



**History of Science 404:
A History of Disease 2023
9:30-10:45 AM**

Instructor: Professor Judith A. Houck

Pronouns: she, her, hers

Office: 3327 Sterling Hall

Classroom: Birge 346

Email: jahouck@wisc.edu

Office Hours: Thursdays 11-1 in 3327 Sterling Hall. Zoom meetings can be arranged.

Course Information

COURSE DESCRIPTION

What is disease? Who decides? What are the consequences of labeling a behavior a disease? Can disease be a tool of liberation? Can disease be an instrument of oppression? How do race, class, and gender affect our understandings of and experiences with illness? How have diseases shaped American history? This course is designed to illustrate the various ways disease operates in America. We will examine the role of disease on at least four levels--political, social, cultural, and personal--to demonstrate that diseases are not merely bodily afflictions; they are also participants in the body politic. At first glance, this course outline might look like one disease after another, and on some level it is. However, the diseases are chosen to illustrate a different point about the social and cultural lives of disease in the history of the United States. Although the course moves forward chronologically, it is not meant as a narrative history of disease.

In the fall of 2023, the worst of the COVID-19 seems to be behind us. Over the last three+ years, however, the pandemic has shaped our nation and world in ways we are still discovering. In terms of morbidity and mortality, the diseases impacts have been staggering. According to the CDC, the virus has killed more than 1.1 million people. Globally, the virus has killed more than 6.8 million people with many experts claiming that this significantly undercounts the mortality. (In 2020, we noted 5 million people infected and 170,000 killed in the United States.) Perhaps you or someone you know has fallen ill. But illness and death statistics do not capture the true impact of the pandemic on the United States and the world.

In these remarkable times, we will pay careful attention to how circumstances surrounding COVID-19 reflect similar situations in the past. We will also examine whether (and which) aspects of the current pandemic are truly unprecedented. I hope that this course will provide new tools and analytic frameworks to help us understand both the past and our current situation.

Requisites: Sophomore standing

Course Designation: Breadth - Humanities

Level - Advanced

L&S Credit - Counts as Liberal Arts and Science credit in L&S

Grad 50% - Counts toward 50% graduate coursework requirement

The course is eligible for optional honors credit upon completion of an honors project.

Credits: 3

This class meets for two 75-minute class periods each week over the fall semester and carries the expectation that students will work on course learning activities (reading, writing, problem sets, studying, etc.) for about 3 hours out of classroom for every class period. The syllabus includes more information about meeting times and expectations for student work.

COURSE DETAILS

This course will be taught in person. Class time will be devoted to lectures and discussions of the readings.

Canvas will be your lifeline in this course. It provides the platform for the readings, videos, occasional lectures, discussion board, assignments and quizzes. You can enter the course Canvas site here:

<https://canvas.wisc.edu/courses/373887>

MEETING TIME: Tuesdays and Thursdays, 9:30-10:45

COURSE LEARNING OUTCOMES:

- 1) Analyze and adjudicate claim that disease is socially constructed
- 2) Recognize how diseases and responses to diseases have shaped elements of American society
- 3) Discover and analyze how politics and diseases have intersected in American history
- 4) Describe and analyze how patients have shaped the medical responses, personal reactions and social meanings of disease
- 5) Demonstrate how current disease trajectories echo (and not) disease trajectories in the past
- 6) Recognize and describe how race, class, and gender have influenced the experience, meaning, and understanding of disease
- 7) Analyze primary documents for argument and perspective

REGULAR AND SUBSTANTIVE INTERACTION

This course provides regular and substantive interaction by:

- Providing direct instruction twice weekly through lecture and facilitating group discussion at least once/week on the scheduled and assigned weekly content.
- Assessing or providing feedback on a student's coursework throughout the semester based on the expectations of the learning activities described in the assignments section of this syllabus.

COURSE WORKLOAD

COURSE REQUIREMENTS:

- Class Participation 20%
 - Discussion posts 10%
 - Classroom conversation 10%
- Group Project: Historical Milestones 30%
 - Secondary source summary 5%
 - Primary source summary 5%
 - Group presentation 5%
 - Individual 5%
- Midterm (take-home essay) 20%
- Final Exam (take-home essay) 20%
- Quizzes 10%

PARTICIPATION EXPECTATIONS

Because the discussion of readings is a major component of this course, you will be graded on your preparation for and involvement in class, in live discussion and on asynchronous discussion boards. This approach asks that you engage fully with the material and explore your own understandings of and beliefs about historical events and processes. I evaluate participation by how well you talk about your ideas, respond to others' ideas, remain sensitive to the feelings of other class members, and take responsibility for moving class discussion forward. Expressing one's ideas and getting reactions from others can help you evaluate your own opinions and ultimately sharpen your thinking.

