France's colony of Indochina since 1885, was the epicenter of three significant wars of the twentieth century. The first was an eight-year struggle by communist-led nationalist forces commonly known as the Viet Minh to end colonial rule. This war culminated in the defeat of a major French outpost at Dien Bien Phu, a mountain valley near the Laotian border, in May 1954. A conference attended by nine countries (including the U.S., Soviet Union, China and Britain as well as French, Vietnamese, Laotian and Cambodian delegations) to negotiate an end to that war resulted in Vietnam's division by a demilitarized zone (DMZ) along the seventeenth parallel. The Geneva Agreements, as this settlement was called after the place the conference was held, further provided for the creation of two governments, one communist headed by Ho Chi Minh in the North and one pro-Western led by Ngo Dinh Diem in the South. The DMZ was never intended to be a boundary between two sovereign states but rather a temporary arrangement pending a plebiscite on reunification within two years. The second, or "Vietnam War" to Americans, which included U.S. military intervention from 1965 to 1973, ended with a victory by communist forces in 1975 that reunified the country. This war—the "American War" to Vietnamese—is the focus of this synopsis. A third war began when Vietnamese forces invaded Cambodia, an ally of China, in late December 1978 and China retaliated.

The second war had origins in the nation's division and in social and political conditions internal to the South. Ngo Dinh Diem refused to discuss arrangements to hold the country-wide elections promised at Geneva and suppressed opponents who called for them. The Diem

government also did little to alleviate widespread peasant tenancy and landlessness, which allowed rural unrest to fester. In 1959-60, popular uprisings occurred in many rural communities with relatively little encouragement from the few remaining local communist party members, precipitating a decision by the party leadership to support an armed struggle in the South to overthrow the Diem regime. The North began supplying personnel, weapons and equipment to Southern party organs and front groups, while the Diem regime's socio-economic inequities and political repression helped the revolutionaries to recruit a popular base. Many Buddhists also resented what they claimed was discrimination by the Catholic Diem and mounted vigorous demonstrations through mid-1963.

The U.S., driven by Cold War concerns about the spread of communism and the "domino theory"—the fear that if South Vietnam "fell" neighboring countries would follow it into the communist bloc—responded to the growing insurgency by providing military assistance, advice, training, and political support to Diem's regime. In November 1961 President Kennedy approved the use of chemical defoliants to clear vegetation along roads and canals, a program that would spray twenty-one million gallons of highly toxic chemicals (including eleven million gallons of Agent Orange) on forested areas and farmlands from 1962 through 1971. Following Diem's assassination in October 1963, a succession of military juntas proved unstable and inept, requiring a steady increase in U.S. support to avert a communist victory. The U.S. in 1965 introduced its own combat troops who used lavish quantities of firepower and technology to wage a highly destructive form of war against both local guerrillas and conventional forces. It also heavily bombed the North and eastern Laos and Cambodia in an attempt to stanch the flow of weapons, equipment and troops over the Ho Chi Minh Trail into the South. However, attacks on over 100 cities and towns by communist forces during the 1968 "Tet" (New Year) celebrations and inconclusive results of a pacification drive deflated American optimism.

Seeking a way out of a war it could not win at acceptable cost, the U.S. negotiated with the Hanoi government for a ceasefire that allowed U.S. troops to withdraw in March 1973 but which left differences among the Vietnamese unresolved. The ceasefire was unsurprisingly short lived, as the Saigon government remained determined to expel all Northern forces from the South while the Hanoi government sought to compel Saigon to form a coalition govern-



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ment with the revolutionaries. Two more years of fighting ended when Saigon's army collapsed in the face of a powerful onslaught by communist forces, which entered Saigon on April 30, 1975.

Estimates of the casualties vary. An independent post-war demographic survey indicated about a million total military and civilian war dead for all of Vietnam from 1965 to 1975. This figure was substantially less than the Hanoi government's estimate of two million civilian and 1.1 million military deaths counting from 1954. Even the loss of one million Vietnamese, however, was proportionally 100 times greater than the 58,193 war dead suffered by the U.S.

Handout 2B: Authentic Voices Exercise

A. In 1972, Mr. Binh was a soldier based in Tay Ninh, a heavily sprayed region in south Vietnam. Mr. Binh came home with many diseases of the skin, of the nervous system, of the circulatory system, and of the digestive system. "The very regrettable after-effects of the war you see in the first fetus my wife gave birth to. . . . It was like a monster, a monster in a fairy tale. You know, it didn't have a human shape. And a few minutes after it was born, it died. Very, very hard." The couple's second child was slow-witted. He "doesn't know anything" they explained; he just turns from side to side. Their third child, a daughter, was born epileptic and blind, with no pupils. Their fourth child was 16 at the time of the interview and enrolled in school. From Mr. Binh: "I want to ask you to say this to the American people. An unavoidable war broke out between our two countries. In reality, nobody wanted it. Now both sides understand each other, and the two countries are friends, and trade business. Close the past and open the future. The two countries circulate goods. They've exchanged ambassadors already. But what happened before—that is, the consequences of the bomb and bullets, and of the chemicals, outrages the Vietnamese people. Yes, because the result is not to kill a person at once, but the result waits for the children and grandchildren."

Source: Excerpted from an interview conducted by Diane Niblack Fox in 2000 and published in "Chemical Politics and the Hazards of Modern Warfare." In *Synthetic Planet: Chemical Politics and the Hazards of Modern Life*, edited by Monica J. Casper, 73–89. New York: Routledge, 2003.

B. Nguyen Trong Nhan, from the Vietnam Association of Victims of Agent Orange and a former president of Vietnamese Red Cross, believes the use of Agent Orange was a war crime. He told BBC World Service's One Planet program that Vietnam's poverty was a direct result of the use of Agent Orange. "They are the poorest and the most vulnerable people—and that is why Vietnam is a very poor country," he said. "We help the people who are victims of the Agent Orange and the dioxins, but the capacity of our government is very limited."

Source: Excerpted from the BBC News article titled "The Legacy of Agent Orange," published on April 29, 2005. To view the entire article, see: <http://news.bbc.co.uk/2/hi/asia-pacific/4494347.stm>.

C. Some Americans in Vietnam fear that the legacy of Agent Orange is overshadowing the new friendship between the two countries. "Many of the other obstacles have been dealt with—trade and exchange and diplomatic relations," said Andrew Wells-Dang, from the Fund for Reconciliation and Development—an American organization set up in the 1980s with the aim of improving relations between the countries. He pointed out that the United States has provided funding for clearing mines that it dropped on Vietnam during the war. "We think the US should do the same with Agent Orange," he said. "It's not going to go away, because it affects a huge number of people in Vietnam. We would see this as an opportunity for the US to take humanitarian action so that it doesn't become an obstacle between the countries."

