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More Than Duffle Bag Medicine
An Ethnographic Analysis of a Student Movement for Global Health

Julie A. Christensen

Honors Thesis in Anthropology

Presented to the Faculties of Oberlin College
In Fulfillment of the Requirements for Honors in Anthropology

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Honors Advisor | Professor Baron Pineda, PhD

Associate Honors Advisor | Crystal Biruk, PhD



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Abstract

Student activism around global health is occurring with visibility and fervor in the United States collegiate setting. Over the past two years, I have traveled across the US and Vietnam to immerse myself in the life of a nonprofit organization called GlobeMed. A largely student-led organization, GlobeMed partners each chapter with its own unique community health organization. My thesis is an ethnographic study that draws from narratives of young people, analyzes the organizational structure, and provides a broad contextualization of GlobeMed. First, I explore the history and development of GlobeMed. I then present life histories of young people involved in the organization to illustrate social and power dynamics within the network. Finally, I analyze how these components contribute to the way GlobeMed interacts with the simultaneously humanitarian and professional field of global health. This thesis contributes to existing anthropological scholarship by providing ethnographic insight into student activism in the United States around global health, human rights, and development.



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Abbreviations

CHP	Center for Community Health Promotion
E-Board	Executive Board
ED	Executive Director
ghU	Global Health U
GMRP	Global Medical Relief Program
HOPE	Health Outreach and Peer Education
L	Chicago Transit Authority Trains
LI	Leadership Institute
MD/MPH	Medical Doctor/Master in Public Health Joint Degree
PAS	Program of African Studies Building, Northwestern University
PIH	Partners In Health
ProfDev	Professional Development
Summit	Annual GlobeMed Global Health Summit
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	United States Agency for International Development
WHO	World Health Organization



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Methods and Literature Review

“This approach challenges canonical ways of doing research and representing others and treats research as a political, socially-just and socially-conscious act.”
~ Ellis et al.¹

University pennants slump over the back of the old couch in the summer heat of 2012. These pennants boast the names of a few alma maters of GlobeMed chapters: George Washington University, University of North Carolina–Chapel Hill, Washington University, Bucknell University, and Rhodes College. Above the couch, on the wall, hangs a poster of the GlobeMed logo with tiny photographs inlaid in mosaic fashion. Below the poster, cardstock boards sit stuffed behind the couch. To the side of the couch, a bookshelf overflows. The simple black wooden structure is laden with a number of Lonely Planet tourism books for Mexico, India, Thailand, Peru, Nepal, Nicaragua, and the Dominican Republic among others. Other books stand vertically on the shelf below: *Masters of Contemporary Watchmaking*, *A Practical Guide to Global Health Service*, *Leading Social Entrepreneurs*, *Fundraising for Social Change*, *Awakening Hippocrates*, *Management Response*, and more. Some woven crafts and wooden carvings, including a Guatemalan headband and a regal orange Norwegian horse, are perched next to a small intricately painted bowl in front of the books. Continue circulating the office, and one finds office chairs of varying design scattered near three desks up against cream-colored sheetrock walls that are littered with eight and a half by eleven inch photographs from around the

¹ Ellis, C., Tony Adams and Arthur Bochner. 2011. *Autoethnography: An Overview*. Forum: Qualitative

world. Two windows allow sunlight into the room, and an air conditioner hums above the southern exposure.

The office space reflects some major characteristics of GlobeMed as an organization. Pennants hail from institutions of higher education that have associated GlobeMed chapters. As a point of convergence, the mosaic poster highlights memories created within the GlobeMed community around the world. As for the used supplies behind the couch, I expect the scrawling came from previous retreats and

strategic planning sessions hosted by the National Office for Northwestern student workers and chapter leaders from around the United States. These boards represent both the strategic and educational aspects of GlobeMed, as the National Office works to inspire vision throughout the network as well

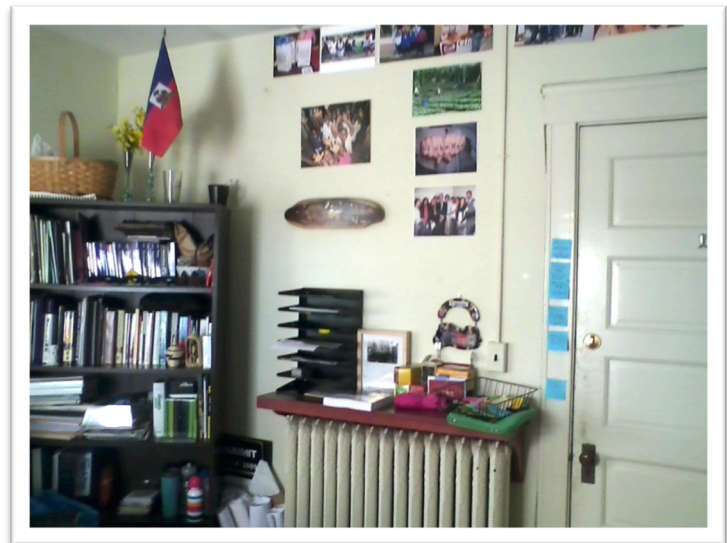


Figure 1: GlobeMed National Office.

Source: Christensen 2012.

as facilitate guided execution of goals. Furthermore, the bookshelf's extensive row of tourism books shows the global nature of GlobeMed's mission, as well as the cosmopolitan ideals of the organization's membership. Drawing on texts ranging from social enterprise to global health, students clearly have had an interest in forging new frontiers while carrying out a global mission. The seemingly random watchmaking and Hippocrates texts demonstrate both the cultural and academic capital of those involved in GlobeMed. Finally, ornaments from around the world attest to the transnational ambitions of the organization as a whole, which today sends students to nations ranging from Peru to Vietnam. GlobeMed's first office now sits vacated, but the space

existed as the organization's National Office for over five years and provides a backdrop for an in-depth look into the development of the organization.

Summary

This project is a testimony to the actions that American college students are taking to address what they see as injustices in health across the globe. It is my hope that the lifestyle and identity of these students and activists become clear in this qualitative analysis. In the first chapter, I trace the origins of GlobeMed by bringing in the voices of major players in the founding core of the organization. I especially focus on one key narrative and its influence on GlobeMed's adoption of the partnership model. Next, I consider the ways in which GlobeMed is developing its brand as an organization, looking to meanings conveyed by symbols such as the logo and website. I close the chapter with an account and reflection on my own experience as a chapter founder. Part two narrates the life histories of a few highly involved GlobeMedders. I ask what sorts of life events precede a firm commitment to health activism and GlobeMed in particular, speaking, perhaps, to the larger national student interest in this realm. Though the network is heterogeneous, I state trends in life histories and provide commentary on the personal impact the organization has had on these GlobeMedders. I conclude with thoughts on the dually personal and professional relationships that are formed throughout years of intensive involvement. This theme of twofold relationships continues into part three, as I recount my time at the National Office in the summer of 2012. In this section, I explore inter-chapter competition and collaboration, National Office to network messaging, and prominent network-wide dynamics. I conclude that GlobeMed is an organization of inquiry and introspection, but it is increasingly influenced by both external and internal pressures to adopt a business model that may shift the conversation from familial collaboration to bottom-line.

Methods

Statistics of all kinds make health and human systems seem simple and quantifiable. But, according to a researcher with UNAIDS, the numbers we see “are boiled up out of cauldrons of uncertainty, of best guesses, of spilled samples, of errors corrected on the fly” (Pisani 2008:10). Numbers make health seem simple and attempt to bring order, to give truth and meaning, right and wrong. But humanity is complex, and quantification has its limits. Over the past two years, I have begun to think anthropologically as I have been enmeshed in the daily workings of a growing nonprofit organization. Finding my cause in global health, I have learned that anthropologists can contribute to the field by analyzing international health programs and policies (Janes and Corbett 2009). My point of entry is a student-founded nonprofit organization called GlobeMed. I have experienced the world of GlobeMed and begun to understand bit by bit the major players in the field of global health over the past years. This thesis is the culmination of over two years with GlobeMed and four years as a student of anthropology. This project is meant not to be a celebration of GlobeMed; rather it is an effort to give voice to student activists and the actions of this community.

My project has been molded largely by the observations and experiences that followed this design stage. In ethnography, it is imperative to “focus on the ethnographer’s surprises rather than on a pre-formulated research plan” (Tsing 2005:x). Initially, I intended to study the growth of GlobeMed, the personal motivations of those involved, and how GlobeMed contributes to the field of global health. But since beginning this research, I have taken in my surroundings and listened for “long-term tensions, supports, and negotiations that underwrite daily happenings” (Kleinman 1995:75). In order to do this, I have studied up and across. The subjects of this study are my peers or are just a few years my senior. Most are of the same educational and

socioeconomic status as myself and speak English as their primary language. In this regard, I have a great advantage in the types of social cues I can pick up and the type of dialogue I can engage in with informants and others in the GlobeMed community. Ethnography is “embedded in the subtleties and complexities of subjective and interpersonal understandings” (Kleinman 1995:76), and my position as a participant-observer gives me strong insights into the social dynamics and relations at play. As a result, the narratives, histories, and analyses in the pages to follow are reflective of my lived experience and the experiences of other GlobeMedders, rather than solely my own research priorities.

Because I am an actor in many of the scenarios that I describe throughout my thesis, self-reflection is a large part of my analysis. Self-reflection is central to the project of theorizing culture (Wagner 1975). My writing could be described as autoethnography, a method that focuses as much on the writer’s life as on other subjects (Ellis et al. 2011). Autoethnography has also been described as a queer method because it enacts “a way of seeing and being [that] challenges, contests or endorses the official, hegemonic ways of seeing and representing the other” (Browne and Nash, citing Denzin 2006, 2010:422). In other words, those who undertake autoethnography hope to subvert traditional power relations by studying their own performance just as they study others. The fact that I am a participant and, at times, the subject of analysis within this ethnography changes dynamics between the self and other. My relationship to informants takes many forms, including peer, friend, supervisee, manager, and/or admirer. By analyzing my own actions and the actions of those more socially powerful than myself, I strive to disrupt implied hierarchies and expand what it means to be the subject of anthropological inquiry. Anthropology has been critiqued for imagining the West as separate from rest of the world and for taking the ‘other’ as its cultural subject, but here I attempt to follow Abu-Lughod

in writing “against culture” (Abu-Lughod 1991). I include reflexive comments where necessary in order to communicate my own position in relation to the goings on (Marcus, Borofsky Ed. 1994:40-51), and I undertake autoethnography in an effort to reconceive of power relations and the traditional anthropological subject.

Institutional ethnography is defined as “the empirical investigation of linkages among local settings of everyday life, organizations, and translocal processes of administration’ (Devault and McCoy 2001:751)” (Wright 2003:244). In studying the governing of people, in whatever form that may take, researchers take on analysis of power relations and factors that may marginalize. Dorothy Smith, a pioneer of institutional ethnography, presented the practice as a Marxist feminist sociological method that promotes equity (Smith 2006). Institutional ethnographers take organizations as texts and explore how power is embedded within structures and relations. Power, then, is something that transcends the local (Foucault 1967:234). I took this knowledge of power into my interpretation and analysis of field notes and data, focusing on tensions that those involved in GlobeMed experience. Kleinman, along with Geertz, is interested in cultural “differences, absences, gaps, contradictions, and uncertainties” (Kleinman 1995:8). Importantly, it must be understood that my interpretations are creations as much as observations (Kleinman 1995:76).

In recording observations, I used anthropological methods such as audio recording and detailed note taking, in order to aspire to a “thick description” of this particular institutional setting (Geertz 1973). I have written about my surroundings in a thorough way, attempting to record even what I might consider the most mundane aspects of a situation or setting. Especially as a participant in much of the work I observe, it has been important to clarify for myself what

Sen calls “positioned objectivity” (Kleinman 1995:55). I take on the role of researcher or analyst in the forthcoming writing, but I am often as much a participant as an observer.

Interviews comprised a large part of my methodology². First, I developed personal history questions based on my own interest in what brought people to global health and GlobeMed in particular. Next, to add depth, I consulted a number of scholarly works. I referenced Dorothy Smith’s book *Institutional Ethnography as Practice* to explore the organizational structure of GlobeMed. I asked questions such as, *What are your professional duties on a day-to-day basis?* Finally, to begin to situate GlobeMed within the field of global health, I referred to social entrepreneurship and social movement theory³. *What are the most unique facets of GlobeMed as compared to similar organizations or movements?* I tailored my interview questions to the interviewee so as to maximize the amount of pertinent information I could collect in a limited amount of time.

I have also undertaken archival research within my own files and on the Internet. I have sifted through my personal GlobeMed documents that range back to December 2010. I draw on National Office presentations in a few areas. Additionally, online research has enriched many of my arguments. I have used the Internet to look back into the history of a select few chapters, study national and chapter-level blogs, look through PowerPoint presentations posted publicly, listen to radio shows featuring GlobeMedders, and more. Archival research in my own files and on the Internet has provided proof for many of the arguments throughout my thesis.

Undertaking an institutional ethnography of GlobeMed has brought me to multiple sites across the United States and Vietnam. Beginning my journey in Oberlin, OH, where I first completed the Chapter Founder application in collaboration with two peers and my academic

² See Appendix 1, Example Interview Questions.

³ Dees 1998, Drucker 1985, Kruger 2004 to name a few.

adviser in January of 2011, the journey of my thesis ends in Oberlin as well in the spring of 2013⁴. Between 2010 and 2013, I have traveled to Evanston and Chicago, IL, Seattle, WA, Boston, MA, and Washington, D.C., for various trainings, conferences, interviews, and chapter visits. My summer on-site internship with GlobeMed at Oberlin College's partner organization, The Center for Community Health Promotion, brought me from my home in Minnesota to Shanghai, China to Vietnam – then bumping in a car up the spine of Vietnam from Ho Chi Minh City to Hanoi. Like many anthropologists before me, I have completed multi-sited ethnography⁵. Many of these trips were not intended to be fieldwork, but I have drawn from a great number of these in order to draw and support conclusions throughout my thesis.

To provide a bit more detail into each of the ethnographic sites claimed above, I will briefly describe the purpose and activities of each trip. First, Oberlin College is where I have attended school from 2009 to today. I will graduate in May of 2013. From Oberlin, I traveled to the first Leadership Institute in late August 2011. During this training retreat, I met over eighty young people who lead or planned to found GlobeMed chapters around the United States. The weekend was hosted by the National Office and was coordinated by summer interns and full-time staff at the National Office. Next, back in Oberlin, OH, I worked with nine peers to found GlobeMed at Oberlin College. We traveled to southern Ohio for a fall retreat, but mostly stayed on campus organizing events and fundraising to support our partner organization in Vietnam. I also did a private reading with my academic advisor in anthropology, using GlobeMed as a practicum in global health and humanitarianism.

⁴ This will likely not be the end of my involvement with GlobeMed.

⁵ Biruk 2011, Kim J. 2009, Tsing 2005, Marcus (Borofsky Ed.) 1994, and many more.

The spring of 2012 brought me to Seattle, WA, Washington, D.C., and Evanston, IL, for conferences. The conference in Seattle was associated with laboratory research I had done the previous summer, but while I was in town, I contacted the founders of GlobeMed at University of Washington. They allowed me to sit in on one of their chapter meetings in mid-march of 2012. In D.C., I attended one of the first ever trainings for students going on GlobeMed summer internships. We talked about the importance of etiquette and competence when crossing cultural borders, as well as logistical and evaluative techniques. The next month was the GlobeMed Global Health Summit in Evanston, IL. On April 11, four fellow Oberlin students and I packed in to an SUV and road tripped to Illinois. The weekend was comprised of speakers, workshops, and discussions meant to invigorate our passion for global health. Next, in June 2012, I left Oberlin College for Evanston once again. This time, I went as both an ethnographer and intern for the National Office. I had two projects related to the development of the organization, and I also audio recorded meetings and observed intently at social engagements and the like. In July of 2012, I left the United States for Vietnam. In Hanoi, four Oberlin students worked for The Center for Community Health Promotion for five weeks. We also visited sites around the country and met with family and friends of one of our interns. Back in the States, I returned to Evanston for another Leadership Institute at the National Office. This time, I gave a workshop about chapter transparency when communicating with partner organizations.

On campus, I continued work with the chapter – coordinating fundraisers, social events, and weekly global health discussions. Over my fall break, in October of 2012, I continued my fieldwork by interviewing five of the founding members of the organization in Boston, MA. We met at various restaurants, coffee shops, cafeterias, and offices to have our conversations. Finally, after completing fall semester back in Oberlin, I traveled to Chicago for my Winter

Term. There, I interviewed one last founding member and spent leisure time with National Office staff.

In all, I have spent an estimated 1,060 hours with GlobeMed in the past two years. This includes about 400 hours of work with the Oberlin chapter, 120 hours at conference and training workshops, 240 hours over the summer in Evanston, 300 hours in Vietnam, and ten hours of interviews. I have formally interviewed fourteen people, and I have ten hours of audio recordings from June and October of 2012 and January of 2013. I also have twelve hours of audio from meetings and orientations at the National Office during the summer of 2012. In accordance with the Oberlin College Institutional Review Board, I have collected consent forms and assigned pseudonyms to all individuals interviewed and with whom I have interacted with personally. In certain circumstances, typically for scholars or public figures, I do use actual names.

I understand that my position as a middle-class, university-educated Caucasian woman has implications for this research. Advantages pertaining to this research of my demographic and professional experience include the following: access to networks and documents relevant to GlobeMed, the ability to communicate effectively and meaningfully in English with fellow university students, and the ability to act as a participant-observer. Limitations based on my personal attributes include, but are not limited to: bias due to personal affiliation with GlobeMed, the inability to evaluate partnerships from the perspective of the partner organization, and limited experience with ethnographic practice. I acknowledge that my background, socioeconomic status, race, and academic standing influence my research.

Literature Review:

Many scholars have studied development workers and activists abroad⁶. Here I explore the lives and actions of students who are primarily based in the United States collegiate setting but who work with an international mission. My thesis lies at the intersections of institutional ethnography and autoethnography, and it may be of interest to anthropologists and activists alike. This thesis expands on anthropological commentary on institutions, partnership, networks, and globalization. Additionally, students and professionals in activist arenas might identify with or be interested in the stories conveyed herein, as they expose many of the tensions and dynamics that come about in the complex web of relationships and experiences that make up organizations and movements. My work draws on the scholarly contributions of many, but a few key authors provide the theoretical basis of my work.

John Kleinman and Paul Farmer provide the contextual basis of this thesis. Arthur Kleinman's *Writing at the Margin: Discourse Between Anthropology and Medicine* provides commentary on the origins and theoretical backings of systems like biomedicine and the use of international health as a mechanism of development. He also gives commentary regarding late twentieth century events that I have used to provide context. Paul Farmer also provides valuable insight into the nuanced currents of thought during the end of the turn of the century – his work taking both a moral and practical stance. Farmer calls university students to action in order to reverse the inequities being perpetuated in our global landscape, and this thesis is demonstrative of the sort of activism that his philosophies and actions have sparked. Kleinman and Farmer provide much of the contextual grounding of GlobeMed.

⁶ Elyachar 2005, Jackson 2005, Riles 2001, Tsing 2005

Anna Tsing gives much insight into the work of activists who envision a global cause. She claims that prosperity, knowledge, and freedom are universals that touch down in all localities in different ways, and that “local and global are wrapped together and charged by the principles of the universal” (Tsing 2005:98). Tsing, who also uses fragmentary ethnography, provides valuable globalization theory that explores the nature of human interactions that are at once global and local. By focusing on various layers of human interaction and multiple sites, anthropologists today can form a more robust picture of human society. Tsing provides an ethnography of environmental activists that does much to support my claims about GlobeMedders and their connection to globalization.

Jeffrey Jackson also gives grounding to my arguments about the globalizing power of transnational development and partnership. Jackson authored a 2005 ethnography of both foreign and local development professionals in Honduras called *The Globalizers: Development Workers in Action*. Jackson lays claim that development workers are agents of free market expansion and that partnerships are fraught with unequal power dynamics and forced globalization. Jackson’s piece also reinforces my claims regarding the histories of individual GlobeMedders. By interviewing individuals about their personal and professional backgrounds, Jackson came to many similar conclusions as to why people enter global development professions.

Next, Riles 2001 book *The Network Inside Out* provides an in-depth look into networks and presents many of the advantages and disadvantages of this sort of human connection. “Networks and network-like forms of analysis have captured the collective imagination across a span of contemporary disciplines and purposes...[networks] are widely viewed as more flexible, more progressive, more sophisticated forms of international action, which hold out the hope of success where the state system has failed” (Riles 2001:172). Riles’ understanding of the purpose,

uses, and weaknesses of networks gives meaning to my analysis of the networks that make up GlobeMed.

Anthropologists such as Wolf and Appadurai have theorized extensively about globalization, as culture is both local and global. Eric Wolf, a Marxist theorist, focused on how to study global interconnectedness. He based his thinking on the ecological, demographic, economic, and political connections between all of humankind (Wolf 1982:1). Societies, more now than ever, are unbounded and intersecting. He suggests that rather than thinking of nations, societies, or cultures as objects we realize that they are but “bundles of relationships” (Wolf 1982:3). He rejects the idea of separating the world into nations or societies because such divides are only imagined; the reality is that individual, personal linkages connect institutions, nations, and other imaginary orderings of people. Appadurai similarly defined globalization as the phenomena of conceptualizing, or imagining, oneself as part of a global community. He realizes that some people have always conceived of themselves as part of a global community, but that there is a new force behind global exchanges. Flows of cultural knowledge happen across levels of social hierarchy and order, connecting the local to the global in new ways. Nearly all ethnographies of the twenty-first century are comprised of narratives that are at once local and global.

In the works described above, anthropologists have approached a number of systems and concepts, including but not limited to, biomedicine, transnational activism, development aid, networks, and globalization. Here, I draw on the work of these scholars to support claims related to the contextual and philosophical basis of GlobeMed, its engagement with global activism, and how this all intersects with emerging theories of globalization. My work is unique in a number of ways. Rather than evaluate people working only in distant places, I focus on the lives and actions

of my peers currently located in the United States. Throughout this project, I too have been a participant in the scenarios described, and I am able to give unique perspective to discourse surrounding transnational partnership and development aid, providing honest reflection on my own experiences and thought processes. Finally, this thesis provides the potential to influence a number of organizations and networks given the nature of our increasingly connected world.



Calling to Collaboration

We have to be responding responsibly, humbly, effectively to these problems. Let's go do it⁷.
~ David

Anika spends another night on the old, beige couch. Her computer lies open on her lap as she phases in and out of sleep. She works in an office that would accumulate objects like a 12-pack of PBR beer, men's dress shoes, an abandoned laptop, personal vaccine records, a voided check, and old business cards⁸. Housed in Northwestern University's Program of African Studies (PAS) building in Evanston, Illinois, GlobeMed's first office sat in a two-story brick house on a quiet side street near campus. Anika is among the first to pass through the walls of this twelve-by-twelve foot room for the same reason – to strengthen the movement for global health equity.

Northwestern, a prestigious institution that melds ivy-league architecture with midwestern modesty is home to 8,500 undergraduates. The News Week-ranked top college accepts only eighteen percent of applicants and offers 124 undergraduate degrees along with minors such as Global Health Studies (US News and World Report). The school also houses a number of centers and departments, notably the Buffett Center for International and Comparative Studies and the Department of Global Health. In such a global health-centric environment, Anika encountered a small crew of underclassman in the fall of 2005 that shared her passion for health care and social justice, many of whom would become her closest friends. The office around Anika evolved over her four years as an undergraduate in parallel with the organization.

⁷ *Informant 121025_001 Interview Oct 25, 2012 1:15:30*

⁸ Summer Intern Orientation, National Office. June 2012.

This chapter will lead you through the early years of GlobeMed, from 2006 to 2012, and will briefly discuss transitions of the organization. By first narrating the journeys of a few students in the founding core, I reveal many of the questions that arose in the creation of what is now known as GlobeMed. A few key experiences during these early years are detailed, but the events included here encompass only a small fraction of the experiences that influenced the model and culture of the organization as a whole. Next, I explore the structure and mission of GlobeMed. I discuss the makeup of the national organization and uncover the meanings imbued in symbols such as the logo and website. I detail the process of expansion, evaluating my own experiences as a 2011 Chapter Founder and exploring the dynamics and difficulties wrapped up in partnership and chapter founding on campus. Finally, I draw a two-part conclusion. First, chapter founders are trained as microentrepreneurs in that they are called to efficiently carry out the mission of GlobeMed, and those who excel subsequently receive praise as young entrepreneurs. And second, despite the presentation of chapter founders as social microentrepreneurs, GlobeMed as a whole is distinct from other social entrepreneurial ventures in that it does not claim to be a panacea for problems in global health but rather strives for continuous questioning and familial collaboration in order to approach health equity in the long term.

