

# Introduction to Health and Society (HLTH 17000) Spring 2022

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## **SUMMARY**

Health and illness are shaped by our social world. Accordingly, the social sciences can help us to understand critical issues of 21<sup>st</sup> century health, biomedicine, and health care in community, national, and global contexts. Factors that impact states of health and illness do not occur randomly in society but are stratified according to social factors such as age, gender, race, geography, social networks, and social class, among others. In this course, we will analyze the economic, political, and social forces that shape our health as well as the theories, concepts and methods that social scientists use to explain individual and population-level health issues. We will also review how our concepts of health, illness, and medical intervention shape, and are shaped by our values, resources, and the health care system.

## **ACCESSIBILITY**

I am committed to making this course accessible to all University of Chicago College students. If you have a disability or a personal circumstance that may negatively affect your learning in this course, please contact me as soon as possible so we can discuss how to best meet your specific needs. Contact Student Disability Services to arrange for class-related accommodations: <http://disabilities.uchicago.edu/accommodations>.

## **INCLUSIVITY**

The University believes that a culture of rigorous inquiry demands an environment where diverse perspectives, experiences, individuals, and ideas inform intellectual exchange and engagement. I concur with this commitment and also believe that we have the highest quality interactions and are able to creatively solve more problems when we recognize and share our diversity. Thus, I expect to maintain a productive learning environment based on open communication, mutual respect, and non-discrimination. I view the diversity that students bring to this course as a resource, strength, and benefit. It is my intent to present materials and activities that are respectful of diversity. Any suggestions for promoting a positive and open environment will be appreciated and given serious consideration.

## **OTHER POLICIES AND COURSE LOGISTICS**

**Absences:** Please get in touch with us in advance if you will be missing a class session.

**Course texts:** All texts will be available in the “Files” folder on Canvas unless otherwise noted.

### **Classroom norms:**

1. Come to class prepared. Be ready to contribute, discuss, and think. Readings and class

assignments must be completed *prior to the start* of class meetings. If everyone completes these tasks, it not only contributes to your grade, but we can then talk about the readings, ask thoughtful questions, and prepare for the final without panic.

2. Help create a safe space to learn and share ideas. We must all continually work to create a lively, safe and inclusive environment for discussion. Be respectful of your peers.
3. Contribute to discussion. Your participation grade depends on this, but so does the class' collective learning. Discussing with peers is one of the best ways to learn and test ideas. This is the easiest way to earn points toward your final discussion grade.
4. Ask questions. Many of the assigned readings are not easy. Don't be afraid to ask questions or to request clarification.

**Getting in touch:** The best way to get in touch with me is via email. Please allow 48 hours for a response. If I don't respond within that time, please feel free to send me a polite nudge. I always intend to respond to students promptly, but sometimes my inbox gets full, and reminders can be helpful.

If there is anything we need to know about you to make this course work well for you and maximize your ability to grow as a scholar, please reach out or visit during office hours. This class should be a productive and comfortable learning environment for all of us. If you are having a hard time with the amount of reading, please let us know. I will cover effective reading strategies in class, but this is something I am also happy to discuss one-on-one.

## **ASSIGNMENTS AND EVALUATION**

Students will be evaluated based on the following assignments:

- 1) **Attendance and participation in discussion** (20% of grade). This class will balance lectures with discussions. Please complete the required readings on the day they are due. Coming to class prepared to discuss the readings is essential for everyone's success in this course. It's important to note that being a good discussion participant involves not only speaking but also listening and responding to what others are saying.
- 2) **Short assignments** (25% of grade). These are generally 500 words, and the prompts are in the syllabus and on the Canvas site.
- 3) **Reading responses** (25% of grade). Choose five sessions and write short responses to the readings for that day, of about 400-500 words. These need to be posted on Canvas by start of class that day. These responses are a way for you to engage with the reading, to react to the evidence, to critically evaluate the arguments put forth, to ask questions, and/or connect to other readings or concepts. If you need it, a guide to reading responses is provided at the end of the syllabus.
- 4) **Final paper** (30% of grade). You may choose from the following options for the final paper (3,000-4,000 words, excluding citations):

- A) A **research paper** addressing a specific medical condition or medical technology, either contemporary or historical. Readings, lectures, and themes from the course should be used to support your argument.
- B) An **analysis of a full-length book**—chosen from a list of wonderful texts—which links the book to course readings and situates it in the context of the social sciences of health and medicine.
- C) A **video or podcast** (20 to 30 minutes) which explores a particular issue, condition, or set of experiences related to health and medicine and which substantively draws upon course readings and concepts.
- D) An **illness narrative** based on either 1) an interview with a friend or family member who has experienced an illness, 2) someone or who has cared for someone experiencing an illness and undergoing treatment, or 3) a first-person account of illness as found in an autobiography or film/documentary. In your write up, you must draw on the themes we covered in class and focus on the social, rather than biological, determinants of illness. Readings from the course must be cited in your write-up.
- E) An analysis of the Regenstein Special Collections Exhibition “**Reframing Graphic Medicine,**” again drawing on lectures, readings, and themes from the course.

