

International Honors Program (IHP)

IHP Health and Community:
Globalization, Culture, and Care

Health, Culture, and Community

(ANTH3050 / 4 credits / 60 class hours)

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Deirdre Guthrie deirdre.guthrie@sit.edu

Course Description

This course introduces key theoretical and analytical tools of contemporary medical anthropology. It adopts the predominate perspective that the realities of human health, disease and (un)wellbeing are necessarily determined, influenced, and shaped by social structures: communities, landscapes, and local and global political-economic structures all play a role. Concepts such as *health*, *disease*, *illness*, *suffering*, *healing*, and *medicine* will be explored not as universal or natural categories but as cultural ones. Therefore, we will treat “health” as a theoretical concept and physical experience, both of which affect *individuals* but are shaped by *society*.

Therefore, in each country visited, course themes will engage with three interconnected spheres of medical anthropological interest: (1) health and power; (2) health and epistemology/ ontology (ways of knowing and ways of being), and (3) health and environment (both natural and social). This three-part lens will help students see how health systems, which are often undergoing transformation, reflect a community’s ever-changing history and present position in the world system.

Because this course surveys systems of medical knowledge and response as contextually embedded, it is necessarily a comparative course. Within each country cycle, therefore, it adopts a radical epistemological openness to different understandings of medical concepts, especially of illness, disease, and healing. For instance, biomedicine—perhaps more commonly, though largely inaccurately, referred to as “Western medicine”—is contextualized here as only one among

numerous effective systems of healing. Although the course is designed to guide students through a comparative array of theories and concepts, the learning we propose is practical: students can use their findings in order to better understand their own position in the world of health and identify concrete paths to engage themselves in view of more health justice.

Learning Outcomes

The *Health, Culture, and Community* course comprises 60 class hours of instruction (4 credits). This course aims to introduce students to the discipline of medical anthropology, and the contribution that it makes to research and practice in public health. At its conclusion, students will be able to:

- Explain the role that medical anthropology plays in research and practice in global and public health.
- Articulate key concepts and theoretical issues in medical anthropology, and evaluate debated terminologies, describing why and how such terms are contested.
- Compare and contrast definitions of health and ideas about how one achieves health in various societies and community settings, and better understand how diverse peoples define and deal with health and illness, suffering, health practices, and techniques of healing.
- Think critically and analytically about the nature of health, disease, and healing in cross-cultural realities, through an ethnographic awareness of the political and economic structures shaping sickness and suffering.
- Apply anthropological theories to the analysis of their own observations and research data gathered in diverse settings, over the course of the semester. □ Use analytical skills that will help to critically interpret and represent complex socio-cultural and ecological interactions and processes related to issues of health, illness, and medicine as we encounter them in our lives and in the world.

Materials

All course readings will be available electronically. You may opt-in to receive hardcopy printouts of materials prior to arrival in each country. Students are responsible for accessing all required materials; electronic materials may be printed at the discretion of the student.

Format

This is a combination lecture-and-seminar class. We will tackle and compare themes by reflecting on their helpfulness in comparing: (1) local paradigms of health and body; (2) and our preconceived notions versus our first-hand, contextualized experiences. As such, students will learn to interpret data and communicate ideas both individually through **Preliminary Site Reports** and within groups through **Seminar Discussions**.

Course Schedule

This course comprises one introduction class and three subsequent country cycles. See the program calendar distributed at the start of each country program for corresponding dates of class sessions.

NB: The instructors retain the right to change the syllabus as needed. Given the flexible field program, changes may occur that are beyond our control.