The Early Days

As an eager freshman at Northwestern University, Anika knew she was interested in global health. She decided to join a student organization, Global Medical Relief Program (GMRP), founded in 1999, “to promote quality health care in under-served communities around the world” (Taking It Global). The organization’s main objective was to provide medical sites

around the world with essential supplies. According to Nicholas, another underclassman member of GMRP, the organization used a charity model – requesting used supplies from US hospitals and donating portions to operations like the Health Outreach and Peer Education (HOPE) Center in Ghana. Anika and her peers spent nights in the basement supply room packaging supplies and communicating with donors and recipients. In the process, the group made connections with other university students in the United States who had similar aspirations. Soon chapters of GMRP popped up on a few campuses in the US; however, the name and general mission were the only real unifying factors. Chapters took on independent projects: UNC-Chapel Hill students wanted to build a clinic in Paraguay while others sent supplies to hurricane relief efforts in Pakistan. As far as the students knew, shipments of used supplies were making their way to medical facilities in desperate need.

Upon crossing the Atlantic to visit the HOPE Center in December of 2007, two founding members of GMRP, Nicholas and David, found the clinic empty. On a ten-day visit to the center the year prior, Northwestern students had decided to hire an outside doctor to run the clinic. The students committed to pay the doctor a salary of five hundred dollars per month that they planned to fundraise back in the US. From the outset, Nicholas was skeptical; his time in Ghana confirmed his fears. Onsite, Nicholas became well acquainted with a community leader named Jedediah. As they spent more time together, Nicholas came to understand some of Jedediah's frustrations: someone from outside the community had been hired without his approval, he had ideas to incorporate the HOPE Center into the public sector health systems, and he wanted to recruit nurses from the government of Ghana health system. Taken aback, Nicholas asked, "Why didn't you tell this to the students you met a few months ago?" Jedediah's response was simple, "We are African. We listen to our donors."

Nineteen years old, standing outside Jedediah's SUV cruiser, Nicholas realized that Jedediah's comment represented a major flaw in the model of GMRP and the charity model in general⁹. The supplies GMRP sent were of low quality, unfit for hospitals in the United States, and the equipment was not serving its intended purpose at the HOPE Center because the community was not invested. The imported doctor didn't know the issues and struggled to build relationships, leaving him to sit idle all day. What Nicholas and David saw was an empty building that was doing nothing for the community. It was obvious – the GMRP model was failing, and it was time for a paradigm shift.

The team went back to the drawing board in Evanston. Nicholas, David, Anika, and a few members of the disparate chapters of GMRP came together to discuss the future of the organization. The group decided to host the first Global Health Summit, a weekend conference that would become an annual GlobeMed tradition fondly referred to as 'Summit.' David recalls:

A lot of what we actually had to do in those early years was start to bring people...back together... That was kind of what led to the first Summit in 2007... There was a session at that Summit where [Nicholas] was at the chalkboard, everyone was in the room, and we were literally writing out the mission statement for GlobeMed... That was a really special moment, where we were saying 'We're all here. So why are we here? And what are we going to do about it?'¹⁰

One point that nobody in the room questioned was the fact that their efforts should be based in partnership. Nicholas said that he learned the value of honestly listening to what community members have to say about problems because of their intimate knowledge of the local situation. Thus community members, the group reasoned, would have the best solutions. Furthermore, they needed a system that was about mutual exchange.

The thirty students at that first Summit drew upon their own experiences to develop organizational ideas. Many had been on 'drop-in, drop-out' volunteer medical trips in recent

⁹ *Informant 130111_001 Interview Jan 11, 2013 16:00*

¹⁰ *Informant 121025_001 Interview Oct 25, 2012*

years, and a few grew up participating in service-oriented religious groups. They recalled these experiences to guide early conversations. According to David, the group was talking in an extremely “moral” way¹¹, considering the “commitments of social participants in a local world about what is at stake in everyday experience” (Kleinman 1995:45). David recalls:

One of the big questions we were asking was in reaction to seeing a lot of volunteer-centric models for working in global health – so the medical relief trip. How do we build a model that’s actually community-centric and that’s about those whom we’re seeking to serve with, rather than ourselves?¹²

They reflected upon the inadequacy of bringing supplies to a community without any sustained commitment. According to another early GlobeMedder, James, “We were willing to push on questions of *What does it mean to do something?* and not be content with just going abroad with some medicine”¹³.

As they began to develop a clearer idea of what the partnership model might look like, the group considered how to engage students. Nicholas recalls from GMRP a general apathy among students; most did volunteer work as a means of building a resume. But Anika was not satisfied:

We knew that we had to tap into student interest in global health in a very unique way...but we didn’t know exactly what that was. I think that for the first few years of GlobeMed...what was really clear to us was those core principles: that students are smart and we have energy, we need to find a way to channel that, and then we need to work in partnership with organizations around the world. We constantly questioned whether we were doing that better and better¹⁴.

Common areas of interest and concern were how to fully leverage the resources that university students have unique access to, especially in such a fervent global health environment as Northwestern University. Anika and Nicholas also realized that they weren’t learning anything by sending supplies – that ultimately they weren’t doing much of anything besides fueling cycles

¹¹ Informant 121023_003 Interview Oct 23, 2012

¹² Informant 121025_001 Interview Oct 25, 2012

¹³ Informant 121023_003 Interview Oct 23, 2012

¹⁴ Informant 121023_002 Interview Oct 23, 2012

of dependency¹⁵. In the rigorous academic circles that make up Northwestern, the group figured they needed to engage students intellectually to provoke deeper involvement with the issues. They saw energy and curiosity in their peers; they just needed to find a way to captivate students and utilize the resources at hand to strengthen partnerships with health organizations abroad.

From there, Nicholas, David, Anika, and others started to develop the model of a partnership-focused organization. They sought the advice of Northwestern faculty and referenced the work of global health scholars. By completing private studies and consulting mentors regularly in the Department of Global Health, the founders began to forge invaluable connections¹⁶. Texts such as Paul Farmer's *Mountains Beyond Mountains* and Maya Cohen's *Duffle Bag Medicine* became beacons for this "handful of kids"¹⁷. Additionally, David interned with Partners In Health (PIH) the summer after his sophomore year, so the group drew upon PIH – an organization founded in 1987 that offers a preferential option for the poor in healthcare within an international partnership model – to guide both moral philosophy and organizational structure. The group also asked a lot of questions of what it meant to run a nonprofit¹⁸. As the model materialized, the group grappled with logistical predicaments – such as the feasibility of chapter advising models, the role of a national office, how to govern across a national network, and the extent to which students should, or could for that matter, form and sustain relationships with people at health organizations around the world – yet the central focus remained on philosophical questions.

¹⁵ Informant 130111_001 Interview Jan 11, 2013

¹⁶ Informant 121023_002 Interview Oct 23, 2012

¹⁷ Informant 121023_003 Interview Oct 23, 2012

¹⁸ Informant 121023_002 Interview Oct 23, 2012

They looked to similar organizations that were emerging at the time, such as FACE AIDS and Student Global AIDS Campaign¹⁹, but they knew that their goals were unique:

...honestly, it was a bit different...there was hunger on the other side to work with students.
~ James²⁰

It was the perfect storm of passion and anger and restlessness and, I think, motivation...So when we went through some tough times, and I think we did ask a lot of really big questions, having the 2:00am debates that we had or hashing through really tough issues, and as very young people too who have never really done a lot of global health work, that was so cool to me... So getting to do that with that group of people was really amazing for me.

~ Anika²¹

The intensity of questioning and forming actionable ideas brought the group together in a profound way, and GlobeMed became the students' primary focus²². James did poorly in classes, David dropped out for a year, and Nicholas delayed his path to medical school²³.

Even in a few years, there's a lot packed in there. A lot of pretty extreme, kind of, you know, we all just lived and breathed it. It was the most intense experience...we're super young. It's something we all just believed in so passionately.

~ James²⁴

This early intense commitment to the common end goal of health equity ultimately materialized in a model that is today known as GlobeMed²⁵.

Foundations

GlobeMed is structured as a network of chapter-partner relationships. Each chapter is based at a college or university in the United States and is matched with a health organization somewhere in the world by the National Office, which is today run by five fulltime staff and about twenty Northwestern students. The first National Office team was made up of only

¹⁹ See Appendix 5 for Peer and Referenced Organizations.

²⁰ Informant 121023_003 Interview Oct 23, 2012

²¹ Informant 121023_002 Interview Oct 23, 2012

²² Informant 121023_002 Interview Oct 23, 2012

²³ Informant 121023_003 Interview Oct 23, 2012, Informant 121023_003 Interview Oct 23, 2012

²⁴ Informant 121023_003 Interview Oct 23, 2012

²⁵ Informant 121023_001 Interview Oct 23, 2012

students and brought together the first chapters, which were based at Northwestern University, Penn State University, University of North Carolina – Chapel Hill, and about five other comparable institutions of higher education. Chapter leaders work with peers on their campuses and communicate directly with community leaders from their partner organization. GlobeMed as a national organization, then, serves to facilitate these partnerships initially and train select students to lead peers on campus in educational activism based upon their college or university's unique partnership. The mission - GlobeMed aims to strengthen the movement for global health equity by empowering students and communities to work together to improve the health of people living in poverty around the world – is illustrative of the major components of the organization.

GlobeMed, according to its mission statement, acknowledges existing activism while emphasizing the need for social change. “GlobeMed mirrors global health. You’re not the first person to try to do it”²⁶. Students in the founding core of GlobeMed took it upon themselves to confront problems they saw in the world by building upon the base of existing activism. The early members aimed to give momentum to the field of global health in general. The term movement elicits thoughts of collective action.

You could go all the way back to...the sixties... there was a big activist push with everything that happened around Vietnam, and also you have a big feminist movement, and lots of movements in that time. There was sort of a counter against those movements as a lot of them grew up, you know, and saw the challenges of what happened ultimately with Vietnam. Also losing our faith in government because of Nixon, honestly... I think young people went away for a while in terms of activist movements, for a long time.

~ Nicholas²⁷

But the founders of GlobeMed felt the need to bring social action back to college campuses, and they envisioned a movement around health justice. Justice, in their interpretation, was based

²⁶ Informant 121023_001 Interview Oct 23, 2012

²⁷ Informant 130111_001 Interview Jan 11, 2013

upon equity in health standards across geographic and socioeconomic difference. The phrase global health equity, then, came to describe the purpose of GlobeMed's movement.

The word empowering, in the GlobeMed context, ostensibly describes the role of the National Office and the network as a whole²⁸. First, the National Office is heavily involved when students and partners first become involved with the organization. For example, when new chapters and partners are chosen and matched, the National Office informs the leaders of both the entities of the intricacies of GlobeMed as an organization. Furthermore, before each academic year, co-presidents attend a weekend intensive workshop called the Leadership Institute where they are given in-depth instruction into the history and mission of GlobeMed, as well as the logistics of chapter leadership. In this way, the National Office gives students agency to begin ventures on their university and college campuses. Furthermore, Global Health U is a curriculum designed by students at the National Office with the intention of equipping students across the network with the language and experience needed to think critically about complex issues in global health (globemed.org/learn). GlobeMed could be considered empowering because partnerships with chapters aim to build social and monetary capital for the partner organization²⁹. In theory, the chapter empowers the functioning of the partner organization, allowing them to effectively work in their communities³⁰.

Drawing from personal experiences with volunteer service trips and models, the founders of GlobeMed strove to work *with* people living in communities of need. Nicholas pointed to a

²⁸ I acknowledge debate around the term *empower* within the development and aid communities. In particular, a Foucaultian critique is that empowerment is "tantamount to subjection" in that people are 'empowered' to take part in "projects of modernity" (Henkel and Stirrats, Cooke and Kothari Eds 2001:13). Similarly, Tsing found that among environmental activists in Indonesia, "The southern connection gave northerners a claim of collaborative, rather than merely imperial globality; this was a globality that worked, the allegory said, to empower the grass roots" (2005:232).

²⁹ Participatory, or partnership, models of aid have been critiqued by many development scholars in the book *Participation: The New Tyranny?*, edited by Bill Cooke and Uma Kothari in 2001.

³⁰ However, there is no explicit way to measure empowerment.

humble sense of walking together and supporting each other when asked what it is that people love about GlobeMed³¹. And the 2012 Summit was entitled *Walking Together, Walking Far: Partnership as a Framework for Meaningful Action* and focused on the opportunities that come about as a result of humility in collaboration. A few months later, Vanessa shared her thoughts about partnership during a conference call with the Praxis Network, “When a partner treats students as beneficiaries and mentees and strives to teach them, it forms solidarity and mobilizes students incredibly”³². In the words of GlobeMed at Oberlin College’s previous chapter advisor, “People are people are people are people are people”³³. A mantra within GlobeMed, this quote is indicative of the value of solidarity that GlobeMed promotes. Solidarity, or mutual support, is a central theme throughout the organization and within the broader field of nonprofits that GlobeMed exists within. Everyone from Nicholas and David to Vanessa stress the need to work alongside people around the world.

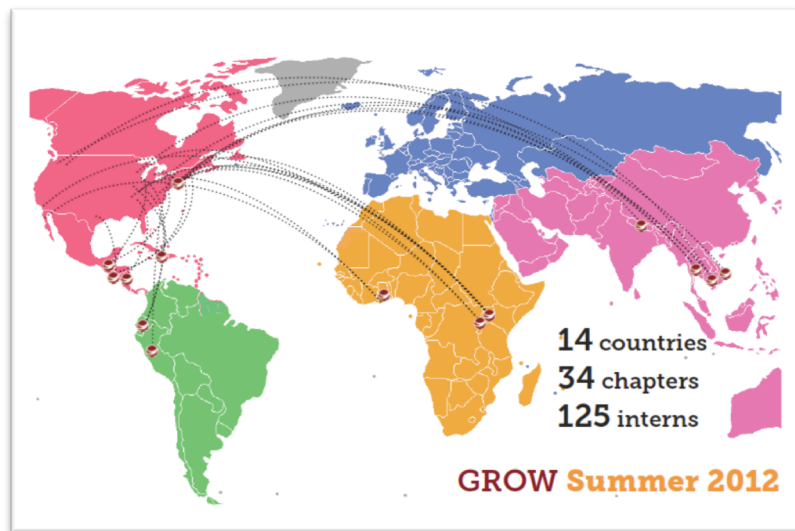


Figure 2: Map of Summer 2012 Internship Locations.
Source: GlobeMedSummit.org

For GlobeMed, a focus

on health is core to a focus on social justice and human rights³⁴. Bringing health specifically to *people living in poverty* is an intentional decision. Tom commented on a prominent public health

³¹ Informant 130111_001 Interview Jan 11, 2013

³² Vanessa’s comment during Praxis Network Conference Call, National Office. June 8, 2012.

³³ Informant 120625_003 Interview June 25, 2012

³⁴ More about GlobeMed’s discourse on health and human rights can be found in the Global Health U curriculum. The 2012-2013 curriculum was centered on the question, *Is health a human right?* As a convention within GlobeMed, health is considered a basic human right.

debate, which is whether to focus on bringing health to the most people or specifically the poor. Tom referenced PIH's liberation theology-based mission that calls for a preferential option for the poor in health care and said, "that's what we thought, too"³⁵. Especially given the context of GlobeMed – amongst the United States' elite colleges and universities – inequalities in wealth between students and partner communities are inevitable. Kyra, a 2012 Chapter Founder, remembers the first time she understood there was injustice in the world. It was during a volunteer trip to Honduras that she was exposed to a standard of living far below that of her upbringing around BMWs and Audis. When she returned home, she was disgusted. "I would yell. It was the first time I realized how absurd the inequalities are in our world"³⁶. Kyra, like many GlobeMedders, equates justice with equity and injustice with poverty. James, a former Executive Director of GlobeMed, also comments on the topic, "For me, human rights gives you something around which to organize... I think [human rights] is a Western idea, but I think it's a good idea, one that allows countries to be able to define and talk in concrete terms about what's just and fair"³⁷. GlobeMed extends its mission beyond improving individual health and into the realm of advancing ideals of equity and justice through public health.

Finally, the global mission of GlobeMed is conveyed in the phrase *around the world*. According to Nicholas, post-9/11 student activism was largely motivated by a realization of global interconnectedness³⁸. Within GlobeMed, justification for a global mission goes back to ideas around equity. I reflected upon the founding of GlobeMed at Oberlin College in the fall of 2011 on our chapter's blog, "The real question is *why*? Students involved in GlobeMed are not, I repeat – NOT – in it to travel. Students in GlobeMed travel because they understand the

³⁵ Informant 121023_001 Interview Oct 23, 2012

³⁶ Informant 130106_001 Interview Jan 6, 2013

³⁷ Informant 121023_003 Interview Oct 23, 2011

³⁸ Informant 130111_001 Interview Jan 11, 2013

centrality of relationships to the movement for global health equity”³⁹. Additionally, students have had increasing access to virtual means of connection throughout the short life of the organization. Tom commented on the role of technology throughout his interview, “Gmail and Facebook became new when I was in college...it was an easy way to talk with [Nicholas at the National Office] about things spur of the moment...Skype was helpful [in communicating with our partner]...Facebook, Twitter, all that makes it easier to connect”⁴⁰. Today, people connect across the globe via the Internet and phone endlessly, and international travel is becoming a norm among middle-class students in the US through study abroad programs and service trips. Thus, the term global is used with the intention of communicating the borderless nature of GlobeMed’s cause but is also a reflection of the feasibility of a global mission in today’s era.

Branding

Building on the foundation of the mission statement, GlobeMed continued to establish its credibility by creating a logo. The symbol, illustrated in Figure 3, originated with the idea of global partnership. The outer circle represents the world, and the stripes in the center are meant to circumnavigate the globe. The upper stripe represents *us*, the students. And the lower stripe represents *them*, the partner communities. The convergence of these two bodies makes *we*, the partnership. But the logo has evolved over the years, and the most recent iteration assigns the top stripe to the partners and the lower to the students, demonstrating the intended humility



Figure 3: Sketch of Logo.
Source: National Office
Orientation. June 2012

³⁹ Christensen Personal File 9.21.2011 Reflection on Founding. Sept 21, 2011

⁴⁰ Informant 121023_001 Interview Oct 23, 2012

of the student creators of the logo. Furthermore, the point of convergence has been thickened to represent increased strength of partnership relative to individual autonomy.

The logo and name change from GMRP to GlobeMed both served to represent the mission in a simplified way that is appealing to the public. In the words of the current Director of



Figure 4: 2013 Version of GlobeMed Logo and Title.
Source: inside.network.org. February 2013

Development, the purpose of marketing GlobeMed is “to share our work, vision, and values in a way that is accessible to the entire world... To continue gaining support and raising

awareness, we must market ourselves without jargon and keep it simple”⁴¹. And the Executive Director sees it necessary to have a “cohesive brand that is sticky and actionable at the chapter level”⁴². In Oberlin, our chapter built upon the branding approach with one of our first advertising

initiatives. We pasted stickers of the GlobeMed logo across campus – on the insides of bathroom stalls and the backs of our



Figure 5: Evolution of Website. Source: National Office Orientation PowerPoint. June 2012

laptops – to create a visual recognition of our presence that we then utilized to attract students to later events. When commenting on the branded nature of GlobeMed, Nicholas exclaimed, “...it’s

⁴¹ Informant 130311_001 Email Correspondence March 11, 2013

⁴² Office Work, National Office. June 7, 2012.

worked! People love our logo, people love being part of this”⁴³. The environment of GlobeMed amongst student organizations on college campuses and within a broader business environment of start-ups and nonprofit organizations necessitates a clear and appealing brand.

As seen in Figure 5, the website has evolved from a portrayal of GlobeMed as associated with the name Global Medical Relief Program to today’s brightly colored and polished version. This most recent website was created in collaboration with another young organization called Tilt Shift, a design studio that collaborates with organizations to fulfill a broader social mission. During the Intern Orientation in the summer of 2012, just after the release of the site to the public, the Director of Development and other staff members gave us a tutorial on the new website. “No language from the old site migrated over, except for the mission statement...The only other big changes are that the partnership profiles... Our blog and media page is so much more dynamic”⁴⁴. The new website has all the glitz and glamour that modern technology allows, including moving icons, click-through photographs, and drop-down lists. In this way, with a logo and online presence, GlobeMed established itself as a nonprofit organization based in partnership and set out to expand.

Expansion

“Since 2007, [GlobeMed has] grown to 50 university-based chapters with 50 partner organizations across 4 continents. [S]tudents have raised over half a million dollars to support community-driven public health initiatives worldwide, improving the lives of people living in poverty” (2012 globemed.org/approach). Today, in the spring of 2013 these numbers have grown yet again, with over one million dollars raised for partner projects and a new class of incoming

⁴³ *Informant 130111_001 Interview Jan 11, 2013*

⁴⁴ Intern Orientation. National Office, June 8, 2011.

chapter founders. Chapter founding and partner search processes are the main modes of expansion for the organization.

First, chapter founding is the process by which the National Office adds new chapters to the network. To advertise the chapter founder application, the National Office created a short film called *Become a GlobeMed 2011 Chapter Founder!* that was circulated on YouTube in the hopes of attracting “passionate leader[s] looking for change and interested in global health equity and social justice” (GlobeMed 2011). The video directed viewers to a website entitled *Imagine2030*, which held information about eligibility and the founding process. In 2011, the year that I applied to become a chapter founder, the application itself was comprised of two sections. The first was a series of personal essays. Questions such as *What motivates you to care about global health?* and *What factors do you believe drive inequity in global health?* were included. The next section was a case study, and the objective was to “assess your critical thinking skills around fundamental components of GlobeMed’s model, mission, and values.” After evaluating potential projects for a partner organization called Nyaya Health in Nepal, applicants were asked to come up with ways to rally their campus communities around the project that they selected. Once the application was submitted, certain applicants were asked to interview with Program Directors over the phone. Interview questions varied from *Why health?* to queries about previous experiences and leadership skills. After the interview, applicants were notified via email if they were accepted as chapter founders or not. The acceptance email I received, included in Appendix 6, is bursting with congratulations and inspiration.

Then began my training. In earlier phases of GlobeMed’s existence, the network functioned to leverage chapter founders’ independent visions⁴⁵. Now, however, chapter founders

⁴⁵ *Informant 121023_001 Interview Oct 23, 2012*

are funneled quickly into founding webinars, leadership conferences, and chapter advising calls. In 2011, chapter advising started immediately upon acceptance as a chapter founder. Eager to start my initiatives in Oberlin, I planned to send out a notice to my campus that we had been accepted as a site for a new GlobeMed chapter. But my advisor slowed me down. She recommended that I get through the four training webinars over the summer and the Leadership Institute before embarking. Begrudgingly, I sat back that spring and waited for the upcoming fall semester.

In this anticipatory phase, two young men both named Ethan, recent graduates and GlobeMed alumni, were in Southeast Asia searching for partner organizations for the fifteen new GlobeMed chapters. The Ethans, as the two Partner Search Fellows were referred to, visited over fifty community-based organizations in Cambodia, Vietnam, Thailand, and Laos. During the visits with organization leaders, the Ethans presented the GlobeMed mission and evaluated each organization. Their criteria included the quality of the organization's communication, its community base, infrastructure, potential to host student interns, and demonstrated impact (Partner Search Fellows Blog 2011). They requested partnership proposals from the potential partner organizations that outlined the mission and impact of their organization. By the end of the spring, the Ethans returned to the National Office to determine which organizations aligned with the GlobeMed model and new chapters. During this process, I had a Skype conference call with one of the Ethans. We talked about the resources and mindsets unique to Oberlin College as well as my own interests and strengths⁴⁶. From there, the Ethans convened with other National Office staff to match 2011 chapter founders with new partner organizations.

⁴⁶ The document that I sent can be found in Appendix 4.

