When you say “YES!” to embarking on a journey throughout 3 different continents with 30 different students, you can never be ready for the challenges, rewarding experiences, and personal and academic growth that will take place. The amount of times I joined my classmates in saying, “No, we’re not here to help. We’re just here to learn,” was more than we wanted. Internally, I became aware of my privilege and positionality as a student from the states, yet I also used this overseas learning to connect to issues at home that I’m passionate about, such as food security, nutritional deficiencies, and food systems. Though this was a huge portion of my learning, academically, through attending a program that focused on studying “Health & Communities,” I learned of biological, anthropological, and political issues of health in India, South Africa, and Brazil. Ultimately, my program holistically studied public health in each country through an anthropological lens. Finding connections and injustices between rural and urban & public and private health systems, I was able to assess my findings at the end of the semester to find linkages within each country, as well as throughout these places and spaces.

To preface my learnings throughout my semester, it’s important to give a background on my program. I studied abroad through The School for International Training, specifically one of the cross-cultural, comparative International Honors Programs. The International Honors Program follows a model which aims to allow students to study a global critical issue through a comparative perspective. For my program, we were studying health through each country’s cultural context, discussing if health is a fundamental human right, how communities engage in health issues, and why/where do major health inequalities exist in each country. Our schedules would include spending each day with some time in the classroom, venturing to site visits (public hospitals, private health care facilities, NGOs, etc.), hearing from guest lectures, and engaging in an open group dialogue weekly with our group of 30 students. We had a schedule almost every day
to follow and were surrounded with the same group every day, day in and day out. Yet this leads itself to a program which is very group-oriented and focused on group discussion, it was paired with an independence of each individual student.

What made this semester even more valuable and immersive was the homestay component. In each country, we had a rural and urban homestay, the urban one taking up the majority of time in each country. In Delhi, India, I lived with a wonderful older woman in “Lajpat Nagar,” home to one of the vibrant markets where you could buy kurtas, scarves, shoes, or any bright article clothing you can think of. The rural visit in India consisted of all of us living in a private school in a rural area, about 12 hours from Delhi. Off to South Africa, all of us stayed in the beautiful Muslim neighborhood in Cape Town, the Bo Kaap. Here, my house was among the colorful row of houses, inhabited by a generous, compassionate older woman, along with her two daughters and their kids. The rural stay was in the township of Worcester. My homestay mother was gracious and cheerful, where we spent dinners learning of each other’s daily lives and discussing the recent drama on the popular soap operas. Off to Brazil, my house was in the center of Sao Paulo in a modern apartment complex surrounded by bars & restaurants which brought in a younger crowd, along with a skate park right in front of our building. My host mother here was extremely funny, made fun of me for coming home too early, and fed me more than I could’ve asked for. For this rural stay, I was in complete awe and serenity. We stayed in the Atlantic Forest at an agro-forestry co-op. The man who owned this co-op was marked with humility and steadfastness, allowing us to stay in some bunk beds he had and cooking us the freshest, most flavorful meals we’d had in a while. These homestays were what scared me the most going into my semester, yet they turned out to be the most comforting places I would find myself in. The hospitality and generosity shown by each family left me with gratitude and thankfulness. In the midst of some of the biggest cities in the world, these houses allowed me to relax and feel a sense of safety. The privilege of staying in local homes allowed for experiences I wouldn’t have found anywhere else. I was able to be emerged into different contexts of living and cultural norms. It was a constant cycle of learning from my families, as they learned of my home and the way I live in the states.

The program structure and homestay component made my semester full of different emotions each day, from excitement with landing in each new place, to brokenness, to joy,
to fear, to failure, and to surprise. More on an academic level, I gained new knowledge of
the structure of healthcare in each country, the social determinants of health, the
inequalities which affect health, and the major health burdens in each country. Like I
mentioned, we looked at health through an anthropological lens, being able to compare
rural and urban health systems, as well as public and private. Looking at health through an
interdisciplinary perspective, another component of the program were case studies. We
had 5 case study groups, maternal and child health, infectious diseases, environment and
health, mental health, and traditional healing. I was in the environment and health group,
and in each country we conducted preliminary research through interviews with local
public officials, NGOs, health professionals and homestay families. We answered the
question, “What are the major environmental injustices in each country and where do they
exists/who do they affect?” As you can imagine, this is no easy question, nonetheless with
only spending a month in each country. Although I’m not in any position to diagnose
problems to any of the places I was in, I did gain some major takeaways which I’m hoping
to apply in my academic and professional career in the states. In terms of the environment
& health research, environmental injustices are any negative environmental impacts that
affect a certain population or community unequally than others. These environmental
impacts are usually correlated with various health burdens. Central themes revolved
around climate change, access to water, availability to green space, infrastructure, violence,
and sanitation. As seen in urban Delhi, marginalized communities due to race and income
usually lived in parts of the city in which experienced greater health effects as a result of
pollution, lack of water, and inadequate sanitation. As a result of these environmental
injustices, health issues relating to malnutrition, malaria, menstruation, and poor hygiene
were more prevalent in these areas. On a broader scope, many of these burdens of diseases
resulted from determinants of health which were results of structures and cycles of
violence. High variance and access to health care and healthy food were observed in urban
and rural areas, as well as communities varying in demographics in terms of race, income,
and historical relevance.

Throughout IARD, I’ve focused on food security from views of economists, sociologists,
and agronomists. Food that is accessible, available, and able to be utilized is impacted both
internally and externally by an individual - from where you live, school you attend,
opportunities for work, and where you call home. Throughout my time studying overseas, it’s evident that health issues are impacted by the same factors. Disadvantages to health care were a commonalty throughout communities which were lacking infrastructure and historically marginalized by society. In the case of Cape Town & the surrounding areas, where you live is a representation of the racial history, which impacts the schooling and jobs available, which in turn affects the unequal distribution of health diseases. As my classes at Cornell have continually made me think critically about foreign food aid and international development, my semester abroad brought to light issues of the negative and positive impacts of globalization and the clear advantages to basic health needs based on social and economic class.

Moving forward, I don’t want to use this experience as a tool for showing my privilege in my ability to go abroad and think negatively about another country, but as a tool to think how I can now positively contribute to my home country and communities. Structural violence and racism affects both health and food access & distribution in each place I’ve stepped foot in and beginning to understand this will be key in furthering my academic & professional career goals. Addressing issues of inadequate health care and food deserts & insecurity should not be tackled in a silo, as I believe positive growth will only spur from connecting health and food/agriculture policy, as well as working collaboratively and holistically with people who are passionate and knowledgeable towards these issues.
Collection of homestays: from left to right (urban, then rural): India, South Africa, Brazil