You should prepare a one paragraph abstract proposing a topic by **April 29, 2022**. The paper is due on **May 31, 2022**.

## **SCHEDULE OF COURSE SESSIONS**

1. MONDAY MARCH 28—Introduction to the course

### **Part I: Medicine and Medicalization**

2. WEDNESDAY, MARCH 30—The Body
  - a. Shigehisa Kuriyama. “Pulse Diagnosis in the Greek and Chinese Traditions.” In *Beyond the body proper: Reading the anthropology of material life*, Lock, Margaret M and Judith Farquhar. Eds. Duke University Press, 2007, 595-607.
  - b. Annemarie Mol. *The body multiple*. 2002. Preface and Chapter 1.
  - c. Online Anatomical Atlases  
<https://www.nlm.nih.gov/exhibition/historicalanatomies/browse.html>

**Assignment:** Explore the various anatomical illustrations present at the Historical Anatomies site. Pick two from different author/illustrators and compare them. Consider the following questions: does it look like a specific person’s body, or has the illustrator abstracted and universalized? What artistic choices do the illustrators make? How do you think depicting the body in this way tells us about the way anatomists understand the body? Write your observations up briefly (in about 500 words). Feel free to also draw upon the other readings in your response. *DUE APRIL 1, 2022 at 5PM*

3. MONDAY, APRIL 4—Professionalization
  - a. Jewson, ND. “Disappearance of the Sick Man from Medical Cosmology” *International Journal of Epidemiology* 38 (2009): 622–633.
  - b. Starr, Paul. *The Social Transformation of American Medicine: The Rise of a Sovereign Profession and the Making of a Vast Industry*. New York: Basic Books, 1982. (Chapter 1).
  
4. WEDNESDAY, APRIL 6—Medical epistemology and clinical practice
  - a. Foucault, *Birth of the Clinic*. (Selections)
  - b. WF Bynum, “Medicine in the Laboratory” in *Science and the Practice of Medicine in the Nineteenth Century*. London: Cambridge, 1994.
  - c. Stivers, T., & Timmermans, S. Medical authority under siege: How clinicians transform patient resistance into acceptance. *Journal of health and social behavior* 61, 1 (2020): 60-78.
  
5. MONDAY, APRIL 11—Medical Education
  - a. Flexner Report (link on Canvas)
  - b. Good, M-J. *American Medicine: The Quest for Competence*. Los Angeles: University of California Press, 1995, Introduction (1-9) and Part II. (link on Canvas/library site)
  - c. Kenneth Ludmerer, “The Rise of the Teaching Hospital in America,” *Journal of the History of Medicine* 38 (1983): 389-414.

**Assignment:** Read the Introduction to Flexner, and then explore the text, but don't try to read it end to end. Read through the descriptions of medical schools in Illinois (or choose a different state or Canada). Which schools does Flexner think are particularly worthy of emulation, and which are particularly worthy of elimination? (Pick one or two of the “best” and “worst”). On what criteria does Flexner base his evaluations? How might his criteria stack up against your own, contemporary understandings of the kinds of facilities and curriculums that a medical school ought to provide? What gets left out or unconsidered in his evaluations? Write your observations up briefly (in about 500 words). Draw upon the other readings in your response. DUE APRIL 15 at 5PM.

6. WEDNESDAY, APRIL 13—Medical Ethics
  - a. KM Boyd, “*Medical ethics: principles, persons, and perspectives: from controversy to conversation,*” <https://jme.bmj.com/content/31/8/481/>.
  - b. Marc Siegler, “The Progression of Medicine,” *The Archives of Internal Medicine* 145 (1985): 713-715.
  - c. Illinois POLST/Healthcare Power of Attorney Forms

## **Part II: Persons to Patients**

1. MONDAY, APRIL 18—Making Sense of Illness
  - a. Kleinman, A. *The Illness Narratives: Suffering, Healing & the Human Condition*. New York: Basic Books, 3-55.
  - b. Roy Porter, “The patient’s view: doing medical history from below,” *Theory and Society* 14. 2 (1985): 175-98.
  - c. Timmermans, S., & Buchbinder, M. “Patients-in-waiting: living between sickness and health in the genomics era.” *Journal of health and social behavior* 51, 4 (2010): 408-423.

d. Susan Sontag. *Illness as metaphor*. Vintage: 1978. 3-9.