Once the match had been made, the National Office sent each chapter founder a condensed three-page PDF document outlining the organization, its home country, and the



Figure 6: CHP 3-Pager. Source: National Office 2011

current political climate. The *CHP 3-Pager* that I received about the Center for Community Health Promotion (CHP) in Vietnam first gave a quick overview of the organization and a map of the country. It then went on to give an overview of major political events since the 19th century. Next were

statistics like population, GDP, life expectancy, and literacy rate in Vietnam. Subheadings entitled *CHP Community and Organization: CHP* came next, summarizing information from CHP's partnership proposal. Finally came the *Message to the Chapter* and *Top 5 Country Resources* sections on the third page of the document. The document was designed artfully with photographs, logo, and all.

This document came to me, an excited twenty-year-old, and I quickly forwarded it to my peers at Oberlin College with whom I had already collaborated to complete the founder application. We were three people strong at this point, and we had no idea what commitment we were in for. At the guidance of the National Office, the next step was to hold a Skype meeting with our contact person at the partner organization. First, Vanessa, a chapter advisor in 2011, sent an introductory email to CHP and myself on August 11:

Dear [Lan Nguyen],

On behalf of the GlobeMed National Office Staff, I am pleased to welcome you as a new GlobeMed partner! Please find attached your GlobeMed Partner Welcome Packet, which provides information on GlobeMed, the chapter that you will be partnering with, and the National Office.

Included on this email is the Co-President of your new partner, Julie Christensen from Oberlin College. She will be in touch in the coming week to arrange a time to speak with you.

Again, thank you for your partnership and for all of the good work that you do. We are very much looking forward to witnessing the progress to be made in a partnership between Center for Community Health Promotion and GlobeMed at Oberlin College!

*All the best,
[Vanessa]*

After receiving a response from Ms. Lan saying they were ready to start a partnership, I sent the following email based on recommendations from the National Office:

Hello [Lan Nguyen],

My name is Julie Christensen, and I am the GlobeMed chapter founder at Oberlin College. I speak on behalf of my school and my peers when I say we are thrilled to be partnered with the Center for Community Health Promotion! Your dedication to the health of vulnerable and stigmatized populations is admirable, and we will be happy to walk with you for years to come.

I would like to set up a time to speak with you on the phone in the coming week. We have an 11 hour time difference, so morning (late evening in the US) might be best. Please let me know specific times you are available to talk, as well as the best way to contact you.

On our first call, it would be great if you could tell me about CHP and why you are involved. I will also be happy to answer any questions about myself, Oberlin College, or GlobeMed. If there is time we can start going over goals, fundraising, and the Memorandum of Understanding (MOU)⁴⁷.

*I look forward to speaking with you soon!
Sincerely,
Julie*

⁴⁷ The MOU is an informal contract between the chapter and the partner that outlines the expectations on both sides. The main product of the MOU is the year's project that is carried out in the partner community by the partner organization and is supported by the chapter. Chapters have supported partner projects with fundraising, research, connections to broader networks, and more.

I received the following response:

Hello Julie Christensen,

Welcome you as a Globe Chapter. We're looking forward to talking with you, anyway, my English is not good enough to contact you through phone, so it's better if you could contact me via my Skype account named "[nguyenlan]".

I'm available in almost every mornings but the best time to talk in the coming week is from 8:30am of Wednesday (around 8pm of Tuesday in the US). Please let me know is [sic] that time is good for you or not

*Thanks and best regards,
[Lan Nguyen]*

A thread of friendly formality runs through these emails, as well as an air of anticipation.

With a personal connection now established between Oberlin College via myself and CHP via Lan, the National Office handed nearly all communication and jurisdiction over to me. From there, we exchanged a few more emails working out the logistics of the call given our separation in time zones⁴⁸. Finally, we were able to converse on Skype for the first time on August 30th. Adam, one of my fellow Oberlin founders, and I were the only two people on the American side of this first Skype call with Ms. Lan in Vietnam. We sat down in front of the computer and had a kind exchange, pictured in Figure 7. Soon, at the request of Ms. Lan, we switched over to instant messaging communication on Skype Chat because she felt more confident in her written English. At the recommendation of the National Office, we asked Ms. Lan only about her life during this first interaction in order to make connections as people rather than simply business partners. Adam and I asked Ms. Lan about her education and major, her

⁴⁸ These first logistical delays were the first of many, including but not limited to, delay of one and a half years in sending over \$4,000 we raised for CHP programs, gaps in Skype communication of up to six months, and far from polished Memorandums of Understanding.

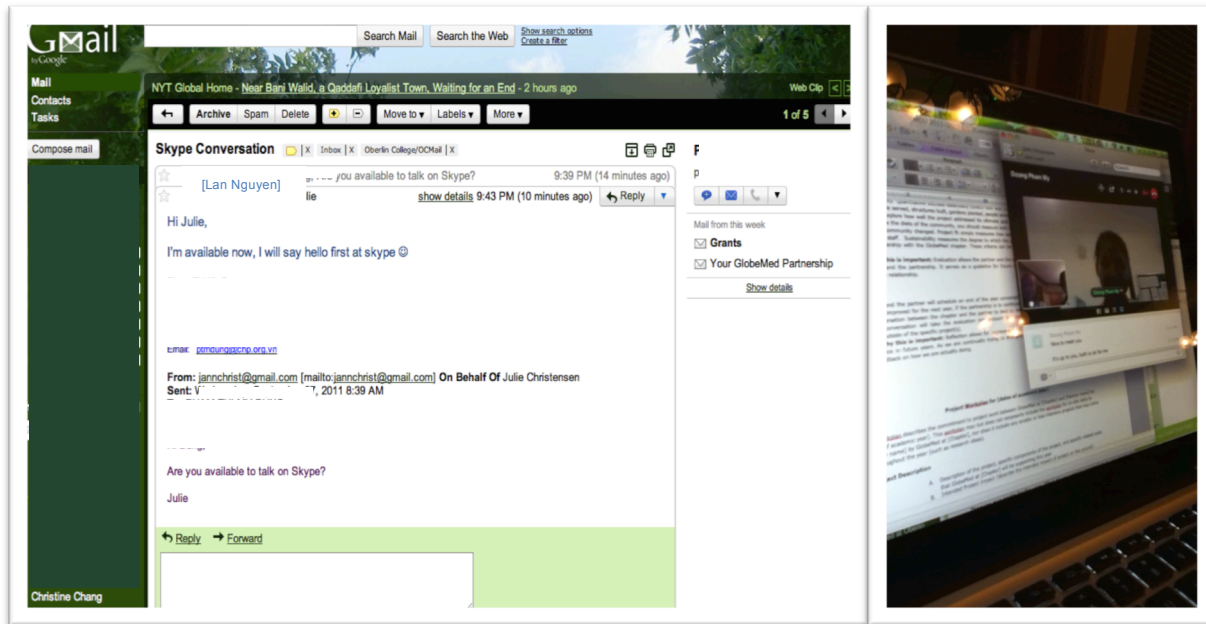


Figure 7: First Emails and Skype Call between GlobeMed at Oberlin College and the Center for Community Health Promotion. Source: Julie Christensen Personal Files 2011

age, her family, and her work with CHP. The business would come later, we were told by Program Directors at the National Office, always anchored by this human foundation⁴⁹.

Chapter Founding

The Leadership Institute came soon after this first Skype call. I trekked via Megabus from Cleveland, OH, to Union Station in Illinois and climbed onto the L to make my way from downtown Chicago to Evanston, arriving at the Best Western Hotel after half a day of travel. Once there, three students sat in an empty conference room behind a long table strewn with boxes of three-ring binders to welcome me and the other students arriving for Founder's Day. Standing there in my hipster boots and black skinny jeans looking frazzled, I hoisted my worn leather messenger bag off my shoulder and told the hosts my name. They smiled and remarked, "Oh, you're a founder!" They handed me a name badge to wear around my neck and a colorful

⁴⁹ Today, when I think about the staff of CHP, I think of them as close friends. On February 26, 2013, I was asked by the National Office to introduce a member of the GlobeMed Board of Directors to a staff member at CHP. I felt as though I was introducing the board member to family.

schedule in a three-ring binder that would be my guide for the weekend. First on the agenda was to find my room. I walked down the hotel corridor, rode the elevator up a few floors, and slid my key card into the electronic reader. Inside, I encountered a bubbly blonde girl from Florida, whom I soon learned was a co-founder. We shared stories of our first Skype calls and our excitement for the year to come as we prepared for Founder’s Day.

It turned out to be a full day with only the new chapter founders, and our first meeting was held in an open field just outside the National Office. The fifteen of us sat in a large circle with a few National Office student staff and went around the circle introducing ourselves. We then played some get-to-know-you games that had us up and moving. Conveniently, once I was sweating, we headed inside to meet Emma and Amy. The two Program Directors led us through a full day of workshops and activities. They gave an overview of the founding process before setting us up in small group for partnership pitches and devil’s advocate exercises⁵⁰. As we

talked over issues of peer leadership and chapter management, I recall being concerned about the



Figure 8: Top Founder and Fundraiser.
Source: National Office Intern Orientation. June, 2012.

application process the National Office recommended at the chapter level. Given the cooperative

⁵⁰ These exercises involved presenting our partner organization to each other in small groups and answering hard questions that we might encounter in our everyday lives, such as why we work in global rather than local health, where exactly the money we fundraise is going, etc.

association consensus system and progressive legacy of Oberlin College, I was concerned that this method might be too exclusive for the Oberlin setting. Emma replied, explaining that the application is necessary, however brief, in order to keep chapter membership to only the dedicated members. Ultimately, it was understood that applications bring qualified, reliable people into leadership positions and cut down on peripherally involved membership who may weaken the chapter overall with lack of follow-through and misunderstanding of the broader mission of the organization.

An early member, Tom, reflected upon the mode of recruitment GlobeMed uses. “There has always been a tension – do we want a chapter of fifty kick-ass members or two hundred wishy-washy [ones]? ...I think a chapter with twenty kick-ass members is stronger”⁵¹. When I asked about exclusion in this setting⁵², Tom recalled a senior speech from Summit years before given by a student named Danica who had initially been rejected from the Northwestern chapter.

Danica showed up to meetings despite this, and she eventually became Co-President of the chapter. Thus, Tom concluded, if students are motivated enough to be involved they will find a way. He also goes on to talk about



Figure 9: 2011 Leadership Institute Opening Dinner.
Source: GlobeMed Blog 2011

⁵¹ Informant 121023_001 Interview Oct 23, 2012

⁵² Some chapters are required by their college or university to accept all students who wish to join the chapter in order to receive funding from the institution, so this debate does not exist.

public Global Health U events that are meant to engage non-chapter members with issues in global health. It was conversations around issues like these that made up the first day of the Leadership Institute.

Dinner this second evening was held at a noodle bar in downtown Evanston. About eighty chapter leaders trickled into town while us founders convened, and we all squeezed into the restaurant along with the National Office full-time staff, a few GlobeMed alumni, and one of the weekend's speakers for the opening dinner. The buffet-style meal was arranged so that new founders would sit next to existing chapter presidents, with the hopes that ideas would be spread across these divides of experience. I recall sitting next to the University of Michigan co-president, watching him update the chapter's social media sites via his iPhone throughout the meal and opening speeches. After dinner, our binders guided us into small groups for reflection on why we were involved in GlobeMed.

My group of about ten met on the pool deck of the Best Western, no two of us from the same university. Individuals in the group were optimistic and seemed highly dedicated, but one person seemed especially deflated. She was a member of a chapter that had been re-partnered this academic year. She told how her chapter had found out that their partner

organization had fraudulently used the money their chapter had raised and none of the

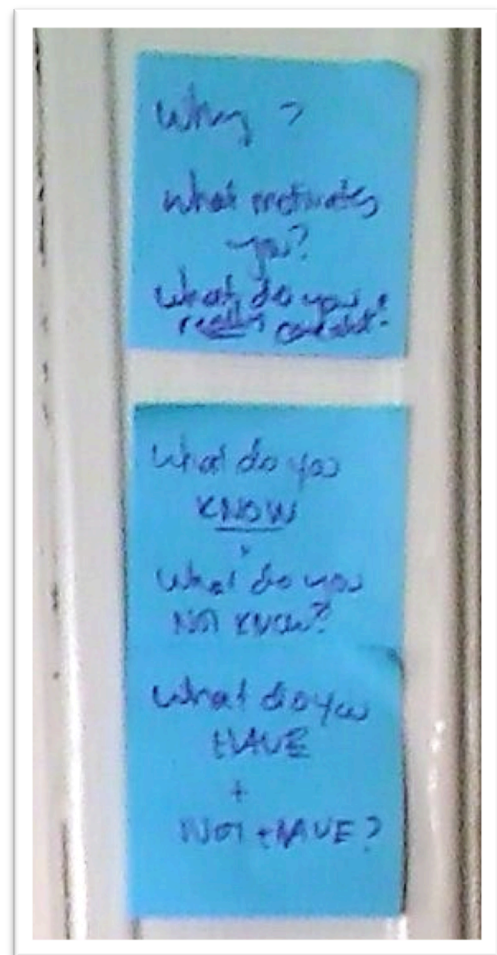


Figure 10: Post-It Notes at the National Office. Source: Christensen June 2012

anticipated projects had come to fruition⁵³. Her presence at the LI, however, demonstrated her lingering commitment despite it all⁵⁴. And other members of our small group gave her some encouragement before we all departed to our hotel rooms.

We woke for breakfast at eight on the third morning. The overview of this third day is summarized as follows, “The [third] day of the Leadership Institute continues to dig into chapter programs and explores ways to maximize the resources available through the campus and local community” (Leadership Institute Program 2012). The full schedule of events included:

Fundraising and Communications Strategy, Finances 101: Tools for Success + Case Study, Leveraging University Resources,

Organizational Think

Tanks: Chapter

Programs, Diversity in

GlobeMed, Unveiling

GlobeMed’s Online

Resource Center,

Reflection and

Planning Period, and Closing Dinner + Remarks⁵⁵. Offering a mix of developmental and

reflection-based workshops, this day of the LI was meant to be a culmination of the previous two

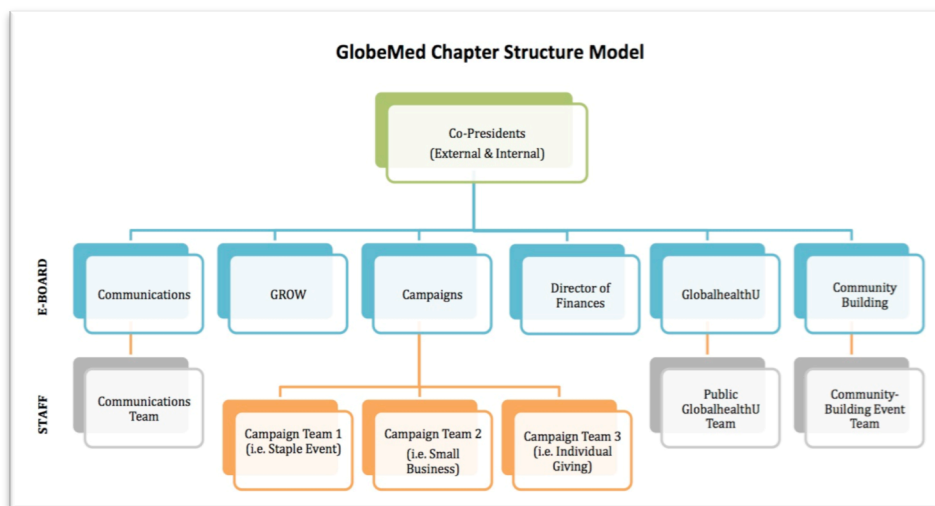


Figure 11: GlobeMed Chapter Structure Model. Source: 2011 Leadership Institute Binder.

⁵³ Similarly, Sean, an early member of the Penn State chapter talked about their early struggles. They were supporting an organization in Honduras, but for the first five or six years that GlobeMed at Penn State existed it struggled with partnerships. And according to Vanessa, in 2011, five groups of student interns experienced something horrible. “All of them, at their root, were grounded in interpersonal disagreements.”

⁵⁴ Situations such as these are also publicly acknowledged anonymously as case studies at the pre-departure G.R.O.W. Internship training.

⁵⁵ Christensen Leadership Institute Three-Ring Binder. Sept 6-9, 2012.

days that were more heavily focused on personal discernment and inspiration. I wrote the following in my hotel room at 4:30 in the morning after this day of the LI:

I have met over 70 co-presidents from around the nation...The energy, enthusiasm, and passion I see in each of the other co-presidents, and especially in my fellow chapter founders, is intoxicating. I am too enthralled with GlobeMed, too inspired by the National Office staff, too awestruck by the rootedness of everything GlobeMed does⁵⁶.

This excerpt provides a small glimpse into the energy and passion that coursed through me after this first conference. Embarking on the founding of the Oberlin chapter felt effortless given my energy level after the Leadership Institute.

I took this energy back to Oberlin, and, at the guidance of the National Office staff and other student leaders, I began the process of recruiting our chapter's Executive Board. Figure 11 details the structure of GlobeMed chapters, which include two "Co-Presidents," eight "Executive Board" team managers, and an undefined number of "staff" members. The Co-President Manual lays out the exact duties and responsibilities of each position. Based on this foundation, I set off to entice at least seven of my peers to join me in forming the first Executive Board (E-Board). To that end, I talked about my founding ambitions with friends and mentors over coffee and in office hours. Along with Adam, my founding Co-President, I presented the organization to Oberlin College students at Information Sessions (Figure 12.1) and posted ads on the Oberlin Classifieds website. In the end, Adam and I selected seven of the applicants based on their majors, skills, and suitability to the position, as well as the extent to which their values, dedication, and ambitions aligned with those of GlobeMed.

⁵⁶ Christensen Personal File. Sept 2, 2011



Figure 12.1: GlobeMed at Oberlin Information Session
 Figure 12.2: Founding Executive Board
 Source: Julie Christensen Personal Files 2011

By the middle of the fall semester 2011, our founding Executive Board was set. Figure 12.2 features our ten-member E-Board. We departed first, again at the recommendation of the National Office, on our first fall retreat. It was an overnight excursion to destinations around Ohio, including an apple orchard, a public library conference room, and finally the small family farm of one of our Board members for a bonfire and camping. During this retreat, we assembled a mission statement for our new chapter that read, “Compelled by a common humanity, GlobeMed at Oberlin strives for mutual empowerment and health equity. We work within lasting

partnerships to educate assist, and empathize with members of the global community.” Christine, our chapter’s Director of Communications, reflected on the weekend, “Our purpose clear. Our hearts united... I am very proud to say that we, my friends, have finally arrived”⁵⁷. After this retreat, we met weekly in our student union, Wilder Hall, and began our first “track” of Global Health U. We struggled through initial campaigns such as a World AIDS Week exhibit to be assembled in our school library and an Individual Giving campaign over the holidays. Through

⁵⁷ GlobeMed at Oberlin College Blog Entry. Oct 15, 2011.
<http://globemedatoberlin.tumblr.com/post/11502419278/globemed-oberlin-fall-retreat-2011>

the successes and disappointments, we were beginning to come together as an organization and establishing what GlobeMed at Oberlin College would become.

To this day, our chapter upholds the original structure suggested by the National Office. We hold weekly educational discussions led by Global Health U Co-Directors, and our Campaigns Co-Coordinators organize fundraising events. Each of the other positions – Communications, Finances, Community Building, and GROW Internship Coordinators – are filled by one person who oversees a team of two to six people, who are referred to as “staff.” The staffers, generally, are not concerned with the administration of the organization. Rather, they are participants in the on-campus educational programming as well as collaborators in carrying out larger organizational objectives set by the E-Board. In all, each of the positions described plays an explicit role in furthering the mission of the chapter, and each chapter does its part to further the mission of GlobeMed as a whole.

Sheila, my Oberlin Co-President, commented on the advantages and disadvantages of the chapter structure:

Structure provides for the effective channeling of energy and talent, which integrates both an inherent reward system and appropriate benchmarks of accountability. I think the biggest problem we have had is actualizing the framework, not the framework itself.

It is clear from Sheila’s analysis that the structure is meant to maximize chapter functioning, which serves the purpose of partner support. As she states, in practice, chapter management is a complicated endeavor.

A number of alumni and current staff commented upon the way they view chapters. Nicholas contrasts his focus during the days of GMRP with what he imagines GlobeMed chapter leaders think about today. “Oftentimes I felt the leader [of GMRP] was thinking about just the logistics around a shipment, whereas now leaders and Co-Presidents [in GlobeMed] are thinking

about vision and management and creative stuff... That allows other people [on the chapter's staff] to fill those roles and get experience as they grow through GlobeMed"⁵⁸. Tom also elaborated on the thought process around development of chapter structure, "I wanted to create another layer. Because what I found was we'd have the chapter with say twenty people, and E-Board would do most of the work"⁵⁹. Tom talked about big debates about chapter structure, but ultimately it was decided to elevate general members to Staff and give each individual a title in order to grow individual commitment and enhance chapter capabilities. And more recently, Amy stated, "We need to take a step back now as an organization and think about what it is that these other organizations [are doing in terms of business model] – charity:water and TOMS Shoes⁶⁰ – they're thinking about this now. We need to do some research and we need to think about what has been learned and not be afraid to apply that to our campuses as social enterprises"⁶¹. Chapters are pitched as student-led nonprofit organizations, and founders take on the responsibility of actualizing GlobeMed's mission within this structure.

Chapter founding also results in a number of personal transformations. From the founding to the everyday administration of chapters, students who are heavily engaged gain experience with public speaking, networking, management, and more. Each of these garnered capabilities will undoubtedly go on to aid them in advancing their careers. For example, as a result of my work with GlobeMed, I have been asked to present a poster at an Oberlin symposium for student change agents, have spoken on the radio, and have been featured in multiple articles in our school newspaper. I have also been invited to attend a number of events with Oberlin College's Deans, President, and Board of Trustees because I am now seen as a

⁵⁸ *Informant 130111_001 Interview Jan 11, 2013*

⁵⁹ *Informant 121023_001 Interview Oct 23, 2011*

⁶⁰ See Appendix 5 for Referenced and Peer Organizations

⁶¹ *Informant 120625_003 Interview June 25, 2012*

leader among the student body. Chapter leaders become esteemed within their communities, even lauded as student change-makers as they work toward the goal of health equity.

Collaboration

“Why aren’t we winning these awards?...How do we use social entrepreneurship language?...The problem now is that we’re trying to give a narrative without a story”⁶². These are comments I heard while Emma and Amy reviewed Emma’s application for The Bluhm/Helfand Social Innovation Fellowship. This lack of a single narrative means that, at the national level, GlobeMed is unique because it has never had one figurehead. In the words of Tom, GlobeMed “hasn’t suffered from the founder effect. It’s not driven by one, two, or a few individuals”⁶³. Tom contrasted GlobeMed with the Clinton Global Initiative and Partners in Health, two global health enterprises that are greatly invested in one leader. Tom also commented on the ability of GlobeMed to transition from one Executive Director to the next before even five years of operation. “I don’t think many organizations can say that. It’s not one social entrepreneur that’s leading this fight for global health”⁶⁴. Among those deeply invested in the organization there is a strong hesitance to be associated with the label ‘entrepreneur.’ Amy explicitly asked me to “showcase the work of young people who *aren’t in an entrepreneurial space* (emphasis added)”⁶⁵. Amy hoped to distance GlobeMed from the identity of social entrepreneurs. Another of the founding members commented, “I think the public connotation [of entrepreneurship] is of sexiness, rather than deep, deliberate work – which is what I see GlobeMed as”⁶⁶. In a field begging for a figurehead, GlobeMed has created a base of functioning that extends beyond just

⁶² Emma and Amy Meeting, National Office. June 13, 2012.

⁶³ Informant 121023_001 Interview Oct 23, 2012

⁶⁴ Informant 121023_001 Interview Oct 23, 2012

⁶⁵ Informant 120625_003 Interview June 6, 2012

⁶⁶ Informant 121023_002 Interview Oct 23, 2012

one person, demonstrative the pervasiveness of the collaborative foundation on which GlobeMed was founded.