USA

Lectures and Readings

Session	Preparation
<p>HCC I</p> <p>Medical Anthropology & Cultural Contexts</p> <p><i>medical paradigms</i></p> <p><i>emic/etic</i></p> <p><i>"Spectrum of Knowledge"</i></p>	<p>Required</p> <p>Hewlett, Barry and RP Amola. 2003. "Cultural Contexts of Ebola in Northern Uganda." <i>Emerging Infectious Diseases</i> 9(10): 1-8.</p> <p>Suggested</p> <p>Helman, Cecil G. (2007). Introduction: The Scope of Medical Anthropology. In <i>Culture, Health and Illness</i>. London: Hodder Arnold, pp. 1-18.</p> <p>Discussion: What is a medical knowledge system?</p>

India

Lectures and Readings

Session	Preparation
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<p style="text-align: center;">HCC 2</p> <p>Medical Pluralism and Health Seeking Behaviours</p>	<p>Required</p> <p>Khan, S. 2006. "Systems of medicine and nationalist discourse in India: towards new horizons in medical anthropology and history". <i>Social Science & Medicine</i>. 62-11, pp.2786-2797 (1).</p> <p>Deshpande, M.S. 2010. "History of the Indian Caste System and Its Impact on India Today. Senior Thesis. Pp. 24-33.</p>
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<p><i>Biomedicine and pluralism</i></p> <p><i>"modernity"</i></p> <p><i>biomedical hegemony</i></p>	<p>Suggested</p> <p>MacDonald, H. 2015 - Believing sceptically: rethinking health-seeking behaviours in central India in <i>Medicine and The Politics Of Knowledge</i>. Levine, S (ed). HSRC Press.</p> <p style="text-align: center;">Discussion: how does biomedicine become ideology?</p>
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<p style="text-align: center;">HCC 3</p> <p>The Problem with the Solution</p> <p><i>biomedical hegemony</i></p> <p><i>medicalization</i></p> <p><i>medical violence</i></p>	<p>Required</p> <p>Invisibilia. The Problem with the Solution. (Electronic Document).</p> <p>Suggested</p> <p>May, Tim. 2010. Official Statistics: Topic and Resources. In <i>Social Research</i>. Berkshire: McGraw-Hill Education. Pp. 77-84.</p> <p>Good, Byron (1994). <i>How medicine constructs its objects</i>. Cambridge and New York: Cambridge University Press, pp. 65-87.</p> <p style="text-align: center;">Discussion: Why is "the problem" hegemonic?</p>
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<p style="text-align: center;">HCC 4</p> <p>The “Healing Effect”</p> <p><i>cultural basis of health</i></p> <p><i>ethnomedicogenesis</i></p> <p><i>neurology & sociology</i></p> <p><i>of patient-healer</i></p> <p><i>relationship</i></p>	<p>Required</p> <p>Lakoff, Andrew. 2002. “The mousetrap: managing the placebo effect in antidepressant trials,” <i>Molecular Interventions</i> 2: 72-76.</p> <p><i>and</i></p> <p>Hahn, R. and A. Kleinman. 1983. Belief as Pathogen, Belief as Medicine: ‘Voodoo Death’ and the ‘Placebo Phenomenon’ in Anthropological Perspective, <i>Medical Anthropology Quarterly</i> 14(4): 3, 16-19.</p> <p><i>or</i></p> <p>Benedetti, Fabrizio. (2013). What is the Doctor-Patient Relationship? <i>In</i> Placebo and the new physiology of the doctor-patient relationship. <i>Physiol Review</i>, 93, ○ Abstract, Intro. Pp. 1207. ○ What is the Doctor-Patient Relationship, Pp. 1211-1213. ○ Neurophysiological Mechanisms, Pp. 1214-1219.</p> <p>Suggested</p> <p>Wellman, R. and D. Kavadias. 2021. “A Theory of Relational Affliction and Healing: Evil Eye in Iran and Greece.” Jugaad.</p> <p style="text-align: center;">Discussion: What is the social dimension of healing?</p>
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South Africa