PARTICIPATION ASSESSMENT

Your participation grade will be assessed in two ways for this class. First, 50 percent of your participation grade will be assessed by the quality of your discussion posts. In these posts I will look for thoughtful engagement with and reflection on the course readings and other materials.

You will be expected to write 18 discussion posts over the course of the semester.

Another 50 percent of your participation grade will be assessed on your active participation in class. During the first few classes, we will discuss what constitutes active participation. Everyone can miss two classes without penalty for whatever reason. Additional absences should be discussed with me.

Points	3	2	1	0
Quality of contribution	Comments showed critical thought; posed useful questions; moved conversation forward; stayed on topic; explicitly engaged with both instructor and classmates; reflected engagement with conversation; used reading assignments to bolster claims.	Comments reflected engagement with readings and the conversation; on topic but might have been somewhat tangential to the larger conversation; shared confusion or asked for clarification.	Spoke when asked a direct question; contributed one or two word responses; contributed comments that did not seem connected to the larger conversation; repeated someone else's point without elaborating on it; moved discussion off topic.	Did not contribute
Attendance	Arrived on time, stayed throughout class	Arrived late or left early	Missed more than half of the class	Did not attend class
Attention		Paid attention to the lecture and discussion throughout class	Mostly paid attention in class but sometime checked my phone	Spent much of class time distracted.
Preparation		Read all the readings for class	Did some of the readings for class	Did not read the readings before class

EXAMS

Midterm and Final Examinations

Both the midterm and the final exam will be take-home essays and will be based on the course readings, lectures and discussions. I will provide the midterm exam question on October 19; it will be due **October 26**. I will provide the final exam question on December 12. It will be **due 4:45 PM on December 18**.

GROUP PROJECT: MILESTONES IN THE HISTORY OF DISEASE

You will collaborate with a few other students to create a timeline marking important developments in the history of one disease. Through a series of assignments, you will work together to develop expertise in the history of alcoholism, cholera, malaria, polio, or

diabetes. The assignments will include a summary of two secondary sources, a summary of two primary sources, and a Sway presentation of significant milestones in the history of these diseases.

In the final presentation, each student must be responsible for *four* historical milestones. Each milestone must be represented by some audio or visual and be accompanied by a brief description and a statement of its significance. You must also include references. Group members cannot choose the same milestones. Members should come up with milestones in conversation with each other based on each person's reading.

As a group, the milestones must include one from each of the following categories: medical, statistical, popular culture, legal, and activist. Also as a group, you will write an introduction to the timeline and a conclusion. The introduction might explain the themes that emerge in the timeline and the significance of the disease in American history. The conclusion should capture a few of the significant lessons that can be gleaned from the history on display.

See individual assignment descriptions for more details.

Quizzes

Although much of this course engages with big pictures issues (e.g. individual rights vs the public's health, disease and community identity), our ability to reach conclusions is dependent on our clear understanding of particular examples and relevant trends. To make sure you get key details right when assessing situations, I will administer weekly (not quite) quizzes. You will be required to take 10. In general, they will be due each Friday night, right before midnight (11:59 PM). There will also be quizzes on Wednesday, November 8, 15, and 22.

GRADING SCALE

93-100	A
88-92	AB
83-87	B
78-82	BC
70-77	C
60-69	D
0-59	F

Grade Concerns

If you have questions about a grade, speak first to the instructor (Houck). If the question is not resolved, speak with the chair of the department of History, Anne Hansen. She will attempt to resolve the issue informally and inform you of the Appeals Procedures if no resolution is reached informally.

REQUIRED COURSE MATERIALS

Readings for the course will be available on the Canvas course site.

GRADUATE STUDENTS

COURSE OBJECTIVES:

See course objectives for undergraduates.

In addition:

- 1) Develop research skills to perform primary source historical research and analyze primary sources to develop a historical argument
- 2) Recognize and describe general trends in the history and the historiography of disease
- 3) Write a book review suitable for publication in historical journals

COURSE REQUIREMENTS FOR GRADUATE STUDENTS:

I expect the graduate students to attend class, complete the course readings, and participate in class discussions.