Analysis

The founders of GlobeMed arrived in Ghana at a time ripe for global health and student entrepreneurship in the United States. Kleinman recalls, “the end of the twentieth century is a bloody time...The frailty of the nation-state and of the transnational world in which we now live suggests that violence and terror will mark any new world order that might ensue” (Kleinman 1995:174). A few years later, Al Qaeda attacked the World Trade Center, which, according to Anna Tsing, caused the United States to lead “world-wide remilitarization” (Tsing 2005:11). According to Nicholas, the 2001 attack created two new dynamics for students on university campuses in the United States. First, it opened their eyes to the interconnectedness of the world and the ease of transnational communication and travel. And second, it woke them up to this idea that something was wrong. September 11th, of course, was not the only event of this nature in the early 2000s – students watched the initiation of the Iraq War, the devastation of Hurricane Katrina, and the collapse of the American economy. The founders of GlobeMed took it upon themselves to attempt to influence the course of our increasingly interconnected and hurting world, but they were not the only people who felt the need to respond to advancements in global politics.

The World Bank estimated that \$10 billion in aid was channeled through NGOs to developing countries in 1998 alone. And by the early 1990s, NGOs collectively gave more development aid than the World Bank and IMF put together (Elyachar 2005:170). The effects of world events at the turn of the century awoke GlobeMedders to new realities of global

connection. With this, they considered their position as university educated Americans within a new world order. In particular, the “global dream space was made possible by other mid-twentieth century uses of the globe, for example in the United Nations. The bridge to this dream space was that of universal truths, such as science, modernization, and political freedom” (Tsing 2005:84). International crises created an urgent impetus for global activism, and the societal position of early GlobeMedders enabled them to envision a globally focused initiative that would improve the plight of others.

Building upon foundations laid by scholars and movements that came before, GlobeMed began to establish its model. The partnership model can be set in contrast to the charity model, which is “found wanting in rigorous and soul-searching examination” (Farmer 2005:157). Paul Farmer calls for a social justice model that is based in partnership. From the beginning, core values around equity and partnership have guided the organization in decision-making. Arthur Kleinman, who worked at the intersection of anthropology and medicine, describes the ability of biomedicine to “transform a moral category into a technical one” (Kleinman 1995:35). Similarly, GlobeMed developed programs initially based on morals and has developed a regimented structure and methodology in an effort to maximize efficiency and impact. GlobeMed thus joins players in the development aid arena in carrying out the partnership model⁶⁷. For example, USAID works “in cooperation” with partners around the world, the UN works within “partnerships” to complete projects, and the World Bank “works with” donors and agencies “to improve coordination of aid policies and practices”⁶⁸. Responding to a social calling, the

⁶⁷ However, even as this model is endorsed as a solution to immediate problems in global health, it is unavoidably tempered by the complications of transnational partnership and humanitarian aid. Partnership is fraught with imperfections, such as delayed money transfers, seemingly insurmountable language barriers, and unequal power dynamics.

⁶⁸ Each of these phrases taken from the websites of the respective organizations on March 13, 2013.

founders and early members of GlobeMed took and developed a technical strategy based on partnership.

However, romantic notions of transnational relationships are often stifled by the realities of partnerships, which include unequal power dynamics, free market expansion, and forced globalization. GlobeMedders oftentimes have authority inherent in their social circles and educational environments, much like Jackson's globalizers who "have access to top business executives, government ministers, the president, and directors of international development agencies" (Jackson 2005:94). In my first email to Ms. Lan at CHP, I introduced myself as a representative of a larger entity, Oberlin College. In so doing, I communicated my position in society as an educated person and identified myself as a member of a powerful institution. Next, I led the coordination of logistical business such as Skype calls and agenda items. Again, by being the first to email and to propose next steps, I established some degree of authority in the relationship. Our communication in the English language is further evidence of the inherently unequal nature of our transnational partnership, where my own native language rather than Vietnamese was our first mode of communication. Despite the fact that GlobeMedders are the students in the partner-chapter relationship, there are undeniable power dynamics at play that stem from larger societal hierarchies (Crane 2010:91). Furthermore, because GlobeMed is in part a fundraising platform, partnerships bring organizations that may have been more financially independent or domestically dependent into a global free market. Jackson observed in Honduras, "only local agendas linked to the global ones are going to succeed" (Jackson 2005:93,126). Because there are benefits to partnerships on both sides of the chapter-partner relationship, these connections across difference are eagerly forged and sustained. In this way, GlobeMedders are agents of globalization, or in Jackson's terms, globalizers. By carrying out long-term

relationships with culturally or geographically distant people, GlobeMedders give traction to their claims of universal values; in this, it must be acknowledged that partnerships are fraught with challenges and unforeseeable implications.

Nonetheless, in order to grow the partnership model, GlobeMed has taken advantage of the cultural focus on entrepreneurship that flourishes in the United States collegiate setting today. The basic tenets of GlobeMed, which I take to include critical thought, partnership, and humility in relationships among others, are marketed with a logo and website. Comaroff, in *Ethnicity, Inc.*, defines branding as “creating an affective attachment to a named product, to both its *object*-form and to the *idea* of an association with it” (2009:18). GlobeMed asserts its ideals through the symbol of the globe and an appealing website, each infused with the partnership philosophy. Simplification of the message into a symbol or into simple PDF documents allows audiences of greater magnitude to associate themselves with the culture of GlobeMed. Just as Product (RED)TM made aid fashionable (Richey and Ponte 2008), GlobeMed attracts students with YouTube videos and an attractive website. GlobeMed competes for resources with a number of organizations⁶⁹, even those referred to as partner or peer organizations⁷⁰. In a university context, where young people are encouraged to innovate and think outside the box, GlobeMed as an entrepreneurial venture is a natural ambition. GlobeMed’s logo and website have garnered popularity and recognition of the brand among college students in the US as well as from the broader field of global health aficionados.

In order to carry out the mission of GlobeMed at the chapter level, I would argue that the National Office’s process of recruiting and training chapter founders sets them up to be

⁶⁹ See Appendix 5

⁷⁰ As a result, failures are rarely spoken about publicly. Only anecdotally or in anonymous case studies have I heard of the failures of GlobeMed’s initiatives.

microentrepreneurs. Elyachar uses the term microentrepreneurs in her 2005 book, *Markets of Dispossession: NGOs, Economic Development, and The State in Cairo*, to describe those who start small, independent business projects in a new market system based on microenterprise in Cairo, Egypt (2005:172). Although the bottom line of GlobeMed may differ, by carrying out targeted recruitment and implementing a rigid structure of chapter functioning, founders are positioned to run an efficient machine that is a type of entrepreneurial venture. Top Founders and Fundraisers are praised based on their chapter's fiscal gain, as demonstrated in Figure 8, which brings in an air of competition that is typical to microentrepreneurship. Nicholas touches on new dynamics within chapters, including a hierarchy of positions to allow for more strategic visioning. And in the process of establishing chapters, a number of consequences result for founders, including expansion of networks, professional experience, and community recognition. Chapter founders are trained as microentrepreneurs at the Leadership Institute and are encouraged to implement programs that are intended to maximize both educational and social impact.

Likewise, the organization as a whole might be labeled a social entrepreneurial venture, but GlobeMed is unique in this field. Anna Tsing sees that entrepreneurship “takes the limelight in those historical moments when capital seeks creativity rather than stable reproduction” (2005:57). Because of the economic security of many founders, GlobeMedders have had the capacity to envision an organization based on creativity and morals rather than pure economic gain. GlobeMedders exist in a culture that idolizes the hero, as awards such as the Forbes 30 Under 30 and the Echoing Green Fellowship are given to young “disruptors, innovators and entrepreneurs...impatient to change the world” (Forbes 2013). These sorts of congratulatory and supportive honors encourage young people to become involved in socially minded ventures;

however, young innovators are constantly held in competition with others for the funders' scarce resources. As those in GlobeMed begin to receive honors such as the Forbes 30 Under 30 award, they also understand the "fallacy of the hero narrative" (Tsing 2005:66). Even during an "American cultural shift from caring to cost-effectiveness" (Kleinman and Kleinman 1996:14), GlobeMed has managed to maintain a level of humility that causes even founders to be skeptical of the basic ideas associated with entrepreneurship. Although it may be a trend in many NGOs and global health programs to "falter after their founders depart, respectively" (Kleinman 2010), in my analysis, GlobeMed has not suffered from this effect. Rather, the organization has shifted into a new phase: from raw steadfastness and continuous questioning to a start-up nonprofit organization based on human connection, resource redirection, and academic inquiry. Even as entrepreneurship might bring up images of rugged individualism for some or thoughts of a one-size-fits-all solution for others, one of GlobeMed's developmental goals for the next ten years is to have the "same culture [and] family value cultivation in staff and network, no matter how large we grow"⁷¹.

Conclusion

The early years of GlobeMed, from 2006 to 2012, were filled with deep questioning and steadfast commitment to partnership and human connection with the end goal of health equity. Not isolated from global political developments and a cultural surge of support for entrepreneurship, GlobeMed grew in the United States at a time eager for public health initiatives on a global scale. The structure and mission of GlobeMed resemble those of select global health and social justice organizations that developed in the late twentieth century, but the

⁷¹ 2012 Strategic Planning Document. June 2012.

organization has branded itself in a way that is marketable to a student audience in order to compete with other organizations. GlobeMed grew in its first five years of existence through a chapter founder and partner application process, which I experienced firsthand in 2011. Bound by unequal power dynamics and logistical blips, my own experience with partnership has resulted in a number of personal and career benefits. In all, I conclude that chapter founders are conditioned by the National Office to act as microentrepreneurs. Even so, GlobeMed is unique in the field of nonprofit social enterprise in that core members hope to distance from entrepreneurship in an effort to convey their focus on deep questioning and familial culture.



The GlobeMedders

“My single greatest hope for this organization is that people feel...a powerful, deep, unwavering, to the core, abiding, through nuclear winter and anything else belief in the power of the human spirit, soul, core...And the ability, the magic, the fucking ignition, fire, explosion that happens when people connect and are open to each other.”

~ Emma

A crisp Lake Michigan breeze cuts through my sweater as I curl my toes into the sand and huddle into a ball. The night was quiet; only faithful waves crash on the shore as stars peek out from behind soft cloud cover. Tonight, National Office student staff members visit the north beach near Northwestern’s campus for a late-night study break. This first week of June is finals week, so GlobeMedders take any chance they get to peel their eyes away from the books. Perched on the lifeguard stand about fifteen feet above the sand, Indira keeps an eye on the eight of us below. Down here, conversation revolves around classes, looming fellowship interviews, GlobeMed retreats, stories of people making out in the library, and the lives of GlobeMed alumni and friends. Soon, Claire wants in on the lifeguard stand action, so she climbs the ladder to join Indira. As Claire ascends, Indira shouts, “If you’re going to fall, let me know so I can fall first and you can land on me!” The two laugh and sit next to each other on the lifeguard stand, watching the water and sharing merriment as the night moves on.

A fall did not occur, but Indira’s commitment to the wellbeing of her friend and co-GlobeMedder is telling of broader trends within the GlobeMed community. In this chapter, I trace the life histories of a few highly involved GlobeMedders to explore the sorts of experiences that lead to a passion for global health. I found that most individuals who are highly involved in

GlobeMed had early ambitions to become a doctor. Many have international roots or had early international experiences that drew them to the global health in particular. And most had some transformative experience early in life that exposed them to what many refer to as injustices. Via the narratives of fellow GlobeMedders, I reveal a number of dynamics I have personally observed or experienced over my years with GlobeMed. Specifically, I describe the interesting dynamic between peer and colleague that plays out in the network. Overall, I have found that while there are trends in the histories of those highly involved in the organization, there is undeniable variance in experience. Thus, no one conclusion can be drawn as to what might contribute to people's entry into global health work. Nonetheless, in tracing GlobeMedders' lives, I explore their thoughts regarding global health and illuminate aspects of the unique culture that is GlobeMed.

Life Narratives

“Global health almost became the religion for me.” Growing up in Deerfield, Illinois, David was involved in religious volunteerism locally, but his studies gravitated toward international health and philanthropic medicine. As an underclassman at Northwestern University, David knew he had an intellectual curiosity about biology as well as deep caring for others. David learned from the works of Paul Farmer that he could provide health while analyzing systems in a moral framework, so he decided to major in anthropology. One thing led to another, and David was offered an internship with Partners In Health, the organization that Farmer founded along with Jim Kim. During his summer with PIH, David also worked for the Division of Health Equity at Brigham and Women's Hospital. He returned to Northwestern with a new perspective on the drop-in, drop-out medical trips he had gone on to Guatemala. David

could see how “grossly inadequate” that so-called solution was, so he brought new knowledge and skills from PIH back to his peers.

GlobeMed was the most formative experience in David’s college career. David thought of global health as a framework within which he could address problems that were tearing at him, problems that he couldn’t believe existed in this world. Though he managed to complete an honors thesis in anthropology that evaluated HIV/AIDS in post-conflict Liberia, he almost failed out of classes because of his investment in the organization. David credits GlobeMed, rather than his academic performance, with enabling him to be where he is today. The experience, according to David, has garnered him a certain degree of respect in certain circles. David co-founded an organization called Tiyatien Health and was named a Forbes 30 Under 30 Social Entrepreneur. The organization supports a community health worker system in rural Liberia, and David is now the Chief Operating Officer for the Boston, MA branch. He is also currently studying for medical admissions exams and hopes to enter medical school in the fall of 2014 to complete an MD/MPH degree. In the long term, he plans to continue with global health justice work and hopes to split his time between the US and abroad.

Anika majored in anthropology and minored in global health at Northwestern University. Throughout her four years on campus, she moved through various positions with the National Office, including Director of Development, Director of Education, and Summit Director. In her studies and work with GlobeMed, she developed an interest in cultural perceptions of fertility and contraception, especially related to governmental public health interventions. Following graduation from Northwestern, Anika spent a year in India on a Fulbright Research Scholarship hoping to examine the influence of family planning on HIV/AIDS care.

Her time working for an NGO in India made Anika question a lot of what GlobeMed taught her. “I think the way global health ought to work needs to change a little bit, but that’s a philosophical question that you ask yourself through constant work. It’s still very valuable work. It’s just there are major challenges you’ll face. You might or might not see them in GlobeMed.” Anika, now a third year medical student at Harvard Medical School, looks back on GlobeMed and sees it in a different light. She is still involved in the organization in an advisory capacity, but she doesn’t want to “preempt a lot of the frustration, things you’ll experience as a young person in global health.” She views GlobeMed as “an exciting organization that’s going to inculcate the values and get people pumped and get them to think about global health in a productive way.” Despite her qualms, Anika believes GlobeMed has changed her life. “Being out, I really miss it. I think you guys are amazing.”

Nicholas’ parents grew up in villages in India, far from Nicholas’ own hometown in affluent New Jersey. Today, Nicholas’ grandfather still sees patients in the rural village at age eighty-eight. Nicholas’ grandparents saw famines sweep India in the 1940’s, and his maternal grandfather was trained as a doctor in Calcutta. Following in his grandfather’s footsteps, Nicholas entered the Northwestern Honors Program in Medical Education with the intention of becoming a medical doctor. During college, Nicholas found peers who were interested in global social change and justice, and he joined their efforts right away. Before his sophomore year, Nicholas found himself in Guatemala with other Northwestern students. Upon returning to campus for his sophomore year, he became more deeply involved in global health activist work. Soon, Nicholas’ decided to change his major to Political Science because he saw how social and political dynamics affected health. And the following summer, Nicholas spent eight weeks in

India with street children before heading to Ghana to spend two weeks with the HOPE Center. During this time, he realized a lot of the challenges that NGOs face as well as problems inherent to NGOs themselves. Nonetheless, Nicholas continued his involvement with GlobeMed and took on one of the first fulltime positions for a year after graduation.

Today, Nicholas is taking three years off between his second and third years of medical school at Northwestern to write a sociology PhD at Oxford University. Unsure of what the focus of his PhD will be, Nicholas is currently traveling in India considering a broad array of social challenges. He has always had difficulties with the construct of the field of global health; he thinks the problems under the umbrella of global health, such as malaria, TB, HIV, and sanitation, are sets of challenges rather than isolated issues. As a result, Nicholas finds it necessary to involve multidisciplinary teams in what might be deemed global health work. For example, Nicholas could see issues of street children fitting into the field of global health; however, to do it well, he believes there is a need to talk with child experts, demographers, migration officials, and others. For these next three years in Cambridge, Nicholas hopes to come up with “big ideas” for the world that will not likely fit neatly into the field of global health.

Further down the road, he will be able to see patients, but he’s willing to push beyond the clinic walls in order to enable positive social change. He doesn’t have a concrete sense of how this will look, but he knows that after he has finished his PhD and MD programs he will have a diverse set of analytical, sociological, organizational, interpersonal, and scientific skills. Nicholas is wiring his brain in all sorts of ways so that he can ultimately facilitate flows of knowledge across disciplines.

“What does it mean to have your right to health fulfilled? If we had a certain definition for health as a human right, what would we need to do to move that forward? What is the social and political process? What are the social structures, political movements, and resource redistribution mechanisms? Once we answer those questions, that’s how we orient the movement.” James started thinking structurally as an undergraduate “science geek.” He wanted to be a doctor because he saw it as a noble and prestigious profession that was natural for him as a biomedical engineering major. Looking to pad his resume, James was drawn to GMRP because it seemed like the perfect extracurricular to get him into medical school. He arrived at the meeting his first year to find David, Nicholas, and a couple other “scruffy-looking people sitting on the dingy couch in PAS.” They were using terms like MD-TB that James did not understand. But he was struck by the way the group was speaking about these topics. For them, it was not about getting into medical school. “It was about ethics, morality, and lived experience.” James listened to the stories of Nicholas’ and David’s time in Guatemala. He heard their critiques of short-term medical mission trips – popping in to a community and handing out medicines. James thought, *Well, you’re doing something. Why is that wrong?* He didn’t get it. He didn’t understand why David was physically angry that someone was doing this type of work. Then David handed James the book *Mountains Beyond Mountains*.

For James, the parallels he was able to draw between *Mountains Beyond Mountains* and the social gospel of the Bible rang true from his upbringing in the church. He looked up to David and Nicholas and found their conversations to be intellectually interesting. He saw that they had a vision. James rode along for a while as a member of the Northwestern chapter of GlobeMed. He attended the first Summit and asked questions like, *What are we supposed to be doing here at*

this wonderful university? Like the others, James ultimately became discontent with the idea of just going abroad with some medicine and was soon heavily involved.

When Nicholas left the National Office to begin medical school, James was hired as GlobeMed's second Executive Director. He was twenty-one and had never run an organization. At that time, GlobeMed had a budget of a couple hundred thousand dollars, but James had aspirations to expand. The first year of James' tenure, they grew from seventeen to thirty-two chapters and hired the first Director of Development⁷². "Being a part of GlobeMed is a tremendous privilege primarily because it gives you a sense that creating organizations that allow people to work together for a similar purpose is awesome." To continue in this vein, James moved on to work for Partners In Health as the Community Engagement Coordinator in the fall of 2011. I recall the tearful departure speech that he gave at the closing dinner of the Leadership Institute that year as he handed the torch over to Emma.

In his position with PIH, James will focus on creating a structure through the *PIH / Engage* initiative that can involve all sorts of people in organizing around issues of health and social justice. "If GlobeMed is an answer to the question, *What can an undergraduate student do for global health?*, I want to create an answer to the question, *What does the average person do for global health?*. I want to make that clear, as someone concerned with the state of justice in global health." He calls it GlobeMed for grown-ups. Indeed, when I visited James at the PIH office, he had begun creating GlobeMed inside PIH. He thinks of it as PIH's little National Office. According to James, Ophelia Dahl, Paul Farmer, and others at PIH "all think there's value in this." And in 2012, James brought together community coordinators for a three-day training institute, reminiscent of GlobeMed's Leadership Institute. James is "trying to recreate

⁷² GlobeMed at Oberlin College was one of the chapters accepted this year.

the special sauce that allowed GlobeMed to emerge.” After finishing up this project with PIH, James hopes to begin a PhD program to think and write more on this topic. He loves the idea of writing a book that operationalizes the idea of health as a human right. “Jokingly, I would like to always be building cool shit with great people. Seriously, I want to build a structure...that is a sincere and genuine invitation for far more people to contribute to a broad social movement that does transform health.”

Amy knew that “international health was sexy for no reason at all”⁷³. She also knew that medical school was what she was shooting for since attending a boarding high school for math and science. Amy has an affinity for leadership and building things, but she hadn’t thought of applying that to public health until sophomore year of college. Perhaps what drew Amy to GlobeMed was a class in world history that sparked her curiosity about the connections between culture and medicine, or perhaps it was just a ploy to fulfill the daunting number of extracurriculars necessary to get into medical school. It was the fall of 2007, and Amy found herself in a room with seven other interested members listening to two senior nutrition majors talk about a global health conference they had just attended where they met a man named Nicholas. They took suggestions from those at the meeting as to what projects they would support. Amy quickly joined and recalls in these first years ideas ranged from fundraising for a hospital in Paraguay to sending money to fire relief efforts in California. Amy decided to get involved despite the fact that she didn’t know the mission of GlobeMed; she simply knew that the leaders of her organization always talked about this guy, Nicholas, at the National Office.

⁷³ *Informant 120625_003 Interview June 25, 2013*

In January of 2008, Nicholas and others at the National Office released an opportunity called the GlobeMed HIV TB Fellowship. The idea was to send a GlobeMedder to Uganda for two weeks to find a partner organization. Amy had already established connections between GlobeMed at UNC-Chapel Hill and the UNC Center for AIDS Research, and she was quickly becoming more invested in the organization. One of only a few people to apply for the fellowship, Amy was chosen for the job. That spring, before taking off to Uganda, Amy went to Summit and “everything changed”⁷⁴. Summit that year drew students from seventeen chapters and was tiny relative to today’s annual production. According to Amy, no one really knew what GlobeMed was, but the speakers and connections she made with other students intrigued her. She was learning ideas that she had never encountered before. It was the first time she thought of learning as something that could happen outside of a schoolbook. And one month later, there she was in Gulu, Uganda, where no GlobeMed partners existed and no programs were in place.

Amy, a slight Vietnamese-American teenager, brought her curiosity and energy to Uganda, where, for six weeks, she met with leaders of health organizations. There is a famous story within GlobeMed today of Amy traveling around Gulu, and people commenting, “Who is that *mzungu* (foreign) girl?” She rode the back of motorbikes and befriended people in the community. By the end of her time in Uganda, Amy had established a partnership with an organization called Health Alert Uganda, which would partner with the UNC – Chapel Hill chapter for years to come. With this new relationship, she returned to North Carolina to re-launched the chapter based on the partnership.

Though she won’t come out and tell you right away, Amy’s family background is tied up in war, global politics, and religious calling. Raised in a Baptist family, her mom is a pastor and

⁷⁴ Informant 120625_003 Interview June 25, 2012

her dad was always worship leader. Amy's mom grew up in pre-war Vietnam, and, as Amy describes, is as feisty as Amy but is even shorter. Her mom is from the largest city in central Vietnam, Da Nang, which was a base for American and South Vietnamese air forces during the war. Amy's mother, at the age of sixteen, fled down the countryside to Saigon, today called Ho Chi Minh City⁷⁵. She saw the tanks roll up to the Presidential Palace at the Fall of Saigon and knew that she had to flee farther. One hundred people crowded onto a raft together; waves crashed upon them. As the waves lifted the raft, sailors on US Navy boats would grab individuals off the raft and throw them onto the boat. Only moderately safe on the vessel, Amy's mother, wealthy in Vietnam, had everything stolen from her over the course of the voyage. She endured a refugee camp in Thailand, where there are stories of pirates, before moving to Canada. There, she met Amy's father, and they moved to North Carolina together.

Growing up in North Carolina, Amy credits her mother with her ability to speak up for herself and for her stubborn disposition. Amy knew that she didn't look like any of her friends. She knew her family had roots elsewhere, and she knew a different language and culture. This all made her tolerant of the people around her, because she knew she was different. But like many of her peers, she grew up with the language of salvation and the image of the Good Samaritan, which is where she believes she gained the instinct to act. And this need to act is why she loves GlobeMed – it allows her to act and to build. In hindsight, the opportunity that GlobeMed gave Amy to build something new at UNC and the National Office is likely what kept her involved.

⁷⁵ During my GlobeMed G.R.O.W. Internship in the summer of 2012, we drove from Ho Chi Minh City through Da Nang and up to Hanoi before beginning work with the Center for Community Health Promotion.