Lectures and Readings

Session	Preparation
<p style="text-align: center;">HCC 5</p> <p>Violence: Structural and Intimate</p> <p><i>suffering & vulnerability</i></p> <p><i>positional & intersectional health</i></p>	<p>Required</p> <p>Farmer, Paul. 2005. “On Suffering and Structural Violence” in <i>Pathologies of Power: Health, Human Rights and the New War on the Poor</i>. Berkeley: University of California Press. (pp. 328-349).</p> <p>Suggested</p> <p>Moffett, H., 2006. “These women, they force us to rape them”: Rape as Narrative of Social Control in Post-Apartheid South Africa.” <i>Journal of Southern African Studies</i>, 32.1, pp.129-144.</p> <p style="text-align: center;">Discussion: Is suffering inevitable?</p>

<p>HCC 6</p> <p>The HCC of Food and Eating</p> <p><i>food as cultural lens</i></p> <p><i>food security & food sovereignty</i></p>	<p><u>Required</u></p> <p>Lupton, D., 1996. Ch. 3, “Food, Health, and Nature” in <i>Food, the Body and the Self</i>. Sage.</p> <p><u>Suggested</u></p> <p>Gastropod. First Foods: Learning to Eat. (Electronic Document).</p> <p>Fox R. 2003. Food and eating: An anthropological perspective, Social Issues Research Center. Oxford.</p> <p>Discussion: Are we what we eat, or do we eat what we are?</p>
<p>HCC 7</p> <p>Workshop: Capitals of the World</p> <p><i>forms of capital</i></p>	<p><u>Required</u></p> <p>Prepare your Case Study notes for in-class analysis/workshopping</p> <p><u>Suggested</u></p> <p>Bourdieu, Pierre. 1986. “The Forms of Capital.” Pp. 241-258 in Handbook of Theory and Research for the Sociology of Education, edited by J. G. Richardson. New York: Greenwood Press.</p> <p>Discussion: What forms of capital are you observing?</p>

Argentina

Lectures and Readings

Session	Preparation
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<p style="text-align: center;">HCC 8</p> <p>Reality in Metaphor</p> <p><i>linguistic violence</i></p>	<p>Required</p> <p>Sontag, Susan. 1978. "Illness as Metaphor," in <i>Susan Sontag: Essays of the 1960s & 70s</i>. Edited by David Rieff. New York: Library of America.</p> <p>Suggested</p> <p>Martin, Emily. 1991. "'The Egg and the Sperm' How Science Has Constructed a Romance Based on Stereotypical Male-Female Roles," <i>Signs</i> 16(3): 485-501.</p> <p style="text-align: center;">Discussion: is [disease : body] as [patient : community]?</p>
<p style="text-align: center;">HCC 9</p> <p>The Culture of Happiness & Mental Wellness</p> <p><i>cultural relativism</i> <i>global sustainability</i></p>	<p>Required</p> <p>Walker, H. & Kavedžija, I. (2015). Values of happiness. <i>Hau: Journal of Ethnographic Theory</i>, 5(3), 1–18.</p> <p>Suggested</p> <p>Machado, Leonardo et al. (2015). Happiness and Health in Psychiatry: What Are Their Implications? <i>Archives of Clinical Psychiatry</i>, 42(4), 100-110.</p> <p style="text-align: center;">Discussion: If you're happy, do you know it?</p>
<p style="text-align: center;">HCC 10</p> <p>Feeling Radical, Feeling Radically</p> <p><i>institutional empathy</i> <i>embodied empathy</i></p>	<p>Required</p> <p>Invisibilia. The End of Emptahy. (Podcast Link).</p> <p>The Power of Outrospection. RSA and Krznaric (YouTube Link)</p> <p>Suggested</p> <p>Berardi, M. K., White, A. M., Winters, D., Thorn, K., Brennan, M., & Dolan, P. (2020). Rebuilding communities with empathy. <i>Local Development & Society</i>, 1(1), 57–67. https://doi.org/10.1080/26883597.2020.1794761</p> <p>How to start an empathy revolution: Roman Krznaric at TEDxAthens 2013. (YouTube Link).</p> <p style="text-align: center;">Discussion: How can we be radical empathys?</p>

Grading Scale

Grading Scale

94-100% A	Excellent	74-76%	C	Average
90-93%	A-	70-73%	C-	
87-89%	B+	67-69%	D+	
84-86%	B	64-66%	D	Below Average
80-83%	B-	below 64 F	Fail	
77-79%	C+			

Note: Where decimal points are used in grading, below 0.5 will be rounded down, while 0.5 and above will be rounded up. For example, 93.4 will be an A-, while 93.5 will be an A.