Source: Excerpted from the BBC News article titled "The Legacy of Agent Orange," published on April 29, 2005. To view the entire article, see: <http://news.bbc.co.uk/2/hi/asia-pacific/4494347.stm>.

D. Following a 2007 trip to Vietnam, Walter Isaacson (managing editor of *Time*) wrote the following:

Clean up after yourself. It's a rule that we learn early in life. Now, more than 30 years after the U.S. pulled out of Vietnam, the time has come to follow that rule. . . . Scientists have not been able to prove a direct link between Agent Orange and the disabilities, and attempts by American and Vietnamese officials to come to a consensus have not succeeded. Indeed, efforts to resolve the issue will remain paralyzed if both sides insist on waiting for scientific proof. A practical and sensible resolution is possible. The U.S. should help immediately to contain and then clean up the contaminated sites. After all, we made the mess. . . . As for the health concerns, there is no need to pin precise blame or liability. They can be addressed as a humanitarian issue rather than as a compensation case. From Thai Binh down to Quang Ngai province, there is a need

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for rehabilitation centers, health clinics, family counseling, and education for the afflicted children who cannot go to regular schools. Out of both a sense of duty and a spirit of decency, U.S. government aid programs and private philanthropies should step forward to settle this last remaining dispute from the Vietnam War. . . . Addressing this issue will remind us that living up to our values and showing basic decency is, in fact, the best way to win hearts and minds.

Source: Excerpted from the *Time* article by Walter Isaacson titled "The Last Battle of Vietnam" and published on March 2, 2007. To view the entire article, see: <http://www.time.com/time/magazine/article/0,9171,1595236,00.html>.

Lesson Three: China: Factory of the World

Pair with “Workplace Exposure and Cancer in Shanghai Textile Workers” by Harvey Checkoway. (The article appears in *The Seattle Times* on Friday, March 13, 2009.)

After three decades of spectacular economic growth, China has emerged as the “factory of the world.” Industry continues to expand and grow in almost every category of manufactured goods—from semiconductors to cameras, from bikes to blue jeans. Lesson Three focuses first on a UW study showing that long-term, high-level exposure to bacterial endotoxin—a contaminant found in raw cotton fiber and cotton dust—is associated with a 40 percent decrease in lung cancer risk among female Chinese textile workers. Later, students will turn their attention to the daily life of factory workers today. Who makes up this huge population of factory workers? What are their hopes and dreams, and what is the reality of their lives today?

Objectives

1. Students will review and discuss basic scientific inquiry.
2. Students will write an editorial outlining the strengths and limitations of this UW study.
3. Students will explore contrasting images of factory life in China.
4. Students will compare perspectives from different news sources on the role of factories and China’s spectacular economic takeoff.

Focus Questions

1. What images come to mind when you think of factory life in China today?
2. Who makes up the huge population of factory workers?
3. If you were filming factory life in China today, what

aspects would you want to cover?

4. Discuss the economic relationship between China and the United States today.

Materials

- *The Seattle Times* article by Harvey Checkoway titled “Workplace Exposure and Cancer in Shanghai Textile Workers”
- *China Blue* DVD (Available at most libraries or from Bullfrog Films, <http://www.bullfrogfilms.com/catalog/china.html>.)
- Handout 3: Editorial: Endotoxins in Lung Cancer Prevention
- Internet access

Activities

Note: Activities 1-3 are geared to science teachers and students interested in investigating the scientific research that went into this UW study on workplace exposure and cancer. Activities 4-5 are geared to social studies teachers and students interested in exploring factory life from different socioeconomic perspectives.

Before Reading

1. Write on the board the following basic steps of the scientific method. (A free full-color 26” x 36” poster of the steps of the scientific method is available for download at <http://www.sciencebuddies.org/>.)

- Ask a Question
- Do Background Research
- Construct a Hypothesis (A hypothesis is an educated guess about how things work: “If [I do this] then [this] will happen.”)
- Test with an Experiment
- Analyze Data

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- Communicate Results

Discuss with students the following: Whether you are a high school student working on a science experiment or a UW scientist researching lung cancer risk among female textile workers, you must follow designated steps. Ask students to think of a recent lab experiment they have done. Invite one or two students to describe their experiment by filling in each step.

During and After Reading

2. Next, read and debrief *The Seattle Times* article and call on students to fill in the methodological steps of the lung cancer study. What questions do students have after reading the article?

3. Divide the class into small groups. Ask them to discuss and list what they think might be the scientific strengths and limitations of this study. For homework, ask students to read the article "Lung Cancer Risk among Female Textile Workers Exposed to Endotoxin" (Astrakianakis, George, et al. *Journal of the National Cancer Institute*, 99, no. 5 (2007): 357–364; available at: <http://jnci.oxfordjournals.org/content/vol99/issue5/index.dtl>, under Articles).

Students who do not have Internet access at home will have to obtain this article at school. After reading the entire article, students should have more information to add to their list of scientific strengths and limitations.

Finally, ask each student to write a one-page editorial outlining the strengths and limitations of this study. Depending on students' science background, you might want to pair them up for this assignment. Discuss with them that it is common for scientific journals to publish new research with corresponding editorials. After students have finished this assignment, distribute Handout 3, an editorial by Paolo Boffetta, MD, of the International Agency for Research on Cancer. Ask students to read and underline the limitations that Boffetta discusses. Students may be interested in comparing and discussing their completed editorials with his.

Note: Students interested in careers involving this type of scientific investigation may want to "research the researchers" and follow their career paths, including early and current research work. An Internet search on the names of

the scientists from North America and China who participated in this study (George Astrakianakis, Noah S. Seixas, Roberta Ray, Janice E. Camp, Dao Li Gao, Ziding Feng, Wenjin Li, Karen J. Wernli, E. Dawn Fitzgibbons, David B. Thomas, and Harvey Checkoway) will turn up bios of these scientists.

4. Chinese textile factories have been in the news for reasons besides breakthroughs in cancer research. In fact, after three decades of spectacular economic growth, China has emerged as the so-called factory of the world. Industry continues to expand and grow in almost every category of manufactured goods—from semiconductors to cameras, from bikes to textiles. Ask students to discuss the images that come to mind when they think of a textile factory in China today. Students may come up with contrasting images: old, crowded, decrepit, factory buildings that swelter in the summer and freeze in the winter; or clean, modern, state-of-the-art spacious complexes. They may think of a typical worker as someone who has been plugging away at the same machine for the last 30 years, or as a teenage girl from a remote province working nonstop for years to support her family. They may conjure up a picture of someone working 10–12 hour days, living in a crowded dorm, making approximately US\$125 a month (and sending much of that home), or they may picture a tobacco-smoking party-chief-turned-businessman who owns his luxury home and car, makes six digits or more, and plays golf on weekends. It is important that students become aware of these contrasting images of life in Chinese factories today.