To the question *Why health?*, Emma responded “Because health determines, at the most fundamental level, how we live and why we die. The state of our bodies is core to determining whether we have the capacity to reach our full potential as human beings.” (www.globemed.org). During her freshman year at Barnard College, Emma saw two types of human rights organizations on campus. She saw the savior-esque approach and the loud sign-wavey approach. What she did not see was an organization that taught and practiced the values she cared most about: humility, human relationships, and direct impact. Much of what she knew about the world came from her family and from the education she received from her parents.

Both of Emma’s parents do social medicine. Her father is a doctor and did his residency when the HIV epidemic hit New York City. He watched mostly poor patients die. Today, he does substance abuse work at a major hospital in the Bronx. Emma’s mother also works at a hospital in the Bronx as a midwife. She sees a lot of young patients, many of whom were recently or are currently incarcerated. Thus, conversations around Emma’s dinner table flowed between refugees and prostitutes to drug abuse and teen pregnancy. Emma noticed the way her parents talked about their patients as people and with a “righteous indignation and anger about the suffering they were seeing”⁷⁶. Emma saw her parents on the front lines of the world’s injustices, and she knew she had to be there as well.

In high school, Emma busied herself with community work. She took a world history course that taught through the lens of human rights. They brought a Doctors Without Borders exhibit about access to medications, and it was there, staring at a ticking clock with statements like, “Every 30 seconds, a child dies of malaria,” that Emma felt “an overwhelming sense of

⁷⁶ Informant 120626_003 Interview June 26, 2012

horror and urgency”⁷⁷. Emma also went to panels and put on an exhibit about Darfur, becoming ever more interested in human rights and women’s issues. Emma’s early experiences in both the household and academia led her to work in the human rights field.

I’m so happy to be a part of this organization...this is something I can commit to for the rest of my life. Sitting with GlobeMedders from twelve other chapters, Tom listened to Joia Mukherjee dismiss much of the conventional wisdom in global health. He made the last-minute decision to attend the first Summit despite two looming exams, and he describes it as the best decision he ever made. Entering college, Tom knew he wanted to be a doctor but only had a vague sense of what that meant. Half of Tom’s family is South African, and after visiting family there he knew he wanted to spend time abroad. During Tom’s first year at Penn State, he saw a flyer for GMRP that advertised the opportunity to travel to Honduras. According to Tom, if the sign didn’t say, “Travel to Honduras,” he’s not sure he would have joined right away. At the first meeting with GMRP, Tom was surrounded by an intriguing group of people. They were students who wanted to go to medical school but who also sought to move outside of the medical realm. He witnessed the transformation of GMRP to GlobeMed, and as GlobeMed changed and evolved, Tom’s views shifted. Instead of, “O, I’ll work in private practice and go to Honduras two weeks at a time,” Tom began to think, “No, I’ll just work in a community health center and do this full time.”

Tom’s experience interning with the National Office hugely contributed to the shift in his thinking around global health. Before arriving in Evanston, he thought that Nicholas and David were forty or fifty-year-old men. He soon realized that the National Office was run by students

⁷⁷ GlobeMed Blog. Retrieved from www.globemed.org. April 3, 2013.

like himself who also had exams, parties, and significant others to worry about. “There were only two offices [in the PAS building], so it would always be, say, four people in same room. I could turn around and ask [Trecia]... ‘What do you think of this?’ She’d always disagree with me. I’d say, ‘Okay, You’re right.’” Being in such a close environment with other GlobeMedders at the National Office that summer, including Anika, David, and interns from UCLA and Rhodes College, among others, Tom describes being in awe of the team feeling that came about in just a few months. He saw that if the National Office put out a program, a lot of thought was put into it. The group had debates central to public health, such as whether they wanted to do work for the most people or do the most work for the poor. According to Tom, “Everyone was coming from same place. No one doubted anyone’s commitment to health equity.” The group could rely on each other, Tom said. They knew that in the future they were going to be doing this kind of work.

After completing majors in Biochemistry and Molecular Biology at Penn State, Tom went on to an MD/MPH at Boston University School of Medicine and Harvard School of Public Health respectively. He has been part of Global Health Equity Program at BU and found it interesting to enter a medical school where a lot of people had global health experience but with different perspectives. Tom would classify his work with GlobeMed as more on the activism side of global health, whereas others in his class might have done HIV work and studied treatment strategies. In Boston, Tom is still involved in what he calls “GlobeMed 2.0 for adults.” He is an alumni hub organizer and stays close with many GlobeMedders in the area. Tom is definitely planning to work in global health throughout his career; the only thing that has changed is that he is now thinking of working domestically. Tom still wants to be involved with something internationally, but he now sees that there is tremendous need without having to travel such

distances. Rather than fulfill his early visions of living abroad, Tom plans to provide care to the poor at Boston Medical Center and in community health centers throughout the United States.

I'm going to start an NGO in Africa, Jessie thought casually to herself on a spiritual trip with her Evangelical Lutheran Church of America. She was invited to visit a sister Synod in Senegal for two weeks in high school, where she saw people working in the church without the intention of converting people. It was that trip to Senegal in 2006 that introduced her to what the ELCA church does internationally and that shaped her worldview coming into college. As an underclassman at Rhodes College in Memphis, Tennessee, Jessie was interested in bringing internationally focused service opportunities to the student body. She thought about Feed My Starving Children after being introduced to the food packaging services through the Lutheran church. But upon proposing this idea to the administration, she was met with hesitation. Discouraged, Jessie soon saw a flyer for an information session about GlobeMed. Jessie went to the meeting and soon after was up front gushing to the two founders about how awesome the organization seemed⁷⁸. Jessie immediately applied for and was accepted to be one of Rhodes College chapters' two Global Health U Coordinators on the Executive Board.

Jessie used her Global Health U work to educate herself about global health. The experience completely shifted Jessie's worldview – she went from thinking that the best way to approach global health was to start an NGO in Africa to the realization, “No, that's not what I'm good at or should be doing with my time. I need to build the capacity of other organizations.” As the daughter of a nurse, Jessie noticed the alignment of GlobeMed with her mother's values. She

⁷⁸ The same thing happened during an Information Session that I held at Oberlin College. Sheila, new to Oberlin, approached me and said, “Even if you don't want me on the E-Board, I'll still work ten hours a week for you.”

gave the example of lessons she learned from her mother of listening to others and not coming with all the answers, which she sees as core to the GlobeMed approach. Throughout her time with GlobeMed, Jessie felt increasingly hesitant to go into health simply for international opportunities. Nonetheless, GlobeMed provided her the perfect opportunity to fuse her passions. Today, Jessie is finishing up a two-year stint as Program Director with the National Office and she plans to work for one of GlobeMed's partner organizations in Latin America next year.

We sat in plush chairs in the lobby of the Hilton Orrington Hotel in downtown Evanston. We were in between sessions at Summit, so Ai' and I sat down to eat a snack. I dug my thumbnail into the orange I had saved from continental breakfast at the Best Western earlier in the morning. As I pried the orange in half and looked down, I discovered a whole decaying bee lodged in the orange! Startled, especially given my bee sting allergy, I threw the orange away and scrounged for another snack. The next day, I took another orange from the hotel breakfast, and it just so happened that Ai' was next to me again as I opened this one. This time, as I pulled the citrus in two, she pointed at my orange and exclaimed, "Look! A bee!" Startled again, my eyes darted to the fruit. But of course, no bee lay inside. From this moment on, Ai' will randomly frighten me by alerting, "Look! A Bee!" In response, I have become accustomed to calling Ai' 'Little Bee.'

Ai' is a freshman from Ho Chi Minh City, Vietnam, who intends to major in Economics and East Asian Studies. Her mom is a pharmacist and her dad owns his own business. Neither parent had met an American before our GROW internship team arrived in the city in the summer of 2012, but her family generously invited us interns into their home and even drove us the full four-day trip up the spine of Vietnam to Hanoi. After three semesters with the chapter and one

summer internship with GlobeMed at Oberlin's partner organization in Hanoi, Vietnam, Ai' reflects on her time with GlobeMed:

I have been involved with GlobeMed since I first came to Oberlin; needless to say, GlobeMed has been an instrumental factor that influences my college experience and shapes my view about American education. My only reason for joining GlobeMed at first was only to help out with anything related to Vietnam. I did not know anything about inequality, public health issues and human rights, nor even how a student organization should work on campus. But GlobeMed has taught me all that. To me GlobeMedders are more than just friends; they are knowledgeable, passionate juniors, seniors that never stop inspiring me with their enthusiasm and professionalism in work.

~ Ai'⁷⁹

Ai' was initially drawn to GlobeMed because of the Oberlin chapter's partnership with an organization in her home country, and she has been a saving grace for GlobeMed at Oberlin College.

Ai' grew up in the bustling Ho Chi Minh City, but she went away to study at an international high school in New Zealand when she was sixteen. Based on the advice of a college counselor, Ai' applied to Oberlin College. She was accepted, so she boarded a plane to the States for the first time just before the fall semester of 2011. In Oberlin, Ai' discovered GlobeMed while looking for a paying job on the Oberlin Classifieds website. She quickly applied to our chapter's founding Executive Board and was accepted as the Director of Finances. Ai' has been central to our chapter in so many ways, from her Vietnamese language skills to her ambitious interest in finance and experience with event planning. She joined me on Skype calls with CHP during our first year and joined the GROW Internship team on our first trip to Vietnam. A couple months prior to our summer internship, Ai', a few Oberlin chapter members, and myself drove to Evanston for the 2012 Summit.

We loaded into an SUV and drove six hours – across Ohio, Indiana, and part of Illinois. We checked in to the Best Western and woke the next morning to attend three days of lectures

⁷⁹ GlobeMed at Oberlin College Blog Post. February 13, 2013.

and workshops. Our small herd of GlobeMedders roamed Northwestern's campus and multiple hotel conference rooms in downtown Evanston throughout the weekend. In the process, we met countless peers doing similar global health activism on their campuses across the country. After Summit, Ai' returned to our chapter bustling with ideas and invigorated by the connections she made. We talked for nearly the entire six hour drive back to Oberlin about the people we met, the new campaigns ideas we heard about during think tank sessions, and stories from students about their partner organizations. Back on campus, we compiled a presentation to give to our chapter about the takeaway lessons from Summit, and we encouraged the other members to attend the conference in years to come. This year, Ai' could not attend Summit, but she asked me to buy her a t-shirt, demonstrating her lingering attachment to GlobeMed as a national organization and broader movement. The feelings Ai' had at the 2012 Summit remained through 2013, and she translates this inspiration into actions as a vital member of the Oberlin chapter.

After Kyra read *Mountains Beyond Mountains*, Paul Farmer became her hero. She thought the organization he co-founded, Partners In Health (PIH), was the coolest organization in the world. By the last page of the book, she knew it was her dream to work for PIH. As fate would have it, four years later, Kyra was accepted as a summer intern with the organization⁸⁰. Before reading *Mountains Beyond Mountains*, Kyra knew that she wanted to help others. When she was younger, Kyra sometimes joined her mom, a social worker, on the job. Kyra met women in recovery from drugs and others who were less economically stable than her family. Growing up in affluent suburbia, the first day Kyra spent with her mom was the first time she understood

⁸⁰ It was there, on a shuttle bus from the PIH office to Brigham and Women's Hospital, that Kyra and I first met. Both young blondes and partially lost, we introduced ourselves and realized our shared obsession with global health, Paul Farmer, and GlobeMed.

there was injustice in the world. Later in high school, family friends of Kyra's planned to travel to Honduras for two weeks to volunteer for an organization called *Nuestros Pequeños Hermanos* (Our Small Siblings), and they invited Kyra to join. "We only were there for two weeks, but it really impacted me; and just being with the kids, they are so quick to fall in love with you." Kyra carried this experience with her into college. She tried "to forge a community around her passions" during her first few years at Colorado College, working with deans, professors, and administrators to try to create a Global Health major. By junior year, Kyra felt she was swimming upstream. Eventually, she was able to make Global Health a thematic minor and wrote her own major in Global Health. She also co-chaired the global health group, but she was still unsettled because they were only building knowledge as a community, rather than reaching out to begin to correct the inequities she saw. Kyra felt the need to have more of a foundation for global health at Colorado College – both academically and civically – but she was becoming exhausted and didn't know what to do next.

Kyra's internship with PIH in the summer of 2011 changed all of that. It was the first time she understood her agency as a passionate undergraduate and felt she had tangible knowledge about steps that would "make change happen... After PIH, I was lit on fire, because being around people who share your passion, you know there's nothing better." Not long after her summer with PIH, Kyra and her classmate, also named Kyra, were accepted to found a chapter of GlobeMed. Kyra felt that GlobeMed, like PIH, had the ability to give her tools to "help build the movement on Colorado College's campus." For Kyra, involvement in global health and GlobeMed in particular began with a realization of her privilege alongside idolization

of PIH and the field of global health more broadly⁸¹. GlobeMed allows her to convert values and passions into actionable and tangible goals that ultimately build communities of support for global health. For Kyra, GlobeMed is an “incredible network that just amazes [her] everyday.”

From a young age, Sheila has thought of global health as a response to inequality. Her parents work in hospital administration and health care consulting around the world, so her family has moved from the United States to Australia and back. Global health was always something that was talked about in Sheila’s household, but the idea took some time to germinate in Sheila’s mind. During a three-week service trip to India during high school, Sheila’s thoughts blossomed into a “rational kind of outrage.” As she understands it, there is “something simultaneously brutal and pure about disease: brutal because of the utterly graceless way in which the decomposition of the body betrays the individual inside it and pure because, besides certain obvious socioeconomic factors, disease will take whoever it can get and therefore it is a very human threat which I think has the capacity to be very unifying.” Another important influence for Sheila is empathy. She acknowledges that she could never understand “that kind of pain,” but she can imagine what the helplessness of untended disease feels like and believes that nobody deserves to feel that way.

Sheila was the most enthusiastic attendee of our first Information Session for GlobeMed at Oberlin College. For the first year of GlobeMed at Oberlin, Sheila was our Grassroots On-Site Work (GROW) Coordinator. Her responsibilities were to coordinate and lead the summer GROW summer internship. Given her experience with international travel and the transformative

⁸¹ I had a similar entry into global health and GlobeMed. To this day, I feel as though I am looking into a mirror when Kyra and I speak to one another. Like myself, Kyra is pre-medicine, she is applying to jobs in global health and nonprofit work, she is writing a thesis about the movement for global health equity, and she is taking two years off before entering an MD/MPH program.

journey she had in India, Sheila seemed perfect for the position. She was present at all of our meetings and events that first semester even though her duties didn't actually begin until second semester. Commissioned by the National Office's partnerships team, Sheila led small-group sessions for the four of us interns every week of spring semester. She referenced the GROW Training Manual (Figure 13) to structure our meetings. We watched YouTube videos, including Brené Brown's TED talk about the power of vulnerability, and learned common phrases in Vietnamese. We talked about etiquette and cultural no-no's and hashed out the logistics of our trip. In the process, Sheila and I came to be friends. We went to an erotic poetry reading together during Oberlin's Safer Sex week and watched documentaries about Doctors Without Borders while drinking wine on Friday nights.

Our time in Vietnam was an extension of this friendly and professional togetherness. We learned each other's emotional triggers and wellness needs. Sheila learned that I get crabby if I don't have my

vegetables, and I learned that Sheila detests green foods to the extent that she will eat around chives in a Vietnamese noodle bowl. We rode down mountain passes in Northern Vietnam and in cyclo carts through a sea of motorbikes in the

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2012 GROW Training Manual 2

Figure 13: GROW Training Manual 2012. National Office.

bustling city of Huê. In our hotel room, we discussed the Memorandum of Understanding and negotiations to be made with CHP. We passed under metal detectors at the US Embassy in Hanoi to meet with the American substance abuse treatment adviser. And we followed a strict structure during our workdays, completing a summary of harm reduction efforts globally to present to CHP by the end of our internship⁸². At the completion of our time together in Vietnam, Sheila transitioned into the role of External Co-President for GlobeMed at Oberlin. We continue our professional friendship to this day.

Sheila sees her participation in GlobeMed as an actualization of her belief system. She also knows that she is developing skills she can utilize in the field. The training and orienting of chapter members is, for Sheila, the greatest impact of GlobeMed. She feels it is a beautiful gesture to attempt to relieve some burdens of grassroots health organizations, but she knows that untrained college kids do not have the skill sets yet to create vast immediate impact. “So in that case, I think GlobeMed is important for creating an interface between chapters and local organizations to communicate the truth of a common humanity, and in beginning to engage students, not for who they are now but for who they could be.”

Analysis

Nearly all of the fourteen highly involved GlobeMedders I interviewed had early medical aspirations. Most wanted to be a doctor, but over time about half of these people realized their interests and talents were better suited to non-clinical work. Nonetheless, they all maintained a focus on the health field more broadly, funneling those passions into their activism with GlobeMed. Similarly, over half of the GlobeMedders featured here had international experiences

⁸² To learn more about our 2012 GROW Internship, visit GlobeMed at Oberlin College’s Tumblr Blog online at www.globemedatoberlin.tumblr.com. Posts written summer of 2012.

in their young lives. Many traveled with service trips or study abroad programs and experienced a major shift in worldview. Jeffery T. Jackson provides a glimpse into the lives of development workers in Honduras in his book *The Globalizers*. “By volunteering [early on in their lives], these individuals acted out the ideals of aid and assistance. Offering their time and professional expertise (however embryonic), they embodied the notion of generosity inherent in the development discourse... (Jackson 2005:76). Like the common pathway to becoming a GlobeMedder, Jackson found that becoming a globalizer is sparked by a “life-altering or eye-opening experience of seeing poverty in the developing world for the first time” (Jackson 2005:90). These international experiences, for about half of the interviewees, were coupled with a family history in the health professions. Some had grandparents or parents who were community doctors or social workers. And for a few, these family roots were also international. Some had parents who immigrated to the US, and each of these GlobeMedders had been back visit their family’s home country. Surely, the family histories of GlobeMedders have contributed both financially and logistically to their ability to travel distances in order to partake in internships abroad.

Furthermore, about half of the GlobeMedders I spoke with identified early religious involvement, especially in the Protestant Christian church. Although many no longer identify with the religion of their upbringing, they acknowledge the importance of service experiences in the formation of their service-oriented mentality and involvement in global health work. Henkel and Stirrats also found that participatory aid often has roots in the Protestant tradition (Cooke and Kothari Eds 2001:178). As for the shift in religious affiliation experienced by GlobeMedders who entered the field based on Christian values, Kleinman comments, “In an epoch with a commitment to the cultural prisms of materialism and individualism, health replaces salvation”

(Kleinman 1995:246). For many GlobeMedders, global health and GlobeMed in particular became a new source of community and hope. Many GlobeMedders drew upon early life experiences in the church to reason out their involvement in global health work, but many shifted their moral grounding to GlobeMed.

For many who were not as involved with organized religion, early discussions of human rights and specifically the work of Partners In Health gave them the initial inspiration to get involved in global health. *Mountains Beyond Mountains* provided to inspiration many and led them to awareness of global health issues and GlobeMed in particular. Nonetheless, many people, such as Kenneth Anderson, previously of Human Rights Watch, are critical of the use of human rights principles used by the middle class to “justify their domination of the new cosmopolitan order” (Farmer 2005:213). This sort of skepticism does exist within GlobeMed to some degree, but the human rights framework and language has brought many GlobeMedders into international service and health work. Discussions around human rights have taught students humility and understanding and guide the careers and lives of GlobeMedders.

Conclusion

An abundance of researchers have peered into the lives of development workers abroad⁸³. But here, rather than focus on individuals doing global health work abroad, I study the lives of students based in the United States who primarily do global health work on their university campuses and ask what sorts of life experiences bring people to this work. Though it is impossible to find one thread that runs through each of the life narratives, there are trends in the sorts of experiences that precede young peoples’ commitment to global health and GlobeMed in particular. Woven into the stories are a number of major occurrences within the GlobeMed

⁸³ Elyachar 2005, Jackson 2005, Riles 2001, Tsing 2005

community, namely the simultaneously personal and professional relationships that are fostered in GlobeMed. In all, this chapter serves to expose the major influences that have led to GlobeMedders' involvement with the organization, as well as analyze phenomena that students have experienced during their time within the unique student-activist culture that is GlobeMed.



Office Life

We created... a really beautiful balance between community and leadership and grit... it's because of us asking why and being so critical about things. What we're doing is thoughtful.

~ Amy

“Are you wearing a bra?” Amy asked Emma as she walked from her seat toward the white board. Taken aback, Emma turned to face the table and replied, “I am currently wearing a bra, yes”⁸⁴. We all chuckled and watched a smile creep over Emma’s face as she attempted to transition nonchalantly into the intern orientation. In attendance were GlobeMed’s soon to be Director of Partnerships, Program Director, Executive Director, Director of Development, and three Summer Interns including myself. Our conversation during the orientation roamed from the history and structure of GlobeMed to our individual tasks for the summer months. Toward the end of this meeting, we moved on to what seemed to be more important: where we would go out that night.

In this section, I pull together fragments of my time with the National Office into a narrative that spans a few days. First, I explore the twofold relationships that I observed at the National Office – relationships that are at once social and professional. I next touch on inter-chapter dynamics, namely the dually collaborative and competitive nature of relationships between chapters within the network. I go on to think more broadly about the relationship between the paid National Office staff and the rest of the network, particularly in the sort of culture and actions that the office exemplifies. In so doing, I return to the conclusion that GlobeMed is ever institutionalizing as it moves through the start-up phase. I explore questions of

⁸⁴ Chapter Programs Workshop, National Office. June 21, 2013.

how to govern across a heterogeneous network made up of numerous and complex relationships. Next I present national or network-wide dynamics and recap conversations regarding the future of the network and how GlobeMed is perceived in the broader field. Throughout, I present evidence of the lifestyle and identity of GlobeMed, as it acts as an example of global health activism in an American collegiate setting.

Days in The Life

Celtic Knot Bar & Restaurant is a family style pub in downtown Evanston and is the first destination of the evening for fulltime National Office staff, a few GlobeMed alums, and this year's graduating seniors. Once we order our drinks, the seniors asked for advice from the older staff and alumni. Emma guided the seniors to ask, *How can I return to my values in everything that I do?* According to Emma, Amy always asks herself, *What do the people around me need?* One of the seniors asked what to do when they have a breakdown in the next year, and Emma said to go back to those questions because that sort of mentality will be freeing. Jon gave his two cents about the strength of the family that is GlobeMed. He said there is something special there that people are afraid to leave when they transition to other phases of life. He encouraged the seniors to think about how they can make these sorts of meaningful relationships and spaces wherever they go. Finally, the three encouraged the seniors to find work that challenges them. Emma said her job kicks her ass every single day. She came into the position, both Emma and Amy did, thinking, *O this is just a one or two year position before I go on to the next thing.* But they soon realized that they are “running a nonprofit with a budget of over half a million dollars.”

After drinks at the Celtic Knot, we boarded the L train for downtown Chicago. I ended up sitting next to James, and our conversation quickly moved to social movement theory and the peculiar strength of the GlobeMed family. James encouraged me to read the works of scholars such as Arthur Kleinman and Marshall Ganz. He said the one greatest injustice today is this gap in health. Thus, he works for a social movement that will decrease the disparities. The train came to a halt at the Belmont Red Line stop, and James and I were shepherded out of a fascinating conversation. I followed the group of eight or so for ten minutes down the sidewalks of Chicago, past Clarkes Diner, Forever Yogurt, and Walgreens. We soon arrived at a dimly lit sports bar in downtown Chicago for more drinks and dinner. Just after we sat down, the significant others of two National Office staff arrived, as

well as one of the Ethans and his girlfriend. We ate and sipped on beers of all sorts. Upon finishing, a couple of the full-time National Office staff headed to another restaurant to dance and listen to big band music.

Exhausted, I boarded the L back to Evanston with a few other National Office student staff members.



Figure 14: The Door to the National Office in the PAS Building. Source: Christensen 2012.