**Assignment:** Identify a metaphor that you have come across in discussion, writing, or representation of a sickness or disease and briefly (in about 500 words) describe what you see as the key consequences and effects of this metaphor. What difference does it make that this particular metaphor is used when representing this particular disease?  
DUE APRIL 22 at 5PM.

2. WEDNESDAY, APRIL 20—Race and Ethnicity
  - a. Umberson, D. “Black deaths matter: Race, relationship loss, and effects on survivors,” *Journal of Health and Social Behavior* 58.4 (2017): 405-420
  - b. Fullwiley, Duana. "The molecularization of race: institutionalizing human difference in pharmacogenetics practice." *Science as Culture* 16. 1 (2007): 1-30.
  - c. Allan M. Brandt, “Racism and Research” in *Tuskegee’s Truths: Rethinking the Tuskegee Syphilis Study*, ed. Susan Reverby (Chapel Hill: University of North Carolina Press, 2000), 15-33.
  - d. Esther Yoon-Ji Kang, Natalie Moore, María Inés Zamudio, “50 Lives and 4 Zip Codes,” *WBEZ*. Aug 17, 2020
3. MONDAY, APRIL 25—Disability
  - a. Roger Cooter, “The Disabled Body,” in *Medicine in the Twentieth Century*.
  - b. Hansen, H., Bourgois, P., & Drucker, E. “Pathologizing poverty: New forms of diagnosis, disability, and structural stigma under welfare reform. *Social science & medicine* 103 (2014): 76-83.
  - c. Shakespeare, Tom. “The social model of disability.” *The Disability Studies Reader* 2 (2006): 197-204.
  - d. Ralph, Laurence. "What wounds enable: The politics of disability and violence in Chicago." *Disability Studies Quarterly* 32, no. 3 (2012).
  - e. Jim Sinclair, “Don’t Mourn for Us.”
4. WEDNESDAY, APRIL 27—Gender, sex, and sexuality
  - a. Lesley Hall, “The Sexual Body,” in *Medicine in the Twentieth Century*.
  - b. Chapter 5: “Men in Pain” in Joanna Kempner, *Not Tonight: Migraine and the Politics of Gender and Health*. (Chicago: University of Chicago Press, 2014), 134-157.
  - c. Lock, M. & Kaufert, P. “Menopause, local biologies, and cultures of aging.” *American Journal of Human Biology*. (2001): 494-504.
5. MONDAY, MAY 2— Geographies w/ Dr. Brian Callender
  - a. Warwick Anderson, “Immunities of empire: Race, disease, and the new tropical medicine 1860- 1920.” *Bulletin of the History of Medicine* 1996; 70: 94-118.
  - b. Paul Farmer, et. al., *Reimagining Global Health*, Chapters 1-2 (link on Canvas).
6. WEDNESDAY, MAY 4— Structural Competency w/ Dr. Seeba Anam
  - a. Metzl JM, Hansen H. “Structural competency: theorizing a new medical engagement with stigma and inequality.” *Soc Sci Med*. 103 (2014): 126-133. doi: 10.1016/j.socscimed.2013.06.032.
  - b. Stonington, Scott D., et al. "Case Studies in Social Medicine-Attending to Structural Forces in Clinical Practice." *New England Journal of Medicine* (2018): 1958-1961.

### Part III: Sickness, Illness, Disease, and Health in the Life Cycle

7. MONDAY, MAY 9—Kids, parents, and pediatricians w/ Dr. Lainie Friedman Ross
  - a. Katz AL, Webb SA, AAP COMMITTEE ON BIOETHICS. “Informed Consent in Decision-Making in Pediatric Practice. *Pediatrics*. 2016;138(2):e20161485.
  - b. Lainie Friedman Ross, “Theory and Practice of Pediatric Bioethics,” *Perspectives in Biology and Medicine*, 58, 3 (2015): 267-280.
  - c. Ross, “Against the Tide” and Responses, *Cambridge Quarterly of Healthcare Ethics* 18, 3 (July 2009): 302 – 315.
  
8. WEDNESDAY, MAY 11— Chronic diseases and diseases of civilization
  - a. Roy Porter, “Diseases of Civilization” in *Companion Encyclopedia of the History of Medicine*.
  - b. Jeremy Greene, “Releasing the Flood Waters: Diuril and the Reshaping of Hypertension, *Bulletin of the History of Medicine* Vol. 79, No. 4 (Winter 2005): 749-794.
  - c. George Weisz. *Chronic Disease in the Twentieth Century: A History*. Baltimore, Maryland: Johns Hopkins University Press, 2014. (Selections)
  
9. MONDAY, MAY 16— Infection and Contagion
  - a. Steven Epstein, “The Construction of Lay Expertise: AIDS Activism and the Forging of Credibility in the Reform of Clinical Trials.” *Science, Technology & Human Values* 20 (1995): 408-437.
  - b. “The Mass Exodus,” *The Atlantic* (link on Canvas).
  - c. Charles Rosenberg, “What is an Epidemic? AIDS in Historical Perspective,” *Bulletin of the History of Medicine* 94, 4 (2020): 563-577.
  - d. Rosenberg, “Explaining Epidemics,” in *Explaining Epidemics*.