In addition, graduate students will be required to attend a separate seminar (five times throughout the semester), write two book reviews (preferably of books looking at the same disease), write a 15-20 page research or historiographical paper (Draft due November 22; final due December 12 at 7PM), and take the final. The seminar will not require any additional reading. We will use this time to talk about material covered in class, discuss the research projects, report on your reviewed books.

Class and Seminar Participation, 30%; Book Reviews, 10% each; Final, 20%; Research or historiographical paper, 30%.

COURSE POLICIES

Late Work Policy

Assignments that are late, for whatever reason, will be docked 5 points per day unless I have granted prior approval. This applies to all assignments, including the take-home exams. Assignments a week or more late will not be accepted unless there are extraordinary circumstances AND you have talked with me.

The “historical roots” paper requires two drafts. Late drafts will be accepted only with my prior approval. In general, a late draft will lead to a point penalty on the final grade. If you do not turn in a draft, your final paper will be lowered by a minimum of 10 points.

University of Wisconsin-Madison Policies

RULES, RIGHTS & RESPONSIBILITIES

- See: <https://guide.wisc.edu/undergraduate/#rulesrightsandresponsibilitiestext>

ACADEMIC CALENDAR & RELIGIOUS OBSERVANCES

- See: <https://secfac.wisc.edu/academic-calendar/#religious-observances>

ACADEMIC INTEGRITY

By virtue of enrollment, each student agrees to uphold the high academic standards of the University of Wisconsin-Madison; academic misconduct is behavior that negatively impacts the integrity of the institution. Cheating, fabrication, plagiarism, unauthorized collaboration, and helping others commit these previously listed acts are examples of misconduct which may result in disciplinary action. Examples of disciplinary action include, but is not limited to, failure on the assignment/course, written reprimand, disciplinary probation, suspension, or expulsion. (Source: <https://conduct.students.wisc.edu/syllabus-statement/>)

You may not represent AI-generated work as your own. AI programs, including ChatGPT are amazing tools, and they can do some things very well. But a ChatGPT-generated essay will provide analysis and summary that are not yours. Assignments in this course ask that you grapple with the materials and reach your own conclusions. AI programs also tend to create errors of fact, and they generally lack original observations. AI-generated work submitted for a grade will be considered an act of academic misconduct.

ACCOMMODATIONS FOR STUDENTS WITH DISABILITIES

The University of Wisconsin-Madison supports the right of all enrolled students to a full and equal educational opportunity. The Americans with Disabilities Act (ADA), Wisconsin State Statute (36.12), and UW-Madison policy (Faculty Document 1071) require that students with disabilities be reasonably accommodated in instruction and campus life. Reasonable accommodations for students with disabilities is a shared faculty and student responsibility. Students are expected to inform faculty [me] of their need for instructional accommodations by the end of the third week of the semester, or as soon as possible after a disability has been incurred or recognized. Faculty [I], will work either directly with the student [you] or in coordination with the McBurney Center to identify and provide reasonable instructional accommodations. Disability information, including instructional accommodations as part of a student's educational record, is confidential and protected under FERPA. (Source: <https://mcburney.wisc.edu/instructor/>)

DIVERSITY & INCLUSION

Diversity is a source of strength, creativity, and innovation for UW-Madison. We value the contributions of each person and respect the profound ways their identity, culture, background, experience, status, abilities, and opinion enrich the university community. We commit ourselves to the pursuit of excellence in teaching, research, outreach, and diversity as inextricably linked goals.

The University of Wisconsin-Madison fulfills its public mission by creating a welcoming and inclusive community for people from every background – people who as students, faculty, and staff serve Wisconsin and the world. (Source: <https://diversity.wisc.edu/>)

LAND ACKNOWLEDGMENT

The University of Wisconsin-Madison occupies ancestral Ho-Chunk land, a place their nation has called Teejop (day-JOPE) since time immemorial. In an 1832 treaty, the Ho-Chunk were forced to cede this territory. Decades of ethnic cleansing followed when both the federal and state government repeatedly, but unsuccessfully, sought to forcibly remove the Ho-Chunk from Wisconsin. This history of colonization informs our shared future of collaboration and innovation. Today, UW-Madison respects the inherent sovereignty of the Ho-Chunk Nation, along with the eleven other First Nations of Wisconsin.