The next morning, as I creak open the white wooden door in the PAS building, I read the text on a yellow bumper sticker lovingly slapped above the GlobeMed name placard. The sticker is a relic of a past Summit and reads, “human is human.” Slightly invigorated, I popped my head into the office and peered around. Emma sat at the desk in front of the window, facing away

from me. As I walked in, she received a phone call. After a few minutes of a fond conversation, she hung up and exclaimed, “I gotta pull this bitch in!” The call was from a woman with a popular human rights organization who wanted to screen a documentary at the Leadership Institute. Vanessa, Jessie, Matthew and I smiled excitedly. Emma slid her earbud headphones back in and let her eyes return to her MacBook, swaying back and forth in her chair as she typed out emails. I found a seat to the right of Vanessa, who was doing much the same; she swiveled around periodically to ask a question of the others. Jesse, the third fulltime staff member in the

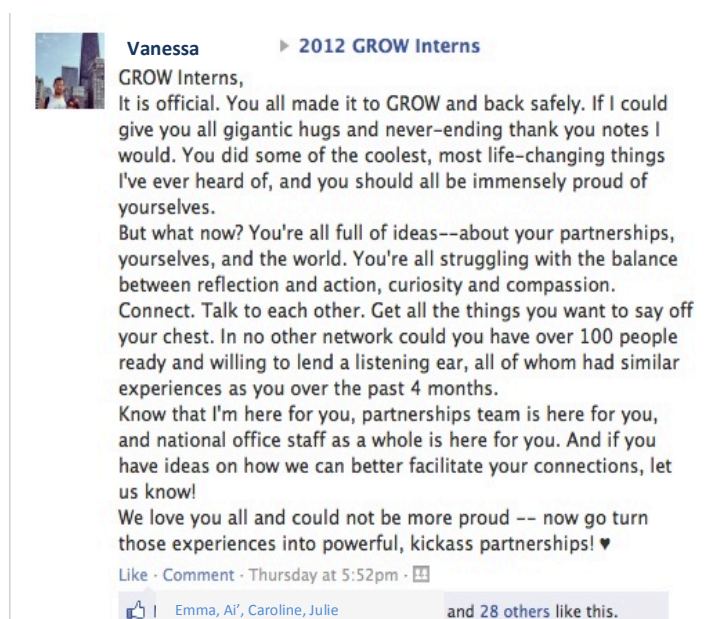


Figure 15: Note from Director of Partnerships to 2012 GROW Interns. Source: 2012 GROW Interns Facebook Group.

office that day, was enveloped in the famous beige couch, conversing with Matthew, the summer Media Intern, about chapters with strong online presences.

The two determined that the five chapters with the top communications were as follows: Columbia University, Rutgers University, Penn State University, University of California Los Angeles

(UCLA), and University of Missouri Kansas City (UMKC)⁸⁵. In particular, Columbia University was said to have skillfully conveyed the mission and purpose of both the chapter and GlobeMed as a national network. They also had a video on the front page, an *About the Partner* page, and access to quarterly reports. Links to Facebook and a chapter blog also boosted this chapter to the

⁸⁵ Communications Meeting, National Office. June 11, 2012.

top spot in the network in terms of online communication. In similar fashion, Rutgers and Penn State had lively pages with frequent posts and a blog-like presence. They effectively connected their pages to other social media hubs. UCLA made the list for their awesome videos and consistent updates, and UMKC's online presence was notable for its concise representation of the organization in the *About* section. Reasons for overall success, concluded the Program Director and us three summer interns, included frequency and relevance of posts, organization of blog and page, use of new and different media, inclusion of links and photos on Facebook, and originality (i.e., not copy/pasting from the national website). Based on our conversation, materials were assembled and the Chapter Communications Top 5 list was set for the upcoming Leadership Institute.

As we returned to office work, we raised concerns regarding chapter governance in terms of communications. Jessie expressed concern that overly stringent communications guidelines would “come across as the National Office mandating how to do things.” I supported this idea, contributing my thoughts about leadership of the Oberlin chapter, “I think for me it was hard to have conversations with the E-Board, like ‘Okay this is what you’re going to do.’” In response, Vanessa made the suggestion, “It could be useful to sit down with the manual in front of you and share the information that is coming from somebody else”⁸⁶. Emma soon responded, saying, “There’s something fruitful between National Office dominating and [allowing chapters to be] sovereign nations”⁸⁷. She pondered “the wonderfully fruitful place between that” and expressed that ideally “goals from the office would travel down through the chapter’s own voice. I would

⁸⁶ Chapter Programs Workshop, National Office. June 21, 2012.

⁸⁷ Similarly, Tom brought up early debate about the ‘at’ name in the chapter titles. One of the students he worked with at the National Office “was very against [the at name]. There was some legal reason we had to change. Is it one idea of GlobeMed at many campuses? Or is it many ideas at different campuses and we come together to share? There has always been a natural tension between National Office and chapter. There is a negative connotation to the National Office. We had ideas at National Office level about what needs to be done.” ~ Informant 121023_001 Interview. Oct 23, 2012.

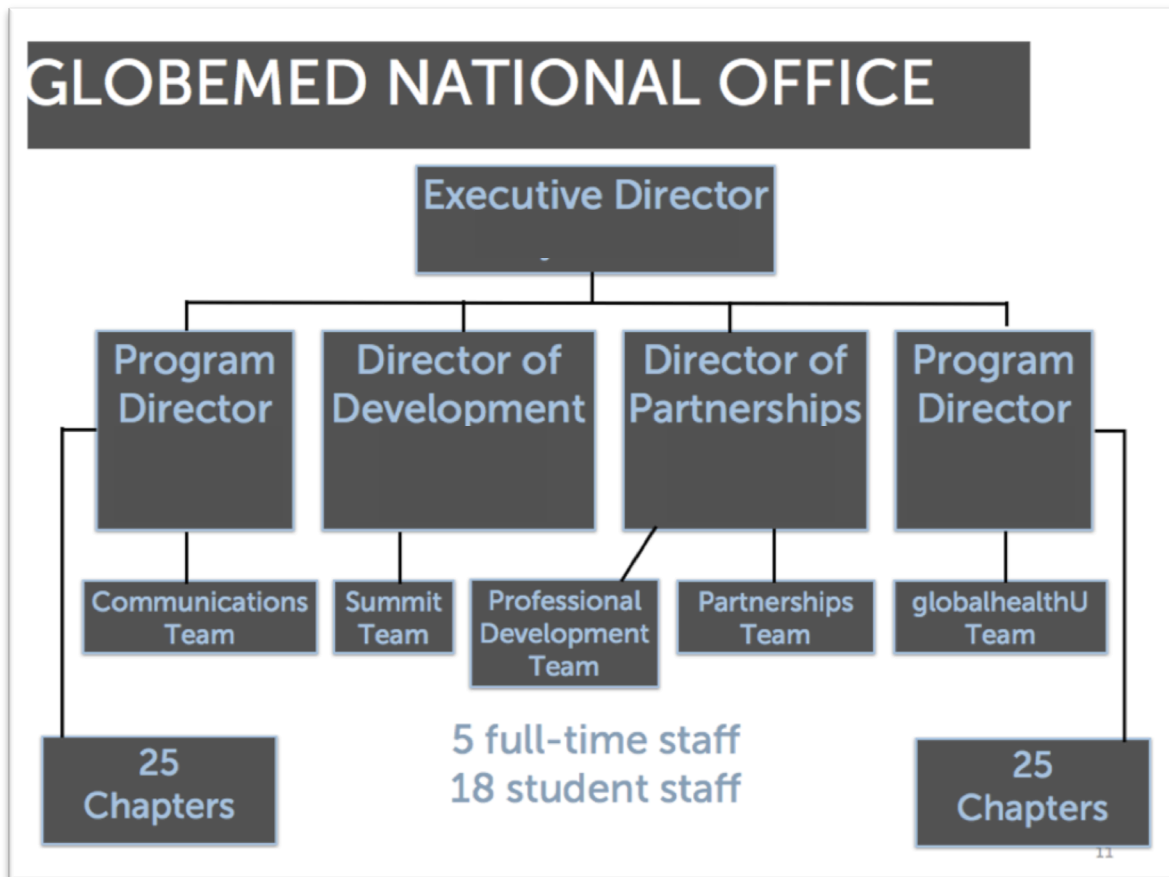


Figure 16: GlobeMed National Office Structure. Source: Intern Orientation June 2012

love for each chapter to feel as dual representatives of their own chapter and the whole network”⁸⁸. We ended the conversation there, as our stomachs started to grumble. We closed our laptops to pack up.

Jessie, Matthew, and I walked through the summer heat of downtown Evanston to meet Indira and Shelby, National Office student staff I met at the 2011 Leadership Institute and 2012 Summit respectively. We moseyed to a café where blue grass music played in the background as the five of us fell into oversized plush chairs. Names were called out periodically at the preparation of Panini sandwiches and iced coffees. Soon, MacBooks perched on our laps; each with a GlobeMed logo pasted on the back. I point this observation out to the group, and Indira expressed remorse that her sticker had the outdated logo. Instantly, Shelby pulled out a new sticker and handed it to Indira who happily pasted the new logo to the back of her laptop. We

⁸⁸ National Office Alumni Meeting. June 6, 2012

soon zoned into our own work, the silence was broken periodically by a comment like, “The picture of that cow [on the wall] kinda creeps me out. I feel like it’s staring at me.” I replied, “You just have to make it your friend”⁸⁹. We continued working and intermittently conversed about the latest GlobeMed relationship gossip, organizational developments, and summer travel.

Indira told a story to a fellow National Office student staff member while we all worked in a coffee shop in Evanston. “I was walking with Julie, and a man opened the door for me and saw I was wearing a GlobeMed shirt. He said, ‘Oh, GlobeMed! I’m wearing my MEDLIFE shirt, we’re like the same person!’ And I was like, ha.” Indira laughed awkwardly and gave a sarcastically critical face to the rest of us. Shelby soon responded, “Ha, yeah, my friend told me their campus news wrote a story about GlobeMed, and it was like, ‘GlobeMed, a new organization on campus, it’s the same as MEDLIFE.’ And I was like, ‘Suck my dick.’”⁹⁰ A number of other interviewees expressed skepticism toward what might be considered peer organizations. “...look at Global Medical Brigades. The model is simplistic... If you look at the organizations from the perspective of a freshman entering college, they don’t appreciate power of GlobeMed so they join Global Medical Brigades”⁹¹. Another early founder at the National Office looked at organizations like FACE AIDS and Nourish International to construct the Global Health U structure and curriculum, but she “didn’t see a lot that meshed with [GlobeMed’s] specific mission. They were not as in depth or critical. They were more of fundraising organizations”⁹². And a current National Office fulltime staff member commented, “Global Health Brigades or Duke Engage or Northwestern random grants to go wherever the

⁸⁹ Delby’s Corner with National Office Staff and Interns. June 5, 2012.

⁹⁰ Coffee Shop in Evanston with National Office Staff, Student Staff, Summer Interns. June 5, 2012.

⁹¹ *Informant 121023_001 Interview Oct 23, 2012*

⁹² *Informant 121023_002 Interview Oct 23, 2012*

fuck you want...I think is a whole other problem”⁹³. Based on these thoughts circulating around the network, it is not surprising that Shelby responded the way she did – though surely in her head – to the MEDLIFE member’s comment.

Once our eyes glazed over, we again closed our laptops and wound up the power cords draped across our feet. Matthew, Jessie, and I walked to the same Thai fusion restaurant in downtown Evanston that hosted dinner at the 2011 Leadership Institute. I eyed the brightly colored noodles that were inlaid in glass panels on the walls as we sat in a booth near the front windows. First, we discussed Matthew’s recent Semester at Sea in which he traveled the world by ship. Next, we heard about Jessie’s experience being hired as Chapter Advisor. She was up north at her family’s cabin in Northern Minnesota where she rarely checked her email or text messages. But one day in the middle of the week, she felt the need to check her email on her Blackberry. Jessie had, months before, applied for the position of Chapter Advisor, but she thought that another graduate, Vanessa, had been awarded the job. Yet, on this day at her cabin, Sarah checked her email and learned that the Executive Director of GlobeMed at the time was stepping down. Consequently, one of the current Chapter Advisors would to move into the role of ED. So at the top of Jessie’s email inbox was a message from Emma telling her to call the National Office the next day. Sarah called, and after a short conversation with Emma, she was offered the job. They needed her to fly to Chicago that coming weekend to help with the Leadership Institute.

Jessie recalls that the next few months were tiring. She had at least four advising calls per day with External Co-Presidents of various chapters, and she said her cheeks would hurt by the end of each call from excessively smiling. Jessie felt that her orientation was lacking, but that her

⁹³ *Informant 120625_002 Interview June 25, 2012*

previous experience being a camp counselor gave her some of the skills she needed to be a good advisor. One of the major disadvantages Jessie had in the position was that she was never Co-President of her chapter at Rhodes, so she didn't know a lot of the little pieces of advice that might have been of use to her advisees. Our conversation came to a natural end as I lifted the last Pad Thai noodles from my plate. Matthew and I walked back to the slanted college house on Foster where us interns stayed, and Jessie boarded the L toward Chicago.

The sun woke me to the next workday at the National Office. I packed my lunch and slung my messenger bag over my shoulder. The ten-minute walk East on Foster brought me to the back parking lot of the PAS building. Again, I creaked open the white door to the GlobeMed office to find Emma, Vanessa, Jessie, Sasha, and Matthew in the space⁹⁴.

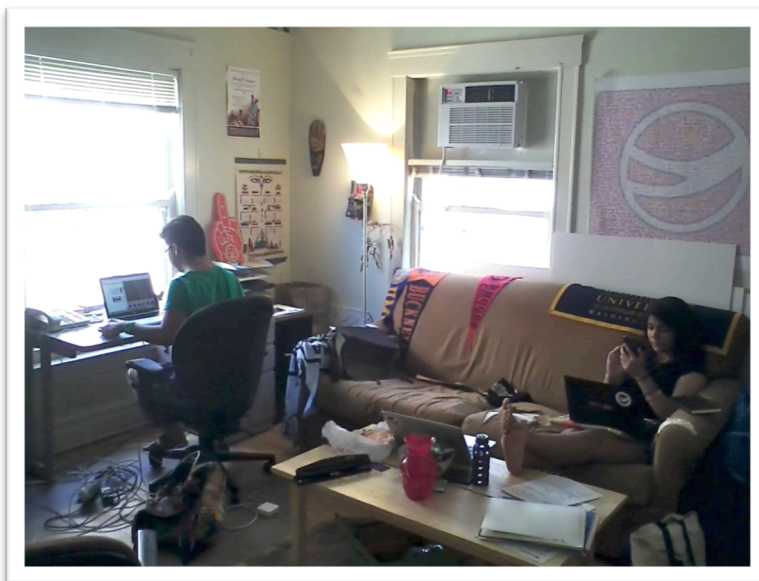


Figure 17: Summer Interns Working in the National Office.
Source: Christensen 2012.

Emma was again on the phone, this time trying to finagle a way to access the Northwestern Internet network. She made numerous calls, explaining the tangled affiliation of GlobeMed to Northwestern and the Buffett Center. She was calm and inquisitive, but clearly frustrated by the difficulty of it all. Jessie, Matthew, and I squeezed onto the couch, Vanessa sat at a desk across from us, Sasha next to her,

⁹⁴ Work Day, National Office. June 20, 2012.

and Emma to Jessie's right. Soon, a student staff member of the National Office paid us a visit. He was about to depart for Lesotho to begin a fulltime job, so he came to say his last goodbyes. Upon hearing Emma's request, "Share me on the Internet!" Chad recalled the years of GlobeMed's lack of consistent access to the Northwestern Wi-Fi. As Chad and Matthew began a side conversation, Vanessa and Emma tried to figure out how to jump-start the Internet. Meanwhile, Sasha and Jessie talked diagonally across them about Global Health U. I peered happily at the commotion as my fingers poked endlessly at my laptop keyboard. I tried to make sense of the alumni spreadsheets while listening intently to what was developing in the office⁹⁵.

Vanessa and Emma finally got online, then began to converse about a post on one chapter's summer internship blog. "But what is good health without Christ?" the GROW intern wrote⁹⁶. Emma suggested having the chapter write a qualifier on their blog explaining that their posts do not reflect the views of GlobeMed as a whole⁹⁷. Vanessa, the advisor for this chapter, referenced the number of people from other chapters who brought up concerns about the post. Jessie was interested to know if thoughts around Christianity were guiding the chapter's actions day to day. Vanessa soon reminded us all of the need for cultural sensitivity. She questioned if we want to tell an internship team that they can't go if they have the intention of bringing a Christian presence. And if GlobeMed does want to place such a restriction, Vanessa questioned, how do they say that? Finally, Emma asked when they could have a conversation with the Co-President. She hoped to ask and discuss openly the purpose of this particular chapter. As the conversation came to a close, it neared lunchtime.

⁹⁵ Work Day, National Office. June 22, 2012

⁹⁶ GlobeMed at Bethel University GROW Blog.

⁹⁷ Work Day, National Office. June 20, 2012.

I walked with Jessie, Matthew, and Sasha to another coffee shop called Unicorn Café on Sherman Avenue in downtown Evanston. The humble establishment was filled with a smattering of students and adults. Music by the young punk duo Tegan and Sara played over the speakers as the baristas crafted lattes. The four of us cozied around a kitchen-style table and unpacked our MacBooks. After a bit of surfing around the web and answering emails, we got to business. It was our task to brainstorm for the Global Health U curriculum because Sasha, an intern, needed to collect potential resources to distribute to chapter Global Health U Coordinators for the 2012-2013 curriculum. Jessie started by framing our conversation:

Jessie: It's what really sets us apart from other organizations...a *student-designed* curriculum. Because everyone does fundraising, everyone. But building a culture around ghU [is what sets us apart].

Julie: I feel like ghU should guide the actions of the chapter...ghU is a space to discuss critically what we are doing and why.

Matthew: Everyone having the same theoretical background definitely helps spur a movement, but does that make us all think the same way? The openness of the curriculum will make a more dynamic way of seeing these things.

Our conversations touched first on the differentiating factor that ghU is in comparison to peer organizations, but we quickly shifted to more theoretical motivations for having ghU.

Eventually, after not conclusively answering any of Matthew's ponderings, we moved on to tangible tasks for Sasha. Because Sasha felt limited by the theme set by the National Office student staff, which was to explore whether or not health is a human right, we brainstormed resources she could draw from, including TED talks, YouTube videos, and online articles. It was decided by National Office Global Health U coordinators that we would provide chapters with about six options for each week's session to allow for greater chapter autonomy. Thus, we needed to provide Sasha with an extensive list of resources to draw from. When we exhausted our discussion of global health resources, we each returned to our own work for a bit then headed back across campus to PAS.

Back in the small brick house of PAS, I joined Vanessa in a room adjacent to the office for a Conference Call with others in the Praxis Network. Made up of a number of nonprofit organizations with a social justice or health-related mission, representatives of organizations in the Praxis network convene regularly by phone or for weekend retreats. The network is meant to drive long-term collaboration among “young [organizations] starting to either deliver healthcare to people living in poverty or mobilizing young people to care about the health of people living in poverty”⁹⁸. Representatives from FACE AIDS, PIH, Project Muso, Tiyatien Health, Hope Through Health, and Village Health Works deliberated over questions around partnership. “[The partner] side goes for services, the [US organization side] for moral calling and experience. In this situation, how do we balance resources between the two sides?” PIH has made the decision to invest considerable resources in beneficiaries and their “field program,” and the representative acknowledged the fact that “advocacy does wonders to move resources, especially at the grassroots.” Vanessa, from GlobeMed, spoke up saying, “students will mobilize, but they need direction.” Conversations with students about the root causes of poverty were said to be important, as well. The representative from Project Muso encouraged rigor in community organizing methodology, even using the same methodology as training healthcare providers. James, with PIH now but the former Executive Director of GlobeMed, then shared a number of resources related to social movement building in order to encourage rigor as well. In all, the conversation started with a focus on partnerships but moved to dialogue about social mobilizing and organizing.

On our way out, I overheard Emma and Vanessa conversing about the recent death of Jedediah from the HOPE Center. According to Nicholas, in a blog post wrote shortly after

⁹⁸ Interns Orientation, National Office. June 8, 2012.

Jedediah's passing, "[He] was an integral member of the GlobeMed family"⁹⁹. Deliberating about whether Northwestern's GROW team should still go to Ghana, Emma pondered, "Imagine if your father had just died and someone from Ghana were coming here." Vanessa added, "They aren't doing anything because the money has been bouncing back for a year and a half." In the end, Emma reasoned that it made sense to cancel GROW and send someone from the National Office to go and evaluate the partnership¹⁰⁰. We continued down the stairs of PAS and into the conference room.

We joined Amy and one of the Summit Co-Directors. A medium-sized room with a large table surrounded by rolling chairs, one wall of the conference room is made up almost fully of windows. A projector went in and out of functioning throughout the meeting, intermittently casting a PowerPoint presentation on the screen. The air conditioning in the conference room was overwhelming, but it did well to protect the sculptures around the periphery of room from the summer heat. We asked guiding questions for the workshop such as, *Which student organizations are raising the most money and why? What is driving campaign strategy? and What are internal and external things that make or break campaigns?* We brainstormed solutions including: suggest that Campaign Coordinators create a business plan for their chapter, instruct Campaign Coordinators to clearly convey the comprehensive project, and boil down what the money is going toward in the quickest way possible¹⁰¹. Campaigns could be a "parallel thing you're doing with your partner. Because what if you articulated to your Campaign Coordinators that it's as much their responsibility to be experts in the projects as it is to run a campaign? And what systems would we need to put in place to make sure that's possible for

⁹⁹ GlobeMed Blog+Media. Retrieved from <http://globemed.org/remembering-joseph-achana>. Accessed April 5, 2013.

¹⁰⁰ Work Day, National Office. June 20, 2012.

¹⁰¹ Chapter Programs Workshop, National Office. June 21, 2012.

them?” Emma answered her own question, “I think the thread is informed approach – you have to do your research. Need it to be data-driven.” Vanessa added, “that would trickle down into teams as well.” Emma soon conceded, “We need soooo much more data on what actually works. We’re just going to start pulling stuff out of our butts on what actually works. Like I really wonder if campaigns that are tied to partners make more money than campaigns not tied to partners. Like your Harry Potter Bar Night [at GWU, Vanessa], right?”

Despite Vanessa’s skepticism about the Harry Potter event, it happened to be quite lucrative for GlobeMed at George Washington University. Matthew and I commented on fundraising differences between Oberlin College and University of Rochester based on variance in campus environments. For example, Rochester is a campus with Greek life, ten thousand students, and two hundred thousand city residents; Oberlin is known for student Cooperatives and has a student body of twenty-eight hundred within a town of four thousand. Still, Vanessa drew upon her experiences as a chapter advisor and claimed, “any chapter that fundraises a lot of money, their chapter advisor can tell you exactly what their strategy is.” Amy interjected, “A lot of the internal challenges cut across chapters.” The fulltime staff thought that a concrete strategy would lead to campaign success on any campus, whereas we students considered the campus environment to be a great determinant of fundraising figures.

The chapter programs workshop explored the framework of independent ventures and how their success might be encouraged and supported by the National Office¹⁰²:

Emma: I think what you were talking about is theory of change. What is a chapter’s theory of change, ... Need a cohesive process and to effectively communicate that. Why students? Why community organizations? It’s a logic model. I don’t think we spend time, and I think that past success is really important, but people get money for sexy ideas. There’s not always a lot of follow-up.

Matthew: I’m thinking of the bus monitor story [that was recently in the news]...she was crying because students were being so mean, and people started to raise money for her to go

¹⁰² Chapter Programs Workshop, National Office. June 21, 2012.

on a vacation, and in just a day it's over \$100,000. What is it about that story that makes me want to take my wallet out?

Vanessa: When the flame goes out, light yourself on fire. When all else fails, be the one to scream, "We are fucking raising \$10,000 tomorrow!"

Wavering between whether an informed approach or a sexy idea would be most lucrative, we began touching on large scale developmental questions. We talked about the need for more extensive training than just the Co-Presidents' Leadership Institute. "I think we need to think about this over the next one to three years, and we absolutely need to get more training into the deeper levels of the chapters, and the regional structure. What are the ways we can bucket out the network? Regional trainings – we need to do this! ... Down the line, we're going to need a national Co-President LI and a regional all-E-board LI kind of structure." But Amy commented on how accountability is one of the hardest things. Amy found it hard to ensure that Campaigns Coordinators received the information they needed and were able to commit to putting on great campaigns. "Everybody has a lot of shit to do. We tried to mandate a webinar, and it flopped three years ago."

Another major development in the organization is an emphasis on monitoring and evaluation. After attending a retreat with the Praxis network, Vanessa learned that implementing a Monitoring and Evaluation Team was an important move for Partners In Health, and she suggested that GlobeMed implement such a practice. Emma asked what GlobeMed could do to fund an M&E team, how such a team would be structured, and what their work plan would be comprised of. Vanessa proposed that 2012-2013 be used as a pilot year to start M&E projects for Partnerships, Communications, and Global Health U. She relayed advice from Partners In Health, especially the need to take enough time to find out the needed indicators. PIH also suggested that there be one M&E team for the whole organization that can step back and be self-critical.