Evaluation

Assignments			
Seminar Discussion Leadership			100 pts
1 session	1-2 days prior to session	Preparatory planning with faculty	25
		Discussion leadership	75
Journal			60 pts
India	15 Sept.	1. Significant details 2. Relevance 3. Reflection, Interpretation, Codes	5
	1 Oct.		15
S. Africa	3 Nov.		20
Argentina	1 Dec.		20
Journal Summary			60 pts
India	End of country cycle	What did I learn about health, culture, and community relating to my focus project?	20
S. Africa			20
Argentina			20
Comparative Synthesis Presentation			160
USA	End of country cycle	USA	20
India		India, USA	20
S. Africa		S. Africa, India, U.S.A.	20

Argentina	Argentina, S. Africa, India, USA	100
Total		380

Assignments

I) Seminar Discussion Leadership

The Seminar Discussion Leadership exercise challenges students to explain abstract ideas in their own voice, facilitating peer learning and communication formats that comprise increasingly important skills in professional settings, such as:

- **Comprehension & Evaluation:** Learn how to pick out key theoretical ideas but also to apply those ideas to broader, meaningful, practical questions.
- **Communication:** Practice communicating, in a safe and brave space, complicated ideas or questions to a group of peers, both verbally and visually. These are skills that are increasingly important to employers and to each other in an era of misinformation and misaligned media standards.
- **Professionalization:** Practice working in a team, including the Instructor, toward covering material and exercising the **social and disciplinary skills** needed to refute, question, encourage, and support peers in a productive, competent way.

Format:

- I. **Preparation (25pts):** It is the responsibility of Seminar Discussion leaders to:
 - a. plan the discussion content, coordinate individual efforts, assign duties/roles, etc.
 - b. schedule a meeting with the Instructor 1-2 days prior to class and to come prepared with a proposed discussion outline to develop together.
2. **Leading Class Discussion (75pts):**
 - a. **Briefing:** Present a **short** overview of the key takeaway points of the assigned readings, checking in to ensure that all colleagues agree with your synthesis or have further contributions. Discussion Leaders **must**:
 - i. identify specific passages or pages worth noting, paraphrasing their meaning
 - ii. illustrate key points using visual representations of any kind. (Creativity will be rewarded. Ex., diagrams, graphs, etc.). **Visualizations are required.**
 - b. **Prompting:** Initiate a wider discussion among the class, taking the necessary steps toward addressing the discussion prompt in the Schedule. Options include the following, but you can develop further strategies too:
 - i. **Elaboration:** elicit examples from specific country experiences that illustrate key arguments

- ii. Imagination/Application: Offer hypothetical scenarios for peers to think about using key arguments, or how these arguments apply to experiences in home countries
- iii. Devil's advocacy: offer ideas from counter-arguments, or push colleagues to backup their claims

2) Journals

(5-20pts: India, S. Africa, India, Argentina)

You will keep three journals – one each for PH, PH and GH. Each journal is specific to its course, and should not be used for general note-taking. At the end of each workday, students should go over notes taken during the day, and recall relevant conversations that pertained to the synthesis topic from the perspectives of the relevant courses. Some days students will enter journal points for only 1 course, other days they will enter for all 3. Journal entries should be dated, and must always note the source of any opinions or data. Select 8 to 10 entries that relate to critical issues for each course (cut the others out and paste them into another document in case you need to refer back to them in the next country. We will grade only the first 10 observations and reflections we see) Select those observations that raise important questions that, through deep reflection (involving comparing and contrasting differences among countries relating to different contexts, and sometimes involving quick internet searches. EG looking up the total spend on Health in India vs the US, comparing deaths to Covid with deaths to TB, or comparing age pyramids for US, India and South Africa. If you come across an issue that will take too long to get answers for via internet or asking homestay families, select a different observation to submit to us – but don't leave an issue for which answers, or partial answers, can quite easily be found as a question that is left dangling)

Entries do not have to be written in complete sentences – however, double-entry format is expected.