PRIVACY OF STUDENT RECORDS & THE USE OF AUDIO RECORDED LECTURERS STATEMENT

See more information about privacy of student records and the usage of audio-recorded lectures. Lecture materials and recordings for this course are protected intellectual property at UW-Madison. Students in this course may use the materials and recordings for their personal use related to participation in this class. Students may also take notes solely for their personal use. If a lecture is not already recorded, you are not authorized to record my lectures without my permission unless you are considered by the university to be a qualified student with a disability requiring accommodation. [Regent Policy Document 4-1] Students may not copy or have lecture materials and recordings outside of class, including posting on internet sites or selling to commercial entities. Students are also prohibited from providing or selling their personal notes to anyone else or being paid for taking notes by any person or commercial firm without the instructor's express written permission. Unauthorized use of these copyrighted lecture materials and recordings constitutes copyright infringement and may be addressed under the university's policies, UWS Chapters 14 and 17, governing student academic and non-academic misconduct.

Digital Course Evaluation (AEFIS)

UW-Madison uses a digital course evaluation survey tool called AEFIS. For this course, you will receive an official email two weeks prior to the end of the semester, notifying you that your course evaluation is available. In the email you will receive a link to log into the course evaluation with your NetID. Evaluations are anonymous. Your participation is an integral component of this course, and your feedback is important to me. I strongly encourage you to participate in the course evaluation.

SCHEDULE

September 7	Introduction: What is Illness? What is Disease?
September 12	Covid-19
September 14	Covid-19
September 19	Disease as a Weapon of Conquest
September 21	Disease Prevention: Trusting the Experts (Smallpox) (Pick disease for group project)
September 26	Racial Politics and Political Races: Yellow Fever in Philadelphia I
September 28	Racial Politics and Political Races: Yellow Fever in Philadelphia II
October 3	Race, Class, and Gender: Tuberculosis I
October 5	Race, Class, and Gender: Tuberculosis II (Secondary source analysis due)
October 10	Behaviors as Disease I: Homosexuality
October 12	Behaviors as Disease II: Restlessness
October 17	Invading Illnesses: Immigration and Disease
October 19	Invading Illnesses: Immigration and Disease II (Receive midterm)
October 24	Disease and Police Powers: Vaccination and Smallpox
October 26	Disease and Police Powers: Quarantine and Plague (Midterm due)
October 31	War and Disease I: Influenza
November 2	War and Disease II: Venereal Disease
November 7	War and Disease III: Shell Shock, Combat Fatigue, and PTSD
November 9	Disease, Environment, and Work I: Asthma
November 14	Disease, Environment and Work II: Silicosis and Black Lung
November 16	Identity and Disease I: Sickle Cell Anemia
November 21	Identity and Disease II: AIDS (Primary source analysis due)
November 23	Thanksgiving
November 28	Mental Illness I: Schizophrenia
November 30	Mental Illness II: Borderline Personality Disorder
December 5	Selling Disease, Selling Gender: Menopause
December 7	Selling Disease, Selling Gender: Breast Cancer
December 12	Disease and Society: Looking Back, Looking Forward (Group project due) (Receive final exam)
December 18	(Final Exam due, 4:45 PM)

September 7 Introduction: What is Illness? What is Disease?

William G. Rothstein, "Disease as A Social Concept," in *Readings in American Health Care: Current Issues in Socio-historical Perspective*, William G. Rothstein ed., (Madison, WI: University of Wisconsin Press, 1995), 87-99.

Andrew Pollack, "AMA Recognizes Obesity as a Disease," *NYT.com*, June 18, 2013. Accessed 8/19/13.

Maia Szalavitz, "Viewpoint: Defining Obesity as a Disease May Do More Harm Than Good," *Time.com*, June 19, 2013. Accessed 8/19/13.

What is a disease? This topic will introduce the idea that diseases are not merely biological events. Instead, diseases--as diseases--only exist after they have been labeled. The process of labeling a limb tremor, a skin rash, or a sexual behavior a disease is a social and cultural process. This unit will examine the social construction of disease while acknowledging the role of scientific discovery and biological critters in the construction process.

September 12 COVID-19

Adeel Hassan, "The U.S. Surpasses 1 Million Covid Deaths, the World's Highest Known Total," *The New York Times*, May 19, 2022.