Show the DVD *China Blue* to your class. This film is part of the Independent Lens series broadcast on PBS stations (see materials list for how to order). It takes viewers inside one blue jeans factory in southern China where many teenage workers struggle to survive harsh working conditions. Providing perspectives from both top and bottom levels of the factory's hierarchy, the film looks at complex issues of globalization from the human level. To debrief the movie, write the questions below on the board and ask the students to quickly jot down their answers. Discuss.

- Describe an image that remains in your mind after seeing this film.
- Is this documentary filmed from a certain perspective?
- If you had a chance to interview Jasmine or Orchid or Mr. Lam, whom would you interview? What three

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questions would you ask?

- According to the *China Blue* Web site, “the cost of manufacturing the jeans in a Chinese factory is around five dollars. The total compensation for the labor of the workers who made the jeans? Often no more than one dollar, shared by the 20–25 people involved in making one pair of jeans. The rest of the money goes towards advertising, store rentals and back to the retail corporation and middle men” (<http://www.pbs.org/independentlens/chinablue/jeans.html>). Is this surprising? Does this make you think twice before buying a pair of jeans?
- If you were hired to film a sequel to *China Blue*, what would you add?
- How would you respond if you bought a pair of jeans—and found Jasmine’s letter? (Optional: Give students five minutes to write a short letter back to Jasmine.)

Note: Students may enjoy visiting the *China Blue* Web site for background on the blue jeans business. The site focuses on companies Guess, Levi Strauss & Co., Tommy Hilfiger, and Wal-Mart; human rights in China; and behind-the-scenes information about the documentary. Information and clips can be downloaded from <http://www.pbs.org/independentlens/chinablue/jeans.html>.

5. As a class, create a Venn diagram on the board and list positive consequences of factory work for workers on one side and negative consequences on the other, listing neutral or ambiguous consequences in the middle. Students should take into account the science articles, the documentary, and other sources they may have investigated.

Assessment

Remind students that *China Blue* is an inside look at one factory in one area of China. Just as factories range in size from as many as 240,000 people to just a handful of friends and/or relatives, so too do factory conditions, pay, pensions, perks, job mobility, and so forth cover a broad spectrum. Students’ final assignment in this unit is to think about the angle they would take if awarded money and a crew to create a film about life in a Chinese factory. How would they begin their initial research? How would their

film be different from *China Blue*? Ask students to find several articles exploring issues facing factory workers today. They can look for articles from the U.S. press, but encourage them also to search the world press including China. There are a number of Chinese newspapers and magazines published in English. Below are a few to get students started (if URLs are outdated, search the Internet for the name of the news source):

China Daily, <http://www.chinadaily.com.cn/>

China Digital Times, <http://chinadigitaltimes.net/> (This is a collaborative news site which includes articles from the Chinese and world press.)

China Today, <http://www.chinatoday.com/>

China Youth Daily, <http://www.cyol.net/english/intro/daily.htm>

Caijing, <http://english.caijing.com.cn/>

Ask students to hand in a concise one- to two-page documentary film proposal. Encourage students to be creative, but all proposals should include ideas about the topic, perspective(s), interviewees, and visual images. Finally, ask students to list at least four resources they used (two should be from the Chinese press) that inspired them to decide on their focus. When they have completed this project, you may want to ask them to share their proposals in small groups. One representative from each group could briefly share the proposals with the whole class.

Extension Ideas

The documentary *China Blue* examines the complex issue of globalization from the perspective of a factory worker in China. Every day there are articles in the U.S. press discussing the complex economic relationship between the United States and China. Many blame China for economic woes facing the United States. James Fallows, an American journalist based in China, has a different perspective:

American complaints about the RMB (Chinese currency), about subsidies, and about other Chinese practices has this in common: *They assume that the solution to long-term tensions in the trading relationship lies in changes on*



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China's side. I think that assumption is naive. If the United States is unhappy with the effects of its interaction with China, that's America's problem, not China's. To imagine that the United States can stop China from pursuing its own economic ambitions through nagging, threats or enticement is to fool ourselves. If a country does not like the terms of its business dealings with the world, it needs to change its own policies, not expect the world to change. China has done just that, to its own benefit, and up until now to America's.

Are we uncomfortable with the American that is being shaped by global economic forces? The inequality? The sense of entitlement for some? Of stifled opportunity for others? The widespread fear that today's trends—borrowing, consuming, looking inward, using up infrastructure—will make it hard to stay ahead tomorrow, particularly in regard to China? If so, those trends themselves, and the American choices behind them, are what Americans can address. They are not China's problem, and they are not the fault of anyone in Shenzhen. (Fallows, Robert. "China Makes, the World Takes." *The Atlantic Monthly*, July/August 2007, <http://www.theatlantic.com/doc/200707/shenzhen>).

Encourage students to read the entire article at <http://www.theatlantic.com/doc/200707/shenzhen> or in the *Atlantic Monthly* July/August 2007 issue. Assign each student to bring in one additional article on the U.S.-China economic relationship. Ask them to underline what they think is the focus or perspective the author is trying to convey. For example, Fallows' perspective is evident in the conclusion excerpted above (see italics added). Students may want to compare the perspectives they underlined and discuss their findings.

Handout 3: Editorial: Endotoxins in Lung Cancer Prevention

Source: Boffetta, Paolo. "Endotoxins in Lung Cancer Prevention." *Journal of the National Cancer Institute*, 99, no. 5 (2007): 339, <http://jnci.oxfordjournals.org/content/vol99/issue5/index.dtl>.

In this issue of the *Journal*, Astrakianakis et al. (1) report an inverse association between exposure to endotoxins of women in the textile industry in Shanghai and risk of lung cancer. This study has the usual potential limitations of epidemiologic research, and the protective effect against lung cancer observed among female Chinese textile workers with high endotoxin exposure may be one of the many associations reported in cancer epidemiology that are not confirmed by subsequent studies. However, this finding is potentially important for lung cancer research for several reasons.

A decreased risk of lung cancer has been consistently reported among different populations potentially exposed to endotoxins, in particular, textile workers (2). A lower level of tobacco smoking among textile workers has been often invoked to explain this result, but the empirical evidence supporting such a hypothesis is not strong (3). Furthermore, only large differences between the smoking habits of textile workers and those of the rest of the population would explain the reduction in lung cancer mortality observed in many studies.