When discussing entries with your PD, Visiting Faculty or other students, you must be able to elucidate the meaning. Indicate a comparison when noting a nuance between presented facts, presented opinions or between facts/opinions and principles/ policies/legislation.

Students must submit submit double-entry journals as word documents.

Workshopping sessions for your journals will be scheduled during RME and Write, Reflect, & Consult sessions. Students should have their laptops and/or physical journals in these sessions and in times created for group reflection.

Journal Grading:

The first submissions will be graded on a participation basis, and feedback will be given to enable students to proceed with journals going forward. (5 Marks)

Grading is on the basis of:

1. Inclusion of significant details (8 / 20 pts)
2. Relevance of details (to the course) (4 / 20 pts)
3. Depth of reflections, interpretations, codes (8 / 20 pts)

(Observations all thoroughly interrogated, demonstrating progress towards understanding)

NB: Inclusion of details not relevant to the focus project and/or the focus of the course will result in lower grades. The emphasis is on quality and not on quantity. Sometimes you will learn something crucial, but it has no relevance to your focus topic in a specific course. Note that down somewhere else and bring it up in a class discussion. The journaling process should not keep you up for hours each night, - it should take 15 to 30 minutes a day. We suggest you stay over in class for a bit each day to do this. Think:

- **G&H Journal** – What did I learn about the play of global power and influence, that relates to my focus project?
- **PH Journal** – What did I learn about a Health System that relates to my focus project. – PH Journal?
- **HCC Journal** – What did I learn about health, culture, and community relating to my focus project?

Journal Summary

(India, S. Africa, Argentina = 20pts each)

In the last couple of days in each country, you will be given time to summarize the data and findings in each of your three journals. These two-page journal summaries will be graded by local/visiting faculty. One page will be dedicated to summarizing the most pertinent data, that will be noted in point form, acknowledging sources. (The data will comprise facts presented or observed, and/or opinions shared with you) The other page will be dedicated to comparison and analysis of the most significant finding, and will be written in full sentences. While we encourage co-operative learning and sharing of data, these summaries are to be done as individuals.

Grading is on the basis of:

1. Inclusion of significant data (10 pts)
2. Depth of comparison and analysis (10 pts)

5) Comparative Synthesis Project

(India, S. Africa = 20pts, Argentina = 100pts)

During the final days in each country, your Comparative Synthesis Project (CSP) team will present its findings of the month's work, and fellow students and faculty will have the opportunity to ask you questions and make comments regarding your research.

Note:

- Presentations should be professional in tone, similar to a conference paper presentation. They should be divided into 5 sections, perhaps with a different person handling each section (although this can vary). Structure for the **India** and **South Africa** Presentations are as follows:

1. Introduction: State the topic and indicate the structure of the presentation (1 min, 1 pt)
2. Global Influences on [Topic] (6 pts)
3. How Health System/s engage [Topic] (6 pts)
4. How communities and cultures engage with [Topic] (6 pts)
5. Conclusion (1 pt)

In **Argentina** we present our Final Synthesis and explain the Methods we used:

1. Introduction: State the topic and indicate the structure of the Presentation (1 min, 10 pts)
2. Methods (20 pts)
3. Global Influences on [Topic] (20 pts)
4. How Health System/s engage [Topic] (20 pts)
5. How communities and cultures engage with [Topic] (20 pts)
6. Conclusion (same student as Introduction) (10 pts)

Hints:

- Data obtained is not a “finding”! You should be able to differentiate clearly between data and analysis/interpretation and make sure that there is a “healthy” proportion between the two (data should and can be more ample than interpretation, but interpretation—i.e. understanding/presentations of the results—should take at least one third of your presentation. Comparative Synthesis Project presentations should also demonstrate cultural humility and respect for the point of view and dignity of informants, research participants, and other teachers, whether formal or informal.
- References to readings, connections made with learned concepts and models are also required.
- Students must reflect continuously on the ethical implications of their research methods and findings.