**Assignment:** Thinking through your readings and work we’ve done so far, think of one illness and consider the way that society understands personal responsibility in relation to that illness. Are all patients with the chosen illness “blameless”? Are certain patients seen to be personally responsible for contracting the illness, while others are not? Why do you think this is? Does society ever understand the chosen illness by recourse to structural factors? Write your observations up briefly (in about 500 words). Feel free to also draw upon the other readings in your response. DUE MAY 20 at 5pm
  
10. WEDNESDAY, MAY 18—Death and Dying w/ Dr. Charles Rhee
  - a. Atul Gawande. *Being Mortal* (selections).
  - b. Tate, A. “Invoking death: How oncologists discuss a deadly outcome.” *Social Science & Medicine* 246 (2020): 112672.
  - c. Margaret Lock, “Death in Technological Time: Locating the End of Meaningful Life,” *Medical Anthropology Quarterly*, New Series, 10 (1996): 575–600.
  
11. MONDAY, MAY 23— Mental Illness and Wellness w/ Dr. Michael Marcangelo
  - a. Angela Woods, "The voice-hearer." *J Ment Health* 22, 3 (2013).
  - b. TedTalk, Elyn Saks  
([https://www.ted.com/talks/elyn\\_saks\\_a\\_tale\\_of\\_mental\\_illness\\_from\\_the\\_inside](https://www.ted.com/talks/elyn_saks_a_tale_of_mental_illness_from_the_inside))

- c. Matt Ford, “America’s Largest Mental Hospital is a Jail,” *The Atlantic* (<https://www.theatlantic.com/politics/archive/2015/06/americas-largest-mental-hospital-is-a-jail/395012/>).
- d. NYT, “Room for debate”: (<https://www.nytimes.com/roomfordebate/2016/05/09/getting-the-mentally-ill-out-of-jail-and-off-the-streets>)

12. WEDNESDAY, MAY 25—Sexuality and reproduction

- a. Knight et. al., “Reproductive (In)justice — Two Patients with Avoidable Poor Reproductive Outcomes,” *NEJM*. (Available at <https://www.nejm.org/doi/full/10.1056/NEJMp1907437>).
- b. Kelly Knight supplement to *NEJM* piece.
- c. Erin McCormick, “Survivors of California’s forced sterilizations: ‘It’s like my life wasn’t worth anything,’” *The Guardian*, <https://www.theguardian.com/us-news/2021/jul/19/california-forced-sterilization-prison-survivors-reparations>.
- d. Emily Martin, “The Egg and the Sperm,” *Signs*

## Guide to writing reading responses

You are not required to write your reading responses in this way, but if you think you would benefit from a relatively structured way of responding to the texts, one way would be to use the following set of guiding questions (developed by colleagues Kim Fortun and Joe Dumit). You do not need to answer all of these questions in a reading response (indeed, there are too many listed here to thoroughly address in 500 words) but you can use the questions as a means of guiding your note-taking, as well as the overall structure of the response.

1. **How does the text circulate?** \* Where and when was it written? \* Who is the author? \* Who is it written for? How can you infer the audience? \* What is promised in the introduction? \* Does the conclusion fulfill the promise? \* Who are the texts' friends and enemies? \* How are citations used?
2. **What is it about, empirically?** (What is being studied as the object?) \* Where is it located? \* What is the scale - nation, region, city, institution, person, species? \* When was the time carried out? \* Is there a comparison? of what?
3. **What is the main argument and goal of the writing?** \* to verify something? Or challenge a theoretical claim? \* What is the main argument? \* Is the argument explicit or performed or both? \* What evidence is provided for the argument? \* How robust is the argument? \* On what grounds could it be challenged? \* What are the key concepts used? \* Are concepts challenged or invented? \*
4. **What method was used? How was the data generated?** \* Ethnography, interviews, statistics, experiment? \* If interviews, what questions were asked? \* Does it look at what people do, say, or think? \* If experiment, what experimental set-up and design was used? \* Who were the study participants? \* How was the data analyzed? Infer if not explicit. \* What assumptions shaped the inquiry? \* What core values are assumed? \* What data would strengthen the text?