An alternative explanation is that the reduced risk of lung cancer (or at least part of it) is real and is due to agents present in the environment of textile workers. The study by Astrakianakis et al. provides evidence in favor of a cancer-preventive effect of endotoxins in humans. The quality of the study lies on the detailed assessment of exposure to endotoxins: this study indeed demonstrates the importance of exposure assessment, by use of either biologic markers or traditional approaches, to enhance the ability of cancer epidemiology to detect etiologically relevant associations.

Although very solid, the study of Chinese textile workers is not exempt from limitations. This cohort of female work-

ers was composed of a low proportion of smokers, and only 11% of the cases of lung cancer occurred among ever smokers. Although a similar protective effect from high endotoxin exposure was observed among both ever smokers and never smokers, the precision of the risk estimate in the former group was modest. Because, in the United States and in most other populations, most cases of lung cancer occur among ever smokers (4), a precise estimate of the effect of endotoxin exposure among ever smokers is essential when the potential impact of endotoxins is assessed on a broader scale.

Although the focus of the study by Astrakianakis et al. on endotoxins was justified by previous experimental results, workers could also be exposed to other unmeasured agents, which could be responsible for the observed effect. In addition, endotoxins are a heterogeneous group of compounds, but the study did not investigate individual endotoxins. For clinical application, one would like to know which endotoxin (if any) exerts a chemopreventive effect. This information is crucial if an endotoxin-based lung cancer prevention trial is to be designed.

The weakest part of the study, however, lies in the limited understanding of the potential mechanisms of the cancer-preventive action of endotoxins. Although occasionally results of epidemiologic studies showing an association between environmental exposures and cancer risk have preceded elucidation of the underlying mechanisms of action, understanding of the process of lung carcinogenesis in humans has greatly increased in the last years, and the requirement that results from epidemiology and biology be consistent and mutually supportive has become more important.

Results of the study by Astrakianakis et al. are strongly suggestive that endotoxin exposure is associated with a reduced risk of lung cancer, but potential confounding and lack of strong supportive mechanistic evidence prevent stronger conclusions. These considerations, coupled with imperfect knowledge on potential health risks of endotoxins, argue against the implementation of an endotoxin-based intervention against lung cancer in the near future. Extrapolation of these results to populations of smokers at high risk of lung cancer is particularly problematic, as shown by results of the lung cancer prevention trials based on beta-carotene administration (5). Great caution should be exercised by all when moving from the results of observational studies of the effects of complex mixtures to

interventions aimed at cancer prevention.

(1) Astrakianakis G, Seixas NS, Ray R, Camp JE, Gao DL, Feng Z, et al. (2007) J Natl Cancer Inst 99 (5):357–64.

(2) Mastrangelo G, Fedeli U, Fadda E, Milan G, Lange JH. (2002) Toxicol Ind Health 18:171–81.

(3) Lee DJ, LeBlanc W, Fleming LE, Gomez-Marin O, Pitman T. (2004) J Occup Environ Med 46:538–48.

(4) International Agency for Research on Cancer. (2004) (IARC, Lyon (France)) Vol. 83:51–1187.

(5) International Agency for Research on Cancer. (1998) (IARC, Lyon (France)) Vol. 2.

Lesson Four: HIV/AIDS in India

Pair with "HIV AIDS Awareness and Education in India" By Michelle Morrison.

(The article appears in *The Seattle Times* on Friday, March 27, 2009.)

India, with more than one billion people, is one of the most populated countries in the world. Although the human immunodeficiency virus (HIV) emerged later in India than in many other parts of the world, India currently has the third-largest number of people in the world living with HIV. People in India living with HIV come from incredibly diverse backgrounds, cultures, and lifestyles. In 2007 it was estimated that 2 million to 3.1 million Indians were living with HIV. Students first will learn about this serious health issue facing India. They will discuss the challenges, and then they will "establish" their own NGO based on local and/or regional needs.

Note: Most of the material used in this lesson is from AVERT.org. All of the Lesson Four information in italics is excerpted directly from this site. AVERT is an international HIV and AIDS charity based in the UK working to avert HIV and AIDS worldwide. AVERT has HIV and AIDS projects in countries where there is a particularly high rate of infection, such as in sub-Saharan Africa, or where there is a rapidly increasing rate of infection, such as in India. AVERT is considered the world's most popular AIDS Web site.

Objectives

1. Students will learn that India is one of the most populated countries in the world and now has the third-largest population infected with HIV/AIDS.
2. Students will complete a short quiz on HIV/AIDS in India.
3. Students will understand that in a country where poverty, illiteracy, and poor health are rife, the spread of HIV presents a daunting challenge.
4. Students will design an NGO focusing on HIV prevention and education in India.

Focus Questions

1. What do you know about HIV/AIDS in India?
2. What are the demographics for Indians who have HIV/AIDS?
3. Discuss the challenges India faces as it attempts to combat HIV/AIDS.
4. What is the availability of medical attention and treatment in India? Does this differ regionally?
5. What is the Indian government doing to help educate people about HIV/AIDS?
6. Discuss: Communicable diseases know no borders.

Materials

- *The Seattle Times* article by Michelle Morrison "HIV AIDS Awareness and Education in India"
- Handout 4A: Test Your Knowledge of HIV/AIDS in India
- Handout 4B: Answer Key (Test Your Knowledge of HIV/AIDS in India)
- Internet access

Activities

Before Reading

1. Display a large map of India from a projector. (You can download a map at <http://www.unaids.org/en/CountryResponses/Countries/india.asp>. Click on the map image to download a PDF.) Use this map to familiarize students with India's size and location in the world. Remind them that India has the second-largest population in the world and now has the third-largest population infected with HIV/AIDS. To get started, ask students to define AIDS. They should know this basic definition taken from the AVERT site:

AIDS (Acquired Immune Deficiency Syndrome) is a medical condition. People develop AIDS because HIV has damaged

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their natural defences against disease. What is HIV? HIV is a virus. Viruses infect the cells that make up the human body and replicate (make new copies of themselves) within those cells. A virus can also damage human cells, which is one of the things that can make a person ill.

HIV can be passed from one person to another. Someone can become infected with HIV through contact with the bodily fluids of someone who already has HIV. HIV stands for the Human Immunodeficiency Virus. Someone who is diagnosed as infected with HIV is said to be "HIV+" or "HIV positive."