- The presentations should be visual and innovative presentation techniques are welcome, but time should not be spent on audience participation exercises and “polish” should not come to the detriment of the content.
- Respect the time restriction.
- For additional grading criteria you can check the rubric. The Presentation is a collective work, and each team member should participate. You will be graded based on your collective performance.

Presentation Requirements: You and your group have substantial creative freedom to craft your presentations to best fit your projects, as long as your presentations address the following topics (in no particular order):

- Introduction that explains the evaluation of the research question
- The contextual elements which allow to understand the significance of the local findings
- Methodologies used (Argentina presentation)
- The theoretical framework that allows you to make sense of the findings in a comparative perspective
- Basic findings and discussion of evidence (remember, recorded data is not a finding, interpretations are!)
- Evaluation of methodological and/or theoretical approaches
- What ethical issues did you negotiate during the course of the research?
- What were the limitations of this research? What would you do differently?
- Thorough discussion of conclusions in a way that brings together argument and evidence. Highlight comparative alignments and disjuncture.

USA Considering the (brief!) time in Washington DC, your group will workshop and then present a preliminary sketch (without visuals) of your Comparative Synthesis Project. 8 minutes (+2 min Q&A)

India India is the first country where you will have collected information on your topic outside of the United States. You will start to use a comparative frame to create testable generalizations and to understand better the weight of the particular contexts. At the end of the country program your group will present the state of your research project, incorporating your findings. The presentation is an excellent chance to practice your presentation skills with visual aids. This time you will start to build a theoretical framework, using concepts, models and theories learned during the program. 20 minutes (+8 min Q&A)

S. Africa Towards the end of the South Africa program, your group will present on the main findings thus far. The structure follows the same as above, with the exception that the comparative element will cover the US, India, and South Africa. 30 minutes (+8 min Q&A)

Argentina In this final group presentation, you will share your findings and analysis with fellow students, faculty, and other members of the learning community. You may use any medium to present your research, so long as all required components are included.

The presentation should include your main insight and research results in Argentina, as you have done before. An additional aspect of this presentation, however, is to also compare from across the entire semester as a cumulative and comparative whole. This presentation should demonstrate your learning path and highlight similarities, variations or oppositions in certain notions/issues/practices/problems and solutions between countries. It is essential to demonstrate how the overall learning inform your understanding of relevant comparable issues in the United States and of your own position in the world. 40 minutes (+8 min Q&A)

Submitting Assignments

- Except for hardcopy assignments, all work for this course will be handed in electronically via Canvas. Assignment grades and feedback will also be distributed through Canvas. Assignments are due on the day/time indicated by your professor.
- Students may never use email to submit assignments, per SIT IT Policy.
- PLEASE UPLOAD ALL ASSIGNMENTS AS A MICROSOFT WORD FILE to allow for in-document comments.
- **All assignments are to be double spaced with one-inch margins in 12-point Arial or Times New Roman font** (these are most legible for reading).
- The American Psychological Association (APA) referencing and citation style is preferred. When using APA format, follow the author-date method of in-text citation. This means that the author's last name and the year of publication for the source should appear in the text, for example, (Jones, 1998), and a complete reference should appear in the reference list at the end of the paper. If you are referring to an idea from another work but not directly quoting the material, or making reference to an entire book, article or other work, you only have to make reference to the author and year of publication and not the page number in your in-text reference. All sources that are cited in the text must appear in the reference list at the end of the paper.