In this reflective vein, Jessie and Vanessa shared with me their thoughts about the culture of GlobeMed and the Praxis network in general. Jessie reflected, “Emma and Amy are more thoughtful about internal systems and operations [than was the previous leadership]. It’s an interesting break. We need to get out of this mindset of sitting in an office and cramming out stuff. We’re becoming bigger, and we need to have the systems to support that”¹⁰³. Vanessa thought, “There’s been this culture in GlobeMed in the past of martyrdom. ‘*Oh, I stayed up until 2am because people are dying in the developing world.*’ That’s not productive... I think everyone should stop working at seven p.m. or eight p.m. at the latest and start working at eight or nine a.m. And that will lead to the ability to focus on a lot of things at one time... our entire culture shifting to be more about wellness and self-management than martyrdom would be really effective for everybody. I think it’s a problem across the global health field, not just GlobeMed”¹⁰⁴.

Next, I asked Emma what she thought about turnover with the National Office staff. “Girrrrl, you said a mouthful there,” she sighed in response to the question. “Yeah, it’s a huge issue. It’s as one of our Board members said at our last board meeting, ‘We don’t want your success to be your failure.’ GlobeMed as a launching pad is awesome, but we need to launch ourselves too. And it’s tied to all kinds of other sustainability questions in GlobeMed. How do you get support to grow as a professional? How does your salary grow? What are your goals in terms of long-term going to grad school, and all these other things that we can help you achieve? Yeah, we are not going to be able to grow the kind of organization we want if we’re turning people over every two years. So we’ve got to try to change it. It’s something that Profs Devs

¹⁰³ Informant 120625_001 Interview June 6, 2012

¹⁰⁴ Informant 120625_002 Interview June 25, 2012

(Professional Development) team is working on; it's tied to our development, it's tied to all these different pieces... It's something that's also very personal. Super personal"¹⁰⁵.

Another goal in years to come that will require great commitment and thought is to have international chapters. For example, Tom suggested having a chapter in Ghana that supports an organization in Mississippi. "Obviously," he reasoned, "it's not going to be doing the same type of fundraising...but we might be able to glean experiences back and forth. That would be an awesome way of looking at partnership"¹⁰⁶. Multiple people I interviewed, especially alumni, were enthusiastic about the possibility of international chapters. Some found it a necessary next step in order to continue with GlobeMed's visionary legacy, to promote inclusivity of all people and a truly global framework.

Over the course of a few meetings and conversations, I was able to get an impression of how GlobeMed is viewed in the broader field. First, Vanessa shared the opinion of the Praxis Network, "the main things people were hitting on is that GlobeMed is the only organization in the Praxis Network that every other organization could find value in"¹⁰⁷. For example, according to Vanessa, a representative of Gardens for Health International commented, "[GlobeMed at Middlebury] raised \$15,000 for us this year! They're bringing us all these training programs!" And according to Vanessa, others said they need something like that. During my interview with Anika, she summed up her thoughts about the way others see GlobeMed, "Other people are really impressed with the model. It's funny because some people don't really get it. They'll say, 'Oh, that's so cool you travel to other countries.' But I have to say, 'No, no that's not all.' People are really curious; they always want to know what students from GlobeMed are doing

¹⁰⁵ Intern Orientation, National Office. June 8, 2012.

¹⁰⁶ *Informant 121023_001 Interview Oct 23, 2012*

¹⁰⁷ Communications Meeting, National Office. June 13, 2012.

[today]...and whether they've retained the principles they've learned in the organization"¹⁰⁸. And according to David, his peers "view GlobeMed as something special and unique. I hear [scholars and activists in the Boston area] talk about GlobeMed with a lot of respect. PIH sees GlobeMed...as leadership development...interior formation"¹⁰⁹.

Back in the office, Amy took me through the National Office team's thinking around the future of GlobeMed. She brought me up to date on their current thinking around a business plan for GlobeMed. The basic conclusions were that GlobeMed is best at student engagement in global health. The landscape is a university setting. Amy then talked about how National Office staff's struggle in every board meeting because board members ask the staff to focus on just one of the following: develop student leaders *or* improve the health of the poor. But Amy talked about the belief among staff that investing in students will lead to higher quality impact. She spoke to students' ability to move resources, use existing skills, and leverage new networks. And in the future, students will mature into professionals with particular values who will become powerful individuals in their workplaces. The major problem, Amy relayed, is that they have not figured out how to measure impact. Vanessa gave her thoughts, "We're having a lot of impact on students. Even students not in GlobeMed in the way they think of and perceive global health... People are seeing the relationships and people aren't thinking about public health impact; they're thinking about the relationships. And I think that changes the dialogue a lot when it comes to undergraduate engagement... When you talk about GlobeMed you don't talk about volunteering and service, you talk about relationships and friends"¹¹⁰.

¹⁰⁸ Informant 121023_002 Interview. Oct 23, 2012.

¹⁰⁹ Informant 121025_001 Interview Oct 25, 2012

¹¹⁰ Informant 120625_002 Interview June 25, 2012

Analysis

During our workday, we traverse settings – from office to coffee shop to meeting and back. Simple meets complex, old meets new; bonds are flexed and strengthened. Just as the work place is infused with talk of nightlife, leisure activities are almost always interspersed with conversation about values and futures, social change and memories from abroad. This synthesis of worlds exerts a certain amount of control over those in the organization. Students neglect exams and full-time staff let emails flow into the evening and weekend hours; these behaviors become social facts of the organization. Fulltime National Office staff new to the environment comment on the habitus of GlobeMed’s work culture and the permeation of the self-sacrifice complex among those who do global health nonprofit work. Relentless questioning and tireless work become more of a norm in the field with every late night spent talking about theory of change or what the world needs from GlobeMed. These social facts, however, translate into successes in the field of nonprofits with which GlobeMed competes. An unrelenting work ethic is thus enforced from all sides – the high stakes of GlobeMed’s mission, the internal culture that exists currently, and the cultural moment that glorifies entrepreneurship in the United States today.

Dynamics between GlobeMed chapters are similarly shaped by both internal and external pressures and straddle the line between collaborative and competitive. The goal of the communications meeting was to rank chapters’ online presence, which demonstrated the competitive drive the National Office places on chapters regarding everything from social media to fundraising to chapter programs. Given that the entire network is weakened when certain focal points don’t uphold the network’s standards (Riles 2001:175-178), the system of rankings is intended to encourage a high-quality standard and to acknowledge those chapters who excel in

certain areas. Again, the concept of microentrepreneurship is helpful to understand the tension between competitive pressure and collaboration (Elyachar 2005:172). Where each chapter hopes to stand out in the network and gain the recognition of the National Office, there is also an emphasis on collaboration because we are all working toward the same end goal.

In a similarly business-oriented fashion, distinguishing GlobeMed from other global health and nonprofit organizations is common at the National Office; however, this sentiment is often actualized in the exclusion of other organizations. GlobeMed has entered a landscape of start-up nonprofits that have become competitors for student interest. In studying networks, Riles found that students “become biased to [their] own network to the point of exclusion of other networks” (Riles 2001:175-178). Organizations like MEDLIFE, Global Medical Brigades, FACE AIDS, and others¹¹¹ are not only peer organizations, they are competing organizations looking to attract members from a limited pool of youth in the United States. Thus, just as the National Office creates a cohesive network, it is also creating a group of students that differentiate themselves from other organizations and networks. Despite the fact that they may have similar missions, the difference in approach causes GlobeMedders to discredit the work of many of these organizations.

This competition may stem from the fact that GlobeMed is still in its start-up phase in many ways. Jessie’s hiring story is one among many examples of rushed orientations, and simple problems like Internet access woes take time that is of increasing value to National Office staff as the network grows. Though the fulltime staff members are now beginning to focus on more internal operations and human resources, in the summer of 2012, the office infrastructure reflected the organization’s founding, which was based heavily on service to others rather than

¹¹¹ See Appendix 5 for a full list of Referenced and Peer Organizations.

internal development. But a shift is occurring. During the chapter programs workshop, our time was quite regimented. Conversation flowed from campaigns to discussion of the national structure. It was suggested to implement more training across entire E-Boards, and new Monitoring and Evaluation standards were also suggested as a way to ensure organizational stability. Despite seemingly outdated difficulties at the National Office, the workdays and meetings are structured around topics that prove the institutionalization of GlobeMed.

Chapter governance via the National Office is also a lingering question for fulltime staff. The hierarchy of guidance is apparent: the National Office draws from histories of chapter experiences to advise Co-Presidents, and Co-Presidents funnel that information to their E-Board and staff. A cycle is completed when the National Office staff ask summer interns and chapter Co-Presidents about their experiences during internships, conferences, and advising calls. Still, there has always been a tension between the National Office and chapters based on a disconnect in understandings of campus culture and the underlying principles of individual chapters. Emma believes there is a “fruitful” way to govern, but how to do that exactly is difficult. The National Office staff’s response to the religiously oriented GROW internship blog post demonstrated disparities between chapter and network-wide purposes. Especially given that each GlobeMed chapter has its own partner organization, guaranteeing consistency in chapter-partner relationships poses yet another predicament. As the network grows and expands, new cultural and campus contexts will affect the way National Office programs are carried out.

In a field that is defined by a shortage of resources, GlobeMed intends to give American middle-class students a framework to begin to confront global power structures that impede good health. In the broader field of global health, according to those affiliated with the organization, GlobeMed is thought to foster thoughtful leaders who have experienced valuable relationships

with partners. The impact of Jedediah's death on many of the founding core is evidence of the familial magnitude of relationships formed between partner community leaders and students. Nicholas wrote a blog post about Jedediah's centrality to the "GlobeMed family", and Vanessa and Emma cancelled a GROW team's internship because of his passing¹¹². The depth of relationships in the network, particularly between partners and students, is a core focus of GlobeMed. In my experience, the human relationships that manifest across cultural borders are what give true meaning to GlobeMed as an organization. Again, in the words of Vanessa, "When you talk about GlobeMed you don't talk about volunteering and service, you talk about relationships and friends"¹¹³.

Conclusion

In this section, I have constructed a narrative that spans a few days at the National Office. Though I have not presented events in sequential order, I have included segments of conversations and experiences that occurred during the month of June 2012 to construct a narrative that is telling of major themes that I encountered during my years with GlobeMed. I expose intra-office dynamics, specifically the intermingling of personal and professional lives. I also explore inter-chapter dynamics, namely the tension between collaboration and competition among chapters in the network. I go on to think about how the National Office encourages or discourages certain activities and how this plays out in terms of competition with GlobeMed's peer organizations. In so doing, I highlight again the start-up, entrepreneurial, business culture that is becoming increasingly engrained in the everyday life of the organization. I explore questions of governance, especially noting the heterogeneity of the network and partnerships.

¹¹² This decision was compounded by money transfer delays, as well.

¹¹³ *Informant 120625_002 Interview June 25, 2012*

Ultimately, I provide an eye into this living organization as it serves as an example of activist communities and collegiate global health work in the United States.



Network and Globalization

“After you do this work for a while, you meet enough people that nothing feels distant anymore. When something happens in Zimbabwe, I think of my friends Betty and Jenny and their children... If the problem is in Uganda, I worry about Ruth. In Sierra Leone...in Kenya... Every conflict has a face, many faces. Every problem touches your heart”

~ Leymah Gbowee¹¹⁴

In a world where “the range of relationships which closely concern us has ramified to include most of the world” (Marris 1996:137), American college students are taking action in response to what they consider global injustices in health. Part one traces the origin of GlobeMed, focusing on one key narrative that influenced GlobeMed’s embrace of the partnership model. I consider the marketable foundations of GlobeMed and evaluate the mode of expansion, recounting my own experience as a chapter founder and microentrepreneur. In part two, I present the life narratives of a few highly involved GlobeMedders to explore what sorts of experiences precede a firm commitment to health activism and GlobeMed in particular. The heterogeneity of GlobeMed’s network makes sweeping conclusions as to the identity and lifestyle of GlobeMedders impossible, but it is my hope that these qualities have come across throughout my qualitative analysis. I conclude this part with thoughts regarding the dually personal and professional relationships that are formed in GlobeMed, and I draw this theme into part three with a fragmentary recollection of my time at the National Office in the summer of 2012. I communicate major dynamics, namely inter-chapter competition and collaboration, National Office to network messaging, and prominent network-wide influences. Overall, I have

¹¹⁴ Gbowee, Leymah. (2011). *Mighty Be Our Powers: How Sisterhood, Prayer, and Sex changed a Nation at War* (pp. 207). Pennsylvania, USA: Beast Books.

concluded that GlobeMed is an organization based in students' critical questioning and abiding relationships both internally and transnationally; however, the conversational tone is undergoing a shift toward the "bottom-line" due to macro and micro pressures.

GlobeMed is a twenty-first century avenue for student activism around global health. Originating in a post-9/11 context of a "general worldwide pattern of NGO growth" when "private property, free trade, and the entrepreneurial spirit" are encouraged in the United States (Jackson 2005:31, Tsing 2005:106), GlobeMed has been well positioned to take on a global cause in health. Following Partners In Health in its core mission and model, GlobeMed is just one in a pool of nonprofit organizations that were founded in the early 2000s with health and social justice ambitions¹¹⁵. GlobeMed's founders took the philosophies of scholars such as Paul Farmer – "we must understand that what happens to poor people is never divorced from the actions of the powerful" (Farmer 2005:158) – and bound GlobeMed to the partnership model. Soon, GlobeMed established itself as a marketable organization that utilized academia as its base and claimed global health equity as its cause.

Working in a campus environment, today GlobeMed navigates social fields that are, for the most part, made up of impressionable, mobile young people, willing scholar mentors, and elite board members and advisors. GlobeMed capitalizes on these influential relationships by fostering community around the social issue of health equity as it utilizes the social, political, and economic capital embedded within academic institutions in the United States to further its activist goals. Students work within long-term partnerships with community-based organizations globally and institutionalize these relationships within their universities as student organizations. Meanwhile, global health has become a sought-after department at many colleges and

¹¹⁵ See Appendix 5, Referenced and Peer Organizations.

universities across the United States (Koplan 2009). Global health aspirations thus manifest in an institution comprised of academic, social, and professional circles, and GlobeMed both exemplifies and fuels the development of this field.

As chapter-partner relationships are sustained, a transnational network comes into existence. Events like the attack on the World Trade Centers coupled with GlobeMedders' global roots and experiences contributed to an understanding that everything we do is influenced by and influences other people, as "'their' history and 'our' history emerge as part of the same history" (Wolf 1982:19). Because "human beings are increasingly creating and maintaining relationships with one another beyond the borders of their own countries" (Jackson 2005:60), a culture is formed around this idea of a transnational network. Networks are "widely viewed as more flexible, more progressive, more sophisticated forms of international action" (Riles 2001:172). Relationships that are sustained with online platforms such as Facebook, Twitter, Skype, and Gmail allow students and partner organizations to develop "an ambition for political change through communication and information exchange" (Riles 2001, citing Lyotard 1984:3). GlobeMedders take advantage of the novelty of "the sheer speed, scale, and volume" of flows across the globe to further their causes (Appadurai 1996:37), making GlobeMed a prime example of the global networks that are formed and maintained every day in our ever-globalizing world. Where relationships are formed between chapters and partners, new levels of connection are achieved across difference. These relationships become forces of global empathetic connection that take the "'inter-human' experience of 'suffering for the suffering of someone else'" to new scales (Kleinman 1995:66). Students decreasingly conceptualize of their actions as isolated; rather they perceive of themselves as part of a larger community. As a graduating senior said to

me at Summit, “I can’t sleep at night because I’m thinking about our partner in Rwanda”¹¹⁶. The magnitude of these global connections influences the everyday actions and life decisions of highly involved GlobeMedders, and the networks of influence within which these young people exist will change the world in unforeseeable ways.

Limitations and Directions for Future Research

I have encountered a number of limitations and challenges in carrying out this research. First, I have been limited by time. I have only studied the tip of the iceberg in terms of data regarding GlobeMed. Between the fifty, soon to be sixty, chapters of GlobeMed, countless YouTube videos, PowerPoint presentations, photographs, and spreadsheets exist that I have not witnessed or accessed. Furthermore, because my project is largely a qualitative analysis, I have not compiled network-wide statistics related to the claims that I make. Therefore, the claims made especially in Part 2 must be understood to be a reflection of the lives of a limited number of GlobeMedders who were all based in the United States during my time of fieldwork. Another limitation is my neglect of the perspective of partner communities. I understand that partner perspectives would enrich any analysis of a partnership-based model, but I regrettably did not include partner interviews in my research. These limitations and challenges exist, amongst others, and influence my claims.

Given the limitations of my research, future research might delve deeper into the GlobeMed experience and impact by expanding analysis to partner communities, funding streams, the Board of Directors, and alumni networks. It would be informative to understand ways in which the people who work for partner organizations view GlobeMed and its affiliated

¹¹⁶ GlobeMed Global Health Summit. Northwestern University, April 2013.

students. Questions might pertain to how the organization has impacted the functioning of partner organizations and how the presence of GlobeMedders has affected partner communities overall. Additionally, future research could explore the flow of funding to, within, and from GlobeMed. GlobeMed is connected to funders such as academic departments, governmental institutions, and private corporations, to name a few. In turn, the organization trains and doles out small grants to students to cover costs associated with summer internships at partner organizations. Funds are also wired from chapters to partner organizations in order to enable partner organizations to carry out projects that aim to improve the health of their communities. An analysis of these funding streams would further elucidate the pressures, affiliations, and impact of GlobeMed. Finally, investigation into the Board of Directors and alumni network would bring light to the direction of GlobeMed and the trajectory of its constituents. Each of these avenues of future research would create a more comprehensive ethnography of GlobeMed and add to fields of inquiry regarding global activism, institutions, and networks.



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Appendix 1: Institutional Review Board Request

OBERLIN

Oberlin College, College of Arts and Sciences, Office of the Dean
 Cox Administration Building 101
 70 North Professor Street
 Oberlin, Ohio 44074-1090
 Telephone: (440) 775-8410
 Fax: (440) 775-6662

Request for Review (Non-Exempt)

Page 1 of 4

Project Title:	<i>The Humanity of Institutions: An Analysis of a Student Movement for Global Health Equity</i>
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Investigator Name: Julie Christensen	Investigator Department: Anthropology
Investigator Phone: 952-913-6136	Investigator's Email: jannchrist@gmail.com
Check one: Faculty <input type="checkbox"/> Staff <input type="checkbox"/>	Oberlin College Student <input checked="" type="checkbox"/> Graduate Student <input type="checkbox"/>
Investigator's Signature*: Julie Christensen	Date: 5/24/2012

Proposed Starting Date: June 5, 2012	Is project currently sponsored/funded: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is funding being applied for: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If Project is Currently Funded:	Funding Agency: Oberlin College Jerome Davis Research Grant – awarded to “high-quality applications from Oberlin College Honors and other advanced students to defray research costs for well-defined field work projects that focus on and benefit or have some implications for a community.”	Proposal # (if known):
If Funding is Being Sought:	Funding Agency:	Application # (if known):
Grant Title: Jerome Davis Research Grant		

Oberlin College Student Projects

Is this project being conducted as: Course Project <input type="checkbox"/> Honors or Research Project <input checked="" type="checkbox"/> Other <input type="checkbox"/>		
Faculty sponsor: Baron Pineda		Department: Anthropology
Telephone: 440-775-8790	E-mail: baron.pineda@oberlin.edu	

Faculty Signature* Baron L Pineda	Date: 5/24/2012
--	-----------------

Graduate Student Projects

University:	
Is this project being conducted as: Course Project <input type="checkbox"/> Thesis Project <input type="checkbox"/> Other <input type="checkbox"/>	
Faculty sponsor:	Department:
Telephone:	E-mail:
Faculty Signature*	Date:

*Your signature indicates that you have reviewed and approved this application and accept responsibility for the research described, including work by students under your direction. It further attests that you are fully aware of all procedures to be followed, will monitor the research, and will notify the IRB of any significant problems or changes. Please type in your name as an electronic signature. For an electronic signature to be accepted, the protocol must be emailed from the Faculty sponsor's account.

INSTRUCTIONS FOLLOW ON PAGE 2

For IRB Office Use Only

Type of Review Requested:	Exempt Category <input type="checkbox"/> Category No:	Expedited Category <input type="checkbox"/> Category No	Regular <input type="checkbox"/>
Approval date:			
Approval number:			
Signature, IRB Chair:			Date:

Request For Review

Page 2 of 4

Project Description: The IRB Committee is comprised of individuals from a number of disciplines. Please write your brief description in a manner that clearly conveys the necessary information to someone outside your field of expertise. Methods for recruitment need to be included and advertising/recruitment methods must provide an accurate portrayal of the study. All consent forms, surveys, questionnaires or interview questions to be used must be attached to the protocol. *Note:* If deception is required for the research, explanation of its necessity needs to be included. If debriefing is for any reason inappropriate, this should also be documented.

Applications for student projects must be submitted from the faculty advisor's email account to provide an electronic signature. Only complete applications will be reviewed.

Copy of the grant proposal is attached to this protocol in Appendix F.

Concise abstract stating the purpose and significance of the project.

I will perform institutional ethnography to gain an understanding of the functioning of humanitarian organizations and the motivations that lead people to join them by analyzing a student-led nonprofit organization. GlobeMed is made up of students from 50 universities in the United States and was founded in 2006 by a group of students at Northwestern University who saw a need for a movement toward global health equity. Since its formation, GlobeMed has achieved remarkable growth. A core group expanded the organization to two thousand students and 50 partner communities, and in the fall of 2011 the network raised over half a million dollars total for partner organizations. My qualitative research will delve into the history and development of GlobeMed with three main objectives: to understand the personal human inclination toward altruism and activism, to chronicle the institutional actions of the young organization that have contributed to its growth, and to contextualize the goals, strategies, and methods of GlobeMed amongst larger global health institutions.

Describe the methodology of the project:

a) General description of the structure of the project

Fieldwork – National Office Summer Intern, Northwestern University – June 5-30, 2012

- *Life History Method*
- *Participant Observation*
- *Archival Review*

Fieldwork – Leadership Institute Conference, Northwestern University – August 28-30, 2012

- *Life History Method*
- *Participant Observation*

Library Research – Oberlin College – Fall 2012

- *Reference List attached with Jerome Davis grant proposal*

Fieldwork – Global Health Summit, Northwestern University – April 12-15, 2013

- *Participant Observation*

b) Describe the subject population including recruitment methods, age, type and number of subjects.

The subject population includes students and recent graduates of universities in the USA. Subjects are those who currently work for the GlobeMed National Office or have had a formative role in some aspect of the organization. Recruitment methods include phone, email, or personal communication via GlobeMed networks. Information such as email address and phone number of all current chapter members can be found on inside.globemed.org, a password-protected web database containing information for chapter members, and I will obtain the contact information of alumni from National Office staff if needed. I will present my research questions and ask individuals if they are interested in being interviewed, to which they can respond yes or no. The number of subjects is unknown, but will hopefully near fifty informants.

c) Describe the procedures involving human subjects (including procedures which may be deceptive, embarrassing or discomforting to participants). Describe what the participant will encounter: when, where and how long. If deception is used, provide information stating why it is necessary for this project.

I will not use deception, and subjects will be informed that they may refuse to answer any of the questions. Subjects will be informed that they can withdraw from the study at any time. Subjects will have the opportunity to read and comment upon my final project. Interviews will be conducted at the National Office or at a meeting place of the participant's choosing and should last approximately one hour. Interviews will be audio recorded with the consent of the participant.

d) Describe any surveys, questionnaires or interview schedules to be used and **append copies**.

Interview questions will be open ended in order to allow subjects maximum freedom to explain their own histories and emotions. A sample questionnaire is attached as Appendix C.

Describe any risks and/or of benefits to participants (e.g. participant may learn new study method; participant may become upset by some questions; include provisions made to minimize risks and to document and care for subjects in case of emotional upset, accident, injury. If appropriate, state that there are no benefits and/or risks will be minimal.)

Risks to participants will be minimal, as my study involves only participant observation and interviews. The only reward for participating in interviews will be the opportunity to share personal experiences with an interested student.