Note: AVERT.org offers an online HIV and AIDS quiz at <http://www.avert.org/hiv-aids-quiz.php>. If enough computers are available, you may want to ask pairs of student to take this interactive quiz. There are three levels: easy, medium, and hard.

During and After Reading

2. Give students a chance to read *The Seattle Times* article and then do a short debrief. What new information did they glean? Did anything surprise them? What other information are they interested in? Distribute Handout 4A. Although students will not be graded on this quiz, the information will set the foundation for the next activity.

Distribute Handout 4B and debrief the quiz answers found on this sheet. Next, divide the students into small groups. Distribute a large piece of butcher or poster paper to each group. Ask students to focus on quote #9 in Handout 4B and discuss: In a country where poverty, illiteracy, and poor health are rife, the spread of HIV presents a daunting challenge. Have each student share their three ideas. Challenge them to prioritize these ideas for a final joint list.

Assessment

Prepare students for their final assignment. This is a small-group (3-5 students per group) assignment. Task each group to set up an NGO focusing on HIV prevention and education in India. Ask them to brainstorm organization goals and ideas for implementing their goals/plans. To help them get started, ask them to read "The Overview of HIV and AIDS in India" in its entirety at <http://www.avert.org/aidsindia.htm>. Then ask them to consider the following:

- What do you know about HIV/AIDS in India?
- What are the current statistics on the number of Indians with HIV/AIDS?
- What are the demographics for those who have HIV/AIDS?
- What is the availability of medical attention and treatment? Does this differ regionally?
- What do you know about national or regional policies regarding treatment for and education about HIV/AIDS?
- Is there a social stigma in India attached to those who have HIV/AIDS?

Ask each group of students to design a brochure describing their NGO. They will need to come up with a name, a mission, details about the population and region they will serve, projected impact on the HIV/AIDS epidemic, and so forth. They may want to research international and domestic organizations involved in HIV prevention and education in India (see list below). When projects are complete, each group should present their organization. Brochures can be displayed in the classroom.

The following is a list of organizations students may want to research:

National AIDS Control Organisation (NACO), a division of the Ministry of Health and Family Welfare/India, <http://www.nacoonline.org/NACO/>

About-Aids.com, <http://www.aids-india.org/>

American India Foundation, <http://aif.wholewheatcreative.com/public%20health/default.htm>

The Joint United Nations program on AIDS (UNAIDS), <http://www.unaids.org/en/AboutUNAIDS/default.asp>

The Global Fund, <http://www.theglobalfund.org/en/about/aids/>

World Health Organization, <http://www.who.int/hiv/countries/en/index.html>

Extension Ideas

AIDS is now a pandemic—a widespread epidemic that affects people in many different countries. Ask students to think about and write a two-page essay on the following: Communicable diseases know no borders. This very broad statement is an opportunity for students to explore the world of global health by perusing information on the Web sites listed below, then focusing on something that piques their interest. Encourage students to include a limited number of statistics, quotes, illustrations, or political cartoons in their two-page essay.

Other Resources

Bill and Melinda Gates Foundation, Global Health Initiatives, <http://www.gatesfoundation.org/GlobalHealth/>

Center for Global Development, <http://www.cgdev.org/section/topics/health/>

Centers for Disease Control and Prevention, <http://www.cdc.gov/>

Global Health Council, <http://www.globalhealth.org/>

Harvard Initiative for Global Health, <http://www.globalhealth.harvard.edu/>

UNICEF, <http://www.unicef.org/>

UNICEF, Child Survival: Global Trends, <http://www.unicef.org/progressforchildren/2004v1/childSurvival.php>

USAID, Global Health, http://www.usaid.gov/our_work/global_health/

World Health Organization (WHO), <http://www.who.int/>

Handout 4A: Test Your Knowledge of HIV/AIDS in India

Handout 4A

Excerpt taken directly from: AVERT.org, "Overview of HIV and AIDS in India," <http://www.avert.org/aidsindia.htm>.

Indicate whether each of the following statements is True or False.

1. ____ India is one of the largest and most populated countries in the world, with over one billion inhabitants; it's estimated that around 2.4 million Indians are currently living with HIV.
2. ____ Although HIV emerged later in India than it did in many other countries, HIV has now spread extensively throughout India.
3. ____ Overall, around 0.3% of India's population is living with HIV.
4. ____ People living with HIV in India come from incredibly diverse backgrounds, cultures, and lifestyles.
5. ____ The vast size of India—where the majority of states within India have a higher population than most African countries—makes it difficult to examine the effects of HIV on the country as a whole.
6. ____ Educating people about HIV/AIDS and how it can be prevented is complicated in India, as a number of major languages and hundreds of different dialects are spoken within its population.
7. ____ In India, as elsewhere, AIDS is often seen as "someone else's problem"—as something that affects people living on the margins of society, whose lifestyles are considered immoral.
8. ____ It is estimated that one out of four Indians living with HIV are refused medical treatment.
9. Discuss the following: In a country where poverty, illiteracy, and poor health are rife, the spread of HIV presents a daunting challenge. Imagine yourself headed for India to help work on HIV/AIDS prevention and education. Quickly list three things you would do to deal with this challenge:

- 1.
- 2.
- 3.

Handout 4B: Answer Key (Test Your Knowledge of HIV/AIDS in India)

Source: AVERT.org, "Overview of HIV and AIDS in India," <http://www.avert.org/aidsindia.htm>.

1. TRUE. *This puts India behind South Africa and Nigeria in numbers living with HIV.*
2. TRUE. *In 1990 there had been tens of thousands of people living with HIV in India; by 2000 this had risen to millions. In 2001, the government adopted the National AIDS Prevention and Control Policy. During that year, Prime Minister Atal Bihari Vajpayee addressed parliament and referred to HIV/AIDS as one of the most serious health challenges facing the country.*
3. TRUE. *While this may seem a low rate, India's population is vast, so the actual number of people living with HIV is remarkably high. There are so many people living in India that a mere 0.1% increase in HIV prevalence would increase the estimated number of people living with HIV by over half a million.*
4. TRUE. *HIV and AIDS affect all segments of India's population, from children to adults, businessmen to homeless people, female sex workers to housewives, and gay men to heterosexuals. There is no single 'group' affected by HIV. For more information, see <http://www.avert.org/hiv-india.htm>.*
5. TRUE. *A more detailed picture of the crisis can be gained by looking at each state individually. See: <http://www.avert.org/aidsindia.htm>.*
6. TRUE. *This means that, although some HIV/AIDS prevention and education can be done at the national level, many of the efforts are best carried out at the state and local level.*
7. TRUE. *Even as it moves into the general population, the HIV epidemic is misunderstood and stigmatized among the Indian public. People living with HIV have faced violent attacks; been rejected by families, spouses and communities; been refused medical treatment; and even, in some reported cases, denied the last rites before they die.*
8. TRUE. *A 2006 study found that 25% of people living with HIV in India had been refused medical treatment on the basis of their HIV-positive status. It also found strong evidence of stigma in the workplace, with 74% of employees not disclosing their status to their employers for fear of discrimination. Of the 26% who did disclose their status, 10% reported having faced prejudice as a result.*
9. *In a country where poverty, illiteracy and poor health are rife, the spread of HIV presents a daunting challenge.*



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Lesson Five: Global Dietary Changes

Pair with “Overcoming the World’s (Dietary) Energy Glut: Incorporating the Nutrition Transition into MDG 1” by Susan Duvall. (The article appears in *The Seattle Times* on Friday, April 3, 2009.)