- For hard copy assignments, you may be asked to submit the original. **KEEP A DIGITAL COPY OF ALL WORK YOU TURN IN ON YOUR COMPUTER**, so as to avoid unexpected disaster and significant inconvenience for all parties involved; this may mean photographing or scanning any hard copy assignments (and keeping a copy in .jpg or .pdf).
- **Assignments that are not easily legible will be returned ungraded.**

Expectations & Policies

Participation

IHP is an experiential learning program. You have to show up to have the experience. As such, participation is a minimum expectation not to be rewarded with class credit. Students are expected to attend all classes, guest lectures, and field activities unless they have a medical excuse that has been communicated and approved by IHP staff **and** faculty. Missing one class, excused or unexcused, means a small makeup assignment (as determined by the faculty); missing two classes means a sizable makeup assignment; missing three classes means a grade reduction of 2% of the total course grade. Keep in mind that IHP has academic requirements to attend class meetings and field activities. Failure to attend classes or field activities means that a student may not be eligible for credit from their universities, or could result in program dismissal.

Late Work

Exact deadlines for assignments will be confirmed in class. Work is to be submitted via Canvas on the day on which it is due. Assignments submitted past the deadline ***without prior notification / justification to the instructor*** may be penalized one full grade step (for example, from a B to a B-) per day, as per SIT's policy. Due to the nature of the Country Module structure, late work will be difficult to manage—so work hard to be on time.

Technology in the classroom

Electronic devices are critical tools for learning and communication, but our IHP courses prioritize engaged conversations unhindered by personal electronic devices. Students are expected to keep cell phones, laptop computers, and other devices out of sight, sound, and mind during class sessions —except where otherwise indicated and under extenuating circumstances that have been discussed in advance with the faculty member. As is always the case, students with accommodations through SIT are welcome to use technology as is appropriate.

Class Preparation

This program is built upon the strong belief that your experiences result in deep insights and powerful learning. Course assignments are created to facilitate learning opportunities and experiences. Dialogue in class about these insights and participation in these activities is critical. For this reason, your participation is very important. As a learning community, each one of us will influence the learning environment. Please take responsibility for your role in this

environment and come to class prepared and ready to engage with others in a positive and thought-provoking manner.

Academic Integrity

Academic dishonesty is the failure to maintain academic integrity. It includes, but is not limited to: obtaining or giving unauthorized aid on an examination; having unauthorized prior knowledge of the content of an examination; doing work for another student; having work done by another person for the student; and plagiarism. Academic dishonesty can result in severe academic penalty, including failure of the course and/or dismissal from the institution/program.

Plagiarism is the presentation of another person's ideas or product as one's own. Examples of plagiarism are: copying verbatim and without attribution all or parts of another's written work; using phrases, charts, figures, illustrations, computer programs, websites without citing the source; paraphrasing ideas, conclusions or research without citing the source; using all or part of a literary plot, poem, film, musical score, computer program, websites or other artistic product without attributing the work to its creator.

Students can avoid unintentional plagiarism by carefully following accepted scholarly practices. Notes taken for papers and research projects should accurately record sources of material cited, quoted, paraphrased, or summarized, and research or critical papers should acknowledge these sources in footnotes or by use of footnotes.

Violations of SIT Study Abroad academic integrity policy are handled as violations of the student code of conduct and will result in disciplinary action. Please discuss this with your traveling faculty if you have questions.

SIT Policies and Resources

Please refer to the [SIT Study Abroad Handbook](#) and the [Policies](#) section of the SIT website for all academic and student affairs policies. Students are accountable for complying with all published policies. Of particular relevance to this course are the policies regarding: academic integrity, Family Educational Rights and Privacy Act (FERPA), research and ethics in field study and internships, late assignments, academic status, academic appeals, diversity and disability, sexual harassment and misconduct, and the student code of conduct.

Please refer to the SIT Study Abroad Handbook and SIT website for information on important resources and services provided through our central administration in Vermont, such as [Library resources and research support](#), [Disability Services](#), [Counseling Services](#), [Title IX information](#), and [Equity, Diversity, and Inclusion](#) resources.