Describe means for ensuring privacy for subjects (include a statement of how you will maintain either the desired degree of confidentiality or anonymity; if you intend to audio- or video-tape subjects, describe final disposition of the tapes [e.g., erased, destroyed, given to subjects; if retained explain how the desired degree of confidentiality will be maintained.] In cases of oral history, include a sample oral history release – see question 6.)

I plan to use an audio recorder during interviews. After the interview, the interview will be transcribed, and actual recording will be deleted at the completion of the project. While the project is being completed, audio recordings will be kept in a secure place (my bedroom or library study room) and will not be loaned to others. Names will appear in my private transcriptions, but if direct quotes from transcripts appear in my final project, all names, addresses, and other identifying information will be excluded to protect confidentiality. I also plan to journal about my experiences, but once again specifics identifying participants will not be included in my final study. After the study, transcriptions will remain in my personal documents and will remain confidential.

Attach consent form, oral history release form, and/or description of debriefing. Consent forms are required for regular and expedited reviews and for exempt reviews if you plan to audio- and/or video-tape your participants. If you request a waiver of the requirement for informed consent, please include a detailed description of your debriefing plans. The necessary elements of a consent form are listed in Appendix A. **Please review that all relevant elements are present on the submitted consent form. Each participant should be given a copy of the consent form and/or contact information.**

This study involves no deception and therefore no debriefing is required.

If the research will take place at a site away from Oberlin College, attach a letter of support from participating institution(s).

See Appendix D

Elements of Informed Consent

Page 3 of 4

Consent forms should be written in lay language easily understood by the target population.

Note: A copy of the consent form and/or contact information should be given to each participant.

- ___ 1. A statement that the study involves research
- ___ 2. An explanation of the purposes of the research
- ___ 3. The duration of the participant's participation
- ___ 4. A description of procedures to be followed
- ___ 5. Identification of any experimental procedures
- ___ 6. A description of foreseeable risks or discomforts to the participant
- ___ 7. A description of any benefits to the participants or any others that may be expected from the research
- ___ 8. A disclosure of appropriate alternative procedures or courses of treatment, if any that might be advantageous to the subject
- ___ 9. A statement describing the extent, if any, that confidentiality will be maintained
- ___ 10. A statement that the subject may discontinue participation at any time without penalty or loss of benefits.
- ___ 11. An explanation of who to contact for answers to questions about the research study, research participant's rights, or whom to contact in the case of a research related injury or adverse effect. This should include the Principal Investigator's name, title and contact information **AND** the IRB Chair (include name of current chair), College of Arts and Sciences, Office of the Dean (775-8410).
- ___ 12. A statement that participation is voluntary
- ___ 13. A statement that refusal to participate involves no penalty or loss of benefits,
- ___ 14. If applicable, an explanation about any compensation or medical treatments that may be available if injury occurs, what they may be and where to get further information

Checklist For Investigators
(application will be returned if not complete)

Page 4 of 4

1. The application includes a lay abstract stating the purpose of the study.
2. The application describes the study population, inclusion/exclusion criteria, how subjects will be identified, etc.
3. The abstract includes a description of tasks the subjects will be asked to complete.
4. The application includes a full description of anticipated risks and expected benefits of study participation.
5. Provisions have been made to minimize risks and those procedures are outlined on the form.
6. Provisions have been made and documented to care for subjects in case of accident or injury.
7. Procedures to maintain confidentiality have been described fully.
8. Provisions have been made to obtain informed consent from all individuals related to the study (e.g., parents, subjects, cooperating institutions, etc.).
9. Plans for debriefing have been described.
10. All questions on the form have been completed.
11. All supporting documents have been attached, including consent forms, oral history releases, survey instruments, interview schedules, solicitation letters, letters of support from participating institutions advertisements, etc.
12. Appropriate appendices are attached, for example, grant proposals,
13. If this study requires approval of another committee or cooperating agency, documentation of approval or notice of application has been attached.
14. As appropriate, signatures, including signature of the faculty sponsor for student research, have been secured.
15. A copy of this application has been made for your records.
16. Please attach 1 copy of your application and consent form, and 1 copy of additional information. The application may be submitted by e-mail, if you prefer, but all the parts must be included.

Completed application forms should be emailed as an attachment to:

Heather Hogan, Chair
Institutional Review Board for Use of Human Subjects in Research
<mailto:Heather.Hogan@oberlin.edu>

Informed Consent Form

Interview Consent Form

I am an undergraduate student at Oberlin College and a participant in the senior honors program in anthropology. I am interested in the movement for global health equity in the United States, and I would like to interview you concerning your personal experiences with health and/or humanitarian work. The information provided will be used to support conclusions in my honors thesis concerning humanitarian institutions and global health equity, to be completed and shared with Oberlin students and faculty in May 2013. At your request, you may review and comment on my project before completion. You will also have the opportunity to review my final project when it is complete.

Interviews allow you freedom to explain your personal history and your own thoughts and feelings regarding experiences. The interview is designed to last approximately one hour, but you may choose to stop the interview at any time and retract any information you have provided. You are also free to talk longer, or we can schedule a second interview another time. You do not have to answer all of the proposed questions, and you may decline any question that makes you uncomfortable.

I plan to use an audio recorder during interviews. During the 2012-2013 academic year, audio recordings will be kept in a secure place and will not be loaned to others. Names will appear in my private transcriptions, but if direct quotes from transcripts appear in my final project, all names, addresses, and other identifying information will be excluded to protect confidentiality. After the study, transcriptions will remain in my personal documents and will remain confidential. Actual audio recordings will be deleted at the completion of the project. Even after we have finished the interview, you may choose to withdraw from this study and retract any information you have provided.

Participant's agreement: I understand that participation in this interview is completely voluntary. I also understand that I may refuse to answer any question or may end the interview without explanation. I am aware that any information I provide in this interview will be kept confidential and any identifying information will not appear in the final thesis.

I am aware that the information I provide may appear in a final project to be presented to Oberlin students and faculty in May 2013, and that I have a right to review the final project and make comments. I understand that I must request to review and comment on the final project before completion if I so desire, otherwise it will be available for review after completion.

I understand that I may contact the student researcher or faculty advisor (information listed below) at any time if I have questions regarding this study. For questions relating to the rights of human subjects, I may also contact Heather Hogan, Chair of the Institutional Review Board and Associate Dean of the College of Arts and Sciences.

The researcher has provided me a copy of the consent form for my own reference. I may choose to withdraw from this study at any time.

By signing below, I confirm that I am 18 years of age or older and consent to participate in this study:

___ Please check and sign below if you consent to being audio recorded during our interview.

Participant Signature

Date

Interviewer Signature

Date

Julie Christensen,
Researcher
jachrist@oberlin.edu
(913) 913-6136

Baron Pineda, Chair
Department of Anthropology
Faculty Supervisor
bpineda@oberlin.edu | (440) 775-
8790
Oberlin College
King Building, 320C
Oberlin, OH 44074

Heather Hogan, Chair
Institutional Review Board
Contact for questions concerning
the rights of human subjects:
hhogan@oberlin.edu
(440) 775-8410

Interview Question Examples

Personal History Questions

- 1) What is the capacity of your involvement in GlobeMed?
- 2) Are there specific events in your personal life that have led to your passion for humanitarian work (eg. personal experiences with health inequity)?
- 3) Have you had academic or professional experiences that motivate you to participate in this kind of work?

Institutional Ethnography Questions

- 1) What are your professional duties on a day-to-day basis?
- 2) How do your duties change throughout the year?
- 3) Who do you report to and who do you oversee?
- 4) What do you see as the advantages of this workflow structure? Disadvantages? The outcomes?

Situate in Field of Global Health Questions

- 1) Have you been or are you actively a part of any other activist movements or organizations?
- 2) Why have you committed to _____ rather than another health justice organization?
- 3) In the broadest sense, what do you see is the greatest impact of _____ organization?

Letter of Support from GlobeMed



GlobeMed

PO Box 292
Evanston, IL 60204
847.467.2143
www.globemed.org

To whom it may concern:

GlobeMed consents to the presence of researcher Julie Christensen at the National Office in Evanston, Illinois, during the month of June 2012 and during two subsequent weekend conferences in the 2012-2013 academic year. We permit participant observation and informed consent interviews conducted by Julie Christensen, and we understand the confidentiality of all material. GlobeMed reserves the right to review content before it is published or released.

Sincerely,

Alyssa Smaldino
GlobeMed Program Director

Throughout my research, I will contextualize GlobeMed within the complex field of global health. GlobeMed is just one of countless organizations that strive for justice in the transnational fields of health care and international development. I will draw on historical and political documents, as well as public media to situate GlobeMed in a specific time period and social setting. Though evaluation of GlobeMed's impact on partner communities is beyond the scope of this research, I hope to gain an understanding of the partnership model. I will comment on the challenges and values of partnerships based on the personal testimonials of American university students.

I understand my position as a university-educated Caucasian woman has implications for this research. Advantages of my demographic and professional experience include the following: access to the networks of people and documents needed to address the above research questions, the ability to communicate effectively and meaningfully in English with fellow university students, and the ability to act as a participant-observer at biannual conferences due to previous involvement. Limitations based on my personal attributes include, but are not limited to: bias due to personal affiliation with GlobeMed, the inability to evaluate partnerships from the perspective of the partner organization, and limited experience with ethnographic practice. I understand that my own history and current standing will influence my research.

GlobeMed is a student-led nonprofit organization that has achieved extreme success its first five years. I will conduct qualitative institutional ethnography with the goals of understanding the human inclination for altruism, elucidating the specific actions that contributed to GlobeMed's institutional growth, and situating GlobeMed within the field of global health. One regretful limitation of this proposal is my failure to obtain the stories of those living in partner communities. I believe that successful partnership can only happen within critical and evaluative frameworks that listen to the voices of those they wish to treat or help, but due to my current standing as an outsider to all partner communities along with time limitations on honors research, I do not feel properly positioned to conduct ethical or elucidating research in a partner community. In effect, I hope the long-term implications of this research will include increased allocation of health care resources to neglected populations globally by strengthening personal and institutional commitments to global health and development.

2. Include a complete bibliography of the 10 most important secondary sources you have reviewed and that inform this research project?

Bernard, H. Russell, ed. *Handbook of Methods in Cultural Anthropology*. Walnut Creek, California: AltaMira Press, 1998. Print.

Crane, Johanna. 2010. "Unequal partners': AIDS, Academia and the rise of global health," *Behemoth: A Journal on Civilisation*, (3):78-97.

Goudge, Paulette. *The Whiteness of Power: Racism in Third World Development and Aid*. London: Lawrence and Wishart Limited, 2003. Print.

Handwerker, W. Penn. *Quick Ethnography*. Lanham, MD: Rowman & Littlefield Publishers, 2001. Print.

Harrison, Faye V. *Outsider Within: Reworking Anthropology in the Global Age*. United States of America: Board of Trustees of the University of Illinois, 2008. Print.

Herzfeld, Michael. *Theoretical Practice in Culture and Society: Anthropology*. Malden, Massachusetts: Blackwell Publishers Ltd, 2001. Print.

Minkov, Michael. *Cultural Differences in a Globalizing World*. United Kingdom: Emerald Group Publishing Limited, 2011. Print.

Nash, June C. *Practicing Ethnography in a Globalizing World: An Anthropological Odyssey*. Lanham, MD: AltaMira Press, 2007. Print.

Partners in Health. *Program Management Guide*. Comp. Jessika Bella Mura and Susan Holman. *Partners in Health*. Partners in Health, 2011. Web. 2 Mar. 2012. <<http://www.pih.org/pmg>>.

Smith, Dorothy E., ed. *Institutional Ethnography as Practice*. Oxford, UK: Rowman & Littlefield Publishers, Inc, 2006. Print.

3. What is the present stage of the project? If you are requesting reimbursement for research already undertaken, you need to submit receipts with your application.

I have commenced literature review and development of methodology, but I have not conducted any interviews or participant observation. If funded by the Anthropology Department's Ford Fund, I will begin group and individual interviews and participant observation in the month of June 2012. If funded by the Jerome Davis Research Grant, I will start interviews and observation in the final week of August of 2012.

4. Provide an itemized budget of the proposed uses of these funds: Be as specific as you can in itemizing your budget. Justify specific items on a separate sheet. Please note that normally the Committee will not fund the employment of other students as research assistants. The Committee will not fund photo copying of honors theses.

Leadership Institute: Evanston, Illinois - August, 2012

Registration Fee	\$65.00
Flight	\$212.00

Global Health Summit: Evanston, Illinois - April, 2013

Registration Fee	\$100.00
Car Rental (\$38.99/day)	\$125.17
Gas	\$100.00

Total: **\$702.17**

5. All research projects involving human subject must be approved by the Oberlin College Institutional Review Board. What is the status of your IRB application?

I intend to apply for Non-Exempt IRB Review by the May 17th deadline.

6. Have you applied for or have you received funds for this project from other sources? If yes, from what sources and what amount has been requested or received?

I will also apply for the Ford Fund through the Anthropology Department. I plan to request a total of \$1,118 from the Ford Fund to support summer research in Evanston, Illinois, which will allow me to pursue this research in more depth.

7a. Have you applied for a Jerome Davis Funds prior to this semester? no

7b. Have you received Jerome Davis Funds prior to this semester? no

8. Are you on financial aid? yes

9. Faculty member asked to submit recommendation: Baron Pineda

NOTE: NO application will be considered without a letter of recommendation submitted by one (1) faculty member. It is the responsibility of the student to request these letters and see that they are submitted.

Date: March 12, 2012

Completed applications should be sent to Judi Davidson, Department of Sociology, by **Monday, March 12, 2012.**



Appendix 2: Interview Consent Form

I am an undergraduate student at Oberlin College and a participant in the senior honors program in anthropology. I am interested in the movement for global health equity in the United States, and I would like to interview you concerning your personal experiences with health and/or humanitarian work. The information provided will be used to support conclusions in my honors thesis concerning humanitarian institutions and global health equity, to be completed and shared with Oberlin students and faculty in May 2013. At your request, you may review and comment on my project before completion. You will also have the opportunity to review my final project when it is complete.

Interviews allow you freedom to explain your personal history and your own thoughts and feelings regarding experiences. The interview is designed to last approximately one hour, but you may choose to stop the interview at any time and retract any information you have provided. You are also free to talk longer, or we can schedule a second interview another time. You do not have to answer all of the proposed questions, and you may decline any question that makes you uncomfortable.

I plan to use an audio recorder during interviews. During the 2012-2013 academic year, audio recordings will be kept in a secure place and will not be loaned to others. Names will appear in my private transcriptions, but if direct quotes from transcripts appear in my final project, all names, addresses, and other identifying information will be excluded to protect confidentiality. After the study, transcriptions will remain in my personal documents and will remain confidential. Actual audio recordings will be deleted at the completion of the project. Even after we have finished the interview, you may choose to withdraw from this study and retract any information you have provided.

Participant's agreement: I understand that participation in this interview is completely voluntary. I also understand that I may refuse to answer any question or may end the interview without explanation. I am aware that any information I provide in this interview will be kept confidential and any identifying information will not appear in the final thesis.

I am aware that the information I provide may appear in a final project to be presented to Oberlin students and faculty in May 2013, and that I have a right to review the final project and make comments. I understand that I must request to review and comment on the final project before completion if I so desire, otherwise it will be available for review after completion.

I understand that I may contact the student researcher or faculty advisor (information listed below) at any time if I have questions regarding this study. For questions relating to the rights of human subjects, I may also contact Heather Hogan, Chair of the Institutional Review Board and Associate Dean of the College of Arts and Sciences.

The researcher has provided me a copy of the consent form for my own reference. I may choose to withdraw from this study at any time.

By signing below, I confirm that I am 18 years of age or older and consent to participate in this study:
___ Please check and sign below if you consent to being audio recorded during our interview.

Participant Signature

Date

Interviewer Signature

Date



Appendix 3: Founder Acceptance Email

Dear Julie,

Congratulations! We are thrilled to accept you to the GlobeMed Chapter Founder Class of 2011. Welcome to the GlobeMed family! The decisions were incredibly difficult, but, amid a record number of applicants, you demonstrated the passion, dedication, and leadership potential that we feel will make you a fantastic Chapter Founder. You are now part of a movement of over 1,000 students across the country working side-by-side with grassroots organizations on the frontlines of global health and social justice. Together, we will be able to improve health and save lives in more communities and train even more students to be future leaders. Your work (and there will be lots of it!) will change lives on your campus and in your partner communities. **You are the change. Welcome.**

"GlobeMed is bound to change your life whether you want it to or not. There is a lot of work ahead, but the incredible moments make it all worthwhile: Your first call with your new partner organization, the first time your Executive Board goes out for dinner together, and the first full chapter meeting where you can feel the energy and passion radiating from the individuals before you. Get ready -- GlobeMed will fundamentally transform you and how you see the world."
- [Jasmine], GlobeMed Chapter Founder 2010, UT-Austin

To formally accept this position, email your acceptance to chapter@globemed.org.

By Sunday, March 20th, please:

[Make a gmail account](#) if you don't have one already. Why? Because GlobeMed runs on the power of googledocs.

[Ditto for skype](#). GlobeMed doesn't believe in phones.

[Fill out this doodle](#) with your availability in the coming weeks so that we can schedule conversations and webinars.

FROM YOUR GMAIL ACCOUNT, send the following to chapter@globemed.org:

Your favorite picture of yourself

A "top 5" list that captures you (e.g. top 5 ninja movies, top 5 places you've been, top 5 reasons that health is a human right, etc.)

What are you currently reading/watching/listening to? ([A] and I read Calvin & Hobbes religiously, so no shame)

GlobeMed Love,

[Emma], [Amy], and the GlobeMed National Office



Appendix 4: Interview Consent Form

**Document for the Evans
Partner Matching
6/29/11**

Research and catalog the resources of your university. Compile a document with key programs, departments, resources, organizations, etc. that are related to global health, poverty, human rights, social justice on your campus. Also make sure to mention any other particularly strong resources your campus offers. Do you have a stellar Anthro department? Latin American Studies department? Art department?

Stellar Departments:

Gender, Sexuality, and Feminist Studies
Comparative American Studies
Neuroscience
Biology
Conservatory of Music
Creative Writing

Standout Organizations:

American Medical Student Association – Pre-health student organization, I was previously co-chair
HIV Peer Testers – Strong organization that provides HIV testing to Oberlin students
HIV Peer Educators – Hoping to get started again this year
Oberlin Queer Wellness Coalition – Co-founder, new organization focused on health and wellness in the LGBTQIA community of Oberlin
Center for Leadership in Health Promotion – Headed by Dean Flood in Student Union, I will work here this coming year
Classical Action – Classical musicians working against HIV/AIDS
Active Minds – Mental Health
Slow Food – food justice

Key People:

Professor Baron Pineda – our chapter advisor, head of the anthropology department, works with indigenous rights in Latin America and at the UN, I took his Human Rights course last semester
Dean Lori Morgan Flood – Will be my supervisor in the Center for Leadership in Health Promotion, I've talked with her about GlobeMed, she will be a good resource
Professor Meredith Raimondo – Teaches courses in the Comparative American Studies department on Global Health and the LGBTQ community, advisor for Oberlin Queer Wellness Coalition
Professor Yolanda Cruz – Biology professor, interested in Global Health and volunteerism

After talking with some fellow Obies, I've concluded that a clinic/organization that addresses *HIV/AIDS, women's health, or LGBTQ health* would receive the most support from the Oberlin community. There is also a lot of support for holistic or alternative approaches to wellness, which would be a great way to include the arts.

Compile your list of questions for them. These can be anything about their experience on ground, the selection and matching process, materials to learn more about SE Asia, etc.

1. How was the trip? The experience as a whole? What was tough? What was great?
2. I'm going to have a private reading with Professor Pineda, our chapter advisor, this coming semester. I hope to study the region of our partner, as well as the populations they care for. Can you recommend any readings? Or give suggestions for ways I can best utilize this private reading?
3. After reading the first page, do any clinics stand out as ones that Oberlin might match well with?

Reflect on your passions, strengths, and expectations. Take time to determine what your expectations for the partnership are. Are there any specific issues you feel particularly passionate about? Areas of global health that you want to learn more about? Help the Evans match you with a partner you will be STOKED about. You will discuss this on your call with them.

Personally, I would love to be involved with a clinic/organization that treats HIV/AIDS, other infectious diseases, or the queer community. This summer I am doing research in an AIDS research center, as well as shadowing my supervising doctor in the Infectious Disease clinic at Brigham and Women's Hospital. Infectious Disease is a fascinating field; it deals with many of my passions - global health, treatment of poor or neglected populations, including especially men who have sex with men and injection drugs users. I feel that Oberlin has taught me to reject the stigma around these populations, and I know that many other Oberlin students are passionate about activism that questions/goes against societal norms.

That being said, I will be STOKED about any organization we are matched with!

Talk to you soon,
Julie



Appendix 5: Referenced and Peer Organizations

Name	Location of Headquarters	Year Founded	Main Activists	Mission/ Cause	Rough Budget (Year)
Doctors Without Borders USA, Inc.	New York, NY	1971	US Professionals and Health Care Providers, Local Staff	Clinical services and relief for victims of crises in more than 60 countries	200 million (2011)
Human Rights Watch	New York, NY	1978	Professionals in 90 countries	End human rights abuses globally	200 million (2012)
Partners In Health	Boston, MA	1987	Professional staff and local health workers	Bring medical care to poor	100 million (2012)
Health Leads	Boston, MA	1996	College Student Health Advocates and Professional Staff	Address basic resource needs for people in cities across the US	5 million (2011)
Student Global AIDS Campaign	New York, NY	2001	US Students and Affiliated Parent Organizations	Advocacy and Fundraising to End AIDS	Not Available
Global Brigades	Fresno, CA	2004	US Student Volunteers and Professional Staff, Local Leaders and Professionals	Bring health and sustainable development in Ghana, Honduras, Nicaragua, Panama	8 million (2011)
Hope Through Health	Medway, MA	2004	US-based Staff, Board, and Chapters	Improve health of people through partnership with the public sector of Togo, West Africa	\$150,000 (2011)
FACE AIDS	Palo Alto, CA	2005	Youth	“AIDS in Africa”	\$700,000 (2011)
MEDLIFE	Bangor, ME	2005	University Students	Health care to poor	Not Available
Project Muso	Washington, DC	2005	Malian Health Care Providers and US and UK Advocates	Health for women in Mali	\$400,000 (2011)
Nyaya Health	New York, NY	2005	US-based staff, directors, and advisors; Nepalese care providers, directors, and advisors	Health for Nepal’s rural poor	\$350,000 (2011)
GlobeMed	Evanston, IL	2006	Undergraduates	Health and Build Student Leaders	\$350,000 (2012)
Nourish International	Carrboro, NC	2006	Student Chapters and Local Partner Organizations	Carry out projects in 25 countries to end poverty	\$200,000 (2012)
(RED) TM Products of	Washington, DC	2006	Professionals, Celebrities, and	Sells merchandise to fund the fight against AIDS	20 million (2010)

the ONE Campaign			Consumers in the United States		
TOMS	Los Angeles, CA	2006	Consumers in the United States, Employees of TOMS Company, and College Student Activists	Matches US shoe sales by donating shoes one to one with beneficiaries in 50 countries	Not Available
charity:water	New York, NY	2006	Consumers and Employees in the United States	Safe drinking water to people in developing nations	20 million (2012)
Millennium Campus Network	Boston, MA	2007	Students, Directors, and Sponsors in the US	Further Millennium Development Goals	Not Available
Village Health Works	New York, NY	2007	Burundian Health Care Providers and Burundian and American Directors	Health for people in Burundi	\$700,000 (2010)
Tiyatien Health	Liberia and Boston	2007	Local Health Workers and US-based Professional Staff and Volunteers	Bring health care to the Liberian rural public	\$500,000 (2012)
Gardens for Health International	Boston, MA	2007	Rwandan community staff and US staff and volunteers	Agriculture and nutrition education for those vulnerable to malnutrition and HIV/AIDS in Rwanda	\$200,000 (2011)
Global Health Corps	United States	2009	Fellows from Burundi, Rwanda, Malawi, Uganda, and the US	Fellows work for health organizations in these countries	3 million (2011)
MASS Design Group	Boston, MA	2010	US Architecture Students	Build for and with rural poor in Rwanda	Not Available