As *The Seattle Times* article notes: “While America’s obesity is a popular topic these days, few people know that overweight, and its associated diseases (diabetes, stroke, and cardiovascular diseases), are rapidly increasing in the developing world as well.” The World Health Organization (WHO) reports that one out of four adults on the planet are overweight. Obesity across the world is rising as more and more people change to a Western diet (including more processed foods) and engage in less physical activity. People are increasingly eating more meat and vegetable oils while decreasing their vegetable and fruit fiber intake. This lesson explores some of the challenges facing global health today. Students will study global dietary changes and how many populations are now malnourished as compared to undernourished.

Objectives

1. Students will study global dietary changes.
2. Students will explore the global increase of overweight and obesity.
3. Students will debate the impact of fast food on diet and health across the world.
4. Students will create a cartoon or poster connecting nutrition and health.
5. Students will strategize ways to turn the tide on the overweight and obesity epidemic that has hit almost every region in the world.

Focus Questions

1. How is diet changing around the world?

2. What makes a diet healthy or unhealthy?
3. What are the health consequences of obesity?
4. How do you think globalization has affected diet?
5. What is the difference between undernutrition, overnutrition, and malnutrition?

Materials

- *The Seattle Times* article by Susan Duvall titled “Overcoming the World’s (Dietary) Energy Glut: Incorporating the Nutrition Transition into MDG 1”
- Handout 5A: WHO Obesity and Overweight Facts
- Handout 5B: Excerpt from “Farmer in Chief,” an Open Letter to the President-Elect
- Internet access

Activities

Before Reading

1. Write the following statement on the board: “The prevalence of overweight and obesity is increasing worldwide at an alarming rate.” Ask students to quickly brainstorm and write down the top 10 reasons why they think this might be happening. Next, distribute Handout 5A: WHO Obesity and Overweight Facts. Ask students to read the handout carefully and highlight points they feel are important.

During and After Reading

2. For additional background reading, distribute *The Seattle Times* article “Overcoming the World’s (Dietary) Energy Glut: Incorporating the Nutrition Transition into MDG 1.” This short article is based on two in-depth articles published in *The American Journal of Clinical Nutrition* in August 2006 and *The New England Journal of Medicine* in January 2007. Students can access Barry M. Popkin’s article at <http://www.ajcn.org/cgi/content/full/84/2/289> and the article by Parvez Hossain et al. at <http://content.nejm.org/cgi/content/full/356/3/213>.

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3. Divide the students into small groups and ask them to discuss the following questions:

- 1) How is diet changing around the world?
- 2) What are the health consequences of obesity?
- 3) How do you think globalization has affected diet?
- 4) Why do you think the increase of obesity is often faster in developing countries than in the developed world?
- 5) Obesity in children is increasing; in some countries it has reached epidemic levels. Do you think this is more of a problem than obesity among adults? Why or why not?
- 6) Discuss global agricultural policies. What are the effects of decreasing (or increasing) grain prices and/or meat prices?
- 7) What is the impact of global mass media, such as television, movies, and advertising, on diet changes?
- 8) Do fast-food companies have any responsibility with regard to global overweight and obesity?
- 9) Can you think of anything positive that has come out of these recent worldwide dietary changes (which include higher intakes of animal and partially hydrogenated fats and lower intakes of fiber)?
- 10) Are there any countries or places on the planet that have been successful in reversing the tide (promoting healthy diets, etc.)?

4. Ask students to think about their discussion on the question "Do fast-food companies have any responsibility with regard to global overweight and obesity?" According to Barry Popkin's article in *The American Journal of Clinical Nutrition*,

some researchers believe that the fast-food sector and soft drink industry in the United States have led to the decline in the quality of diets throughout the developing world. The growth of American food companies has certainly spread across the globe. Coca-Cola products are sold in >200 countries, and >50% of McDonald's sales are made out-

side the United States. Many other examples can be found to show that the numbers of McDonald's, Pizza Hut, and Kentucky Fried Chicken restaurants are growing rapidly across the globe. (Barry Popkin, "Global nutrition dynamics: the world is shifting rapidly toward a diet linked to noncommunicable diseases," *The American Journal of Clinical Nutrition*, 84 (2006): 289-98, <http://www.ajcn.org/cgi/content/full/84/2/289>.)

Divide the class into groups of four. Ask each group to choose one global company, such as Coca-Cola, McDonald's, Pizza Hut, or KFC. Each group should choose a different company. Their assignment is to prepare for a short argument-counterargument. For example, in a group that chooses Coca-Cola, two students must prepare a five-minute argument supporting the statement "Coca-Cola bears responsibility for global obesity." The other two will prepare the counterargument: "Coca-Cola is not responsible for global obesity." To prepare for this debate, ask students to (1) list at least three facts/statistics that support their argument; (2) address the question of responsibility; and (3) anticipate at least one argument that the opposing side will make. Leave time after each group's argument-counterargument for the class to offer feedback.

Note: In this exercise, students are focusing on the global impact of fast food. Those who are interested in the local impact may want to read the book *Fast Food Nation*, rent the movie, and/or peruse many of the Web sites focusing on this topic. Students may also be interested in the film *Super Size Me*. If you have time, you could show one of these movies or clips from these movies in class.

Assessment

1. As a creative follow-up activity to the debate, ask each group to make two posters, each representing one side of the argument. For inspiration, encourage them to go to Google or Yahoo images (<http://images.google.com/> or <http://images.search.yahoo.com/>) and search for "fast food" entries. Students can design a cartoon on their own or make a collage using photos and graphics from the Web.

2. Distribute Handout 5B and ask students to read this short excerpt from the longer 18-page "open letter" published on October 12, 2008, in the *New York Times*

Magazine. The author is Michael Pollan, the Knight Professor of Journalism at the University of California, Berkeley. (Students who want to read the letter in its entirety can access it at the following site: http://www.nytimes.com/2008/10/12/magazine/12policy-t.html?pagewanted=8&_r=2. They also may be interested in some of the author's books, *In Defense of Food: An Eater's Manifesto* or *The Omnivore's Dilemma*, or in *The End of Food*, written by Washington state author Paul Roberts.)

In this final exercise, each student will write an open letter to the head of the World Health Organization. Ask students to write a 750–1,000 word “open letter to the president of WHO” offering strategies to turn the tide on the overweight and obesity epidemic that has hit almost every region in the world. They might also draft an open letter to their school administration requesting changes in the cafeteria meal plan such as inclusion of vegetarian options, or removal of soft drink machines at their schools.

Extension Ideas

1. Students interested in the growing number of overweight and obese children may want to research the “fat camps” that are springing up in countries such as China. Encourage students to research and present a report to the class.
2. The U.S. Department of Agriculture's Center for Nutrition Policy and Promotion has an online dietary and physical activity assessment tool that provides information on one's diet quality and physical activity status, related nutrition messages, and links to nutrient and physical activity information. Students interested in analyzing their diet can log on to this site: <http://www.mypyramidtracker.gov/>.

Handout 5A: WHO Obesity and Overweight Facts

Source: World Health Organization Global Strategy on Diet, Physical Activity and Health, "Obesity and Overweight" information sheet, <http://www.who.int/dietphysicalactivity/publications/facts/obesity/en/>.

- Globally, there are more than 1 billion overweight adults, at least 300 million of them obese.
- Obesity and overweight pose a major risk for chronic diseases, including type 2 diabetes, cardiovascular disease, hypertension and stroke, and certain forms of cancer.
- The key causes are increased consumption of energy-dense foods high in saturated fats and sugars, and reduced physical activity.

Obesity has reached epidemic proportions globally, with more than 1 billion adults overweight—at least 300 million of them clinically obese—and is a major contributor to the global burden of chronic disease and disability. Often coexisting in developing countries with under-nutrition, obesity is a complex condition, with serious social and psychological dimensions, affecting virtually all ages and socioeconomic groups.

Increased consumption of more energy-dense, nutrient-poor foods with high levels of sugar and saturated fats, combined with reduced physical activity, have led to obesity rates that have risen three-fold or more since 1980 in some areas of North America, the United Kingdom, Eastern Europe, the Middle East, the Pacific Islands, Australasia and China. The obesity epidemic is not restricted to industrialized societies; this increase is often faster in developing countries than in the developed world.

Obesity and overweight pose a major risk for serious diet-related chronic diseases, including type 2 diabetes, cardiovascular disease, hypertension and stroke, and certain forms of cancer. The health consequences range from increased risk of premature death, to serious chronic conditions that reduce the overall quality of life. Of special concern is the increasing incidence of child obesity.

Why is this happening?

The rising epidemic reflects the profound changes in society and in behavioural patterns of communities over recent decades. While genes are important in determining a person's susceptibility to weight gain, energy balance is determined by calorie intake and physical activity. Thus societal changes and worldwide nutrition transition are driving the obesity epidemic. Economic growth, modernization, urbanization and globalization of food markets are just some of the forces thought to underlie the epidemic.

As incomes rise and populations become more urban, diets high in complex carbohydrates give way to more varied diets with a higher proportion of fats, saturated fats and sugars. At the same time, large shifts towards less physically demanding work have been observed worldwide. Moves towards less physical activity are also found in the increasing use of automated transport, technology in the home, and more passive leisure pursuits.

How do we define obesity and overweight?

The prevalence of overweight and obesity is commonly assessed by using body mass index (BMI), defined as the weight in kilograms divided by the square of the height in metres (kg/m^2). A BMI over $25 \text{ kg}/\text{m}^2$ is defined as overweight, and a BMI of over $30 \text{ kg}/\text{m}^2$ as obese. These markers provide common benchmarks for assessment, but the risks of disease in all populations can increase progressively from lower BMI levels.

Adult mean BMI levels of $22\text{--}23 \text{ kg}/\text{m}^2$ are found in Africa and Asia, while levels of $25\text{--}27 \text{ kg}/\text{m}^2$ are prevalent across North America, Europe, and in some Latin American, North African and Pacific Island countries. BMI increases amongst middle-aged elderly people, who are at the greatest risk of health complications. In countries undergoing nutrition transition, overnutrition often co-exists with undernutrition. People with a BMI below $18.5 \text{ kg}/\text{m}^2$ tend to be underweight.

The distribution of BMI is shifting upwards in many populations. And recent studies have shown that people who were undernourished in early life and then become obese in adulthood, tend to develop conditions such as high blood pressure, heart disease and diabetes at an earlier age and in more severe form than those who were never undernourished.



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The extent of the problem

Currently more than 1 billion adults are overweight—and at least 300 million of them are clinically obese. Current obesity levels range from below 5% in China, Japan and certain African nations, to over 75% in urban Samoa. But even in relatively low prevalence countries like China, rates are almost 20% in some cities.

Childhood obesity is already epidemic in some areas and on the rise in others. An estimated 22 million children under five are estimated to be overweight worldwide. According to the US Surgeon General, in the USA the number of overweight children has doubled and the number of overweight adolescents has trebled since 1980. The prevalence of obese children aged 6-to-11 years has more than doubled since the 1960s. Obesity prevalence in youths aged 12–17 has increased dramatically from 5% to 13% in boys and from 5% to 9% in girls between 1966–70 and 1988–91 in the USA. The problem is global and increasingly extends into the developing world; for example, in Thailand the prevalence of obesity in 5- to 12-year-old children rose from 12.2% to 15.6% in just two years.

Obesity accounts for 2–6% of total health care costs in several developed countries; some estimates put the figure as high as 7%. The true costs are undoubtedly much greater as not all obesity-related conditions are included in the calculations.

How does excess body fat impact health?

Overweight and obesity lead to adverse metabolic effects on blood pressure, cholesterol, triglycerides and insulin resistance. Some confusion of the consequences of obesity arise because researchers have used different BMI cut-offs, and because the presence of many medical conditions involved in the development of obesity may confuse the effects of obesity itself.

The non-fatal, but debilitating health problems associated with obesity include respiratory difficulties, chronic musculoskeletal problems, skin problems and infertility. The more life-threatening problems fall into four main areas: CVD problems; conditions associated with insulin resistance such as type 2 diabetes; certain types of cancers, especially the hormonally related and large-bowel cancers; and gallbladder disease.

The likelihood of developing type 2 diabetes and hypertension rises steeply with increasing body fatness. Confined to older adults for most of the 20th century, this disease now affects obese children even before puberty. Approximately 85% of people with diabetes are type 2, and of these, 90% are obese or overweight. And this is increasingly becoming a developing world problem. In 1995, the Emerging Market Economies had the highest number of diabetics. If current trends continue, India and the Middle Eastern crescent will have taken over by 2025. Large increases would also be observed in China, Latin America and the Caribbean, and the rest of Asia.

Raised BMI also increases the risks of cancer of the breast, colon, prostate, endometrium, kidney and gallbladder. Chronic overweight and obesity contribute significantly to osteoarthritis, a major cause of disability in adults. Although obesity should be considered a disease in its own right, it is also one of the key risk factors for other chronic diseases together with smoking, high blood pressure and high blood cholesterol. In the analyses carried out for World Health Report 2002, approximately 58% of diabetes and 21% of ischaemic heart disease and 8–42% of certain cancers globally were attributable to a BMI above 21 kg/m².

For more information explore other World Health Organization (WHO) and Centers for Disease Control and Prevention (CDC) Web sites.

Handout 5B: Farmer in Chief

Excerpt from "Farmer in Chief," an Open Letter to the President-Elect

Source: Pollan, Michael. "Farmer in Chief." *The New York Times Magazine*, October 12, 2008, <http://www.nytimes.com/2008/10/12/magazine/12policy-t.html?pagewanted=8>. Michael Pollan is the Knight Professor of Journalism at the University of California, Berkeley, and the author, most recently, of *In Defense of Food: An Eater's Manifesto*.

Dear Mr. President-Elect:

Changing the food culture must begin with our children, and it must begin in the schools. Nearly a half-century ago, President Kennedy announced a national initiative to improve the physical fitness of American children. He did it by elevating the importance of physical education, pressing states to make it a requirement in public schools. We need to bring the same commitment to "edible education"—in Alice Waters's phrase—by making lunch, in all its dimensions, a mandatory part of the curriculum. On the premise that eating well is a critically important life skill, we need to teach all primary-school students the basics of growing and cooking food and then enjoying it at shared meals.

To change our children's food culture, we'll need to plant gardens in every primary school, build fully equipped kitchens, train a new generation of lunchroom ladies (and gentlemen) who can once again cook and teach cooking to children. We should introduce a School Lunch Corps program that forgives federal student loans to culinary-school graduates in exchange for two years of service in the public-school lunch program. And we should immediately increase school-lunch spending per pupil by \$1 a day—the minimum amount food-service experts believe it will take to underwrite a shift from fast food in the cafeteria to real food freshly prepared.

But it is not only our children who stand to benefit from public education about food. Today most federal messages about food, from nutrition labeling to the food pyramid, are negotiated with the food industry. The surgeon general should take over from the Department of Agriculture the job of communicating with Americans about their diet. That way we might begin to construct a less equivocal and more effective public-health message about nutrition. Indeed, there is no reason that public-health campaigns about the dangers of obesity and Type 2 diabetes shouldn't be as tough and as effective as public-health campaigns about the dangers of smoking. The Centers for Disease Control estimates that one in three American children born in 2000 will develop Type 2 diabetes. The public needs to know and see precisely what that sentence means: blindness; amputation; early death. All of which can be avoided by a change in diet and lifestyle. A public-health crisis of this magnitude calls for a blunt public-health message, even at the expense of offending the food industry. Judging by the success of recent antismoking campaigns, the savings to the health care system could be substantial.



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Resources:

Teaching about Asia

Henry M. Jackson School of International Studies

The outreach centers of the Jackson School of International Studies offer professional development programs for educators and lending libraries of curriculum materials and films. For current offerings and a list of materials available for loan, please contact the outreach centers or visit the centers' Web sites.

The Center for Global Studies

Henry M. Jackson School of International Studies
University of Washington
Box 353650
Seattle, Washington 98195-3650
Phone: (206) 685-2707
E-mail: tleonard@u.washington.edu
Web site: jsis.washington.edu/isp

East Asia Center

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Box 353650
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Phone: (206) 543-6938
E-mail: eacenter@u.washington.edu
Web site: jsis.washington.edu/eacenter

East Asia Resource Center

Henry M. Jackson School of International Studies
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Box 353650
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Phone: (206) 543-1921
E-mail: earc@u.washington.edu
Web site: jsis.washington.edu/earc

The Ellison Center for Russian, East European, and Central Asian Studies

Henry M. Jackson School of International Studies
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Web site: jsis.washington.edu/ellison

South Asia Center

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E-mail: sascuw@u.washington.edu
Web site: jsis.washington.edu/soasia

Southeast Asian Center

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E-mail: seac@u.washington.edu
Web site: <http://jsis.washington.edu/seac/>

Other Organizations with Resources for Teaching about Asia**Asia for Educators**

<http://afe.easia.columbia.edu/>
Columbia University created Asia for Educators, an extensive Web site that provides timelines, lesson plans and online courses in Asian studies.

Asian Educational Media Service

<http://www.aems.uiuc.edu/index.las>
AEMS is a national clearinghouse for information about educational media materials related to Asia. Their up-to-date online media database includes price and distributor information for materials in print, as well as holding and lending information for materials in the United States.

Asia Source

<http://www.asiasource.org>
Asia Source is a database created by the Asia Society of country profiles, news, interviews, book reviews, a database of Asia experts and teaching materials.

Education about Asia

<http://www.asian-studies.org/EAA>
The Web site of the journal for educators, *Education About Asia*, provides key articles for teaching about Asia in secondary and post-secondary classrooms.



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The National Consortium for Teaching about Asia

www.nctasia.org

NCTA offers seminars about East Asia, study tours and enrichment activities to K-12 teachers in 46 states.

Seattle Asian Art Museum

<http://www.seattleartmuseum.org/visit/visitSAAM.asp>

The Seattle Asian Art Museum features a collection of artifacts from many historical periods and regions of Asia. Print curriculum materials about a variety of genres and periods in Asian art are available in the Teacher Resource Center at the museum in Volunteer Park.

Stanford Program on International Cross-Cultural Education

<http://spice.stanford.edu/>

SPICE provides high-quality curriculum materials on international and cross-cultural topics, many concerning Asia. Over 100 supplementary print curriculum units on Africa, Asia and the Pacific, Europe, Latin America and international issues are available from this Stanford University-based program.

World Affairs Council

<http://www.world-affairs.org/>

The World Affairs Council is a membership-based organization that creates forums for discussion of critical world issues. Curriculum materials about global issues are available for downloading free of charge.