Ed Yong, "Anatomy of an American Failure," *The Atlantic*, September 2020.

Lawrence Wright, "The Plague Year," *The New Yorker*, January 4 and 11, 2021.

Katherine J. Wu, "The Biden Administration Killed America's Collective Pandemic Approach," *The Atlantic*, March 2022.

David Leonhardt, "A Positive Covid Milestone," *The New York Times*, July 17, 2013.

The Covid-19 pandemic is the one of the most important global health crises of the last century. At the end of August 2020, it had killed nearly 850,000 people around the world and roughly 183,000 people in the United States. By the end of August 2021, it had killed at least 4.5 million people globally and 647,000 in the United States. It has now killed more than 1.1 million people in the U.S. All of these numbers are likely significant undercounts. This week we are going to examine some of the social, cultural, and political aspects of the epidemic. Who is most affected by the disease and in what ways? How has the epidemic been politicized? These readings and discussions should help us better understand our current moment and to prime our examination of disease in the past.

September 14 COVID-19

Race, Racial Disparities, Racism, and Statistics

"Examining Racial Disparities Observed During Coronavirus," *NPR All Things Considered*, June 9, 2020. (listen)

Merlin Chowkwanyun and Adolph L. Reed, "Racial Health Disparities and Covid-19— Caution and Context," *NEJM* July 16, 2020.

David Leonhart, "Covid and Race," *The New York Times*, June 9, 2022.

Katelyn Jetelina, "The Morning Today is...Wrong," *Your Local Epidemiologist*, June 9, 2022.

Shannon Palus, "What's Really Going on with COVID and Race," *Slate*, June 17, 2022.

September 19 Disease as a Weapon of Conquest

Alfred W. Crosby, "Infectious Disease and the Demography of the Atlantic Peoples," in *Germ, Seeds and Animals: Studies in Ecological History* (Armenk, NY: M. E. Sharpe, 1994), 82-96.

Elizabeth Fenn, "Biological Warfare in Eighteenth-Century North America: Beyond Jeffrey Amherst," *The Journal of American History* 86 (2000): 1552-1580.

This topic will show that microbes and disease played a critical role in the devastation of native peoples during the early years of European exploration and colonization. The depopulation and weakening of native populations by various diseases helped Europeans claim the Americas as their own. In other words, diseases were crucial historical actors.

We will also look at the intentional use of germs as a weapon of war. Has biological warfare been used extensively in the Americas? By whom? Against whom? How do we know? Why has biological warfare been generally disparaged as amoral? Should it be?

September 21 Disease Prevention: (Dis)Trusting the Experts (Smallpox)

Cotton Mather, "A Letter about Smallpox Inoculation," (1723).

William Douglas, *Inoculation of the Small Pox as Practiced in Boston*, excerpts.

Zabdiel Boylston, *An Historical Account of the Smallpox Inoculated in New England* (1730).

John Blake, "The Inoculation Controversy in Boston, 1721-1722," Judith Walzer Leavitt and Ronald Numbers ed., *Sickness and Health in America*, 2nd ed. (Madison, WI: University of Wisconsin Press, 1985), 347-355.

Why should we trust new scientific claims? Why does disease exist? Who should make decisions for the health of a community? What is the role of religion in civic life? These questions, still relevant, rocked the American colonies at the beginning of the eighteenth century. The issue was smallpox inoculation, a new procedure that assuredly made people ill, but maybe prevented people from getting sicker. Was it worth the risk? How would you decide?

September 26 Racial Politics and Political Races: Yellow Fever in Philadelphia I

Benjamin Rush, "Selected Letters," (1793).

Martin Pernick, "Politics, Parties and Pestilence: Epidemic Yellow Fever in Philadelphia and the Rise of the First Party System," Judith Walzer Leavitt and Ronald Numbers ed., *Sickness and Health in America*, 2nd ed. (Madison, WI: University of Wisconsin Press, 1985), 356-371.

September 28 Racial Politics and Political Races: Yellow Fever in Philadelphia II

Mathew Carey, *A Short Account of the Malignant Fever* (1794), 21-28, 60-63.

Absalom Jones and Richard Allen, *A Narrative of the Proceedings of the Black People, during the Late, awful calamity in Philadelphia in the year 1793*.

The yellow fever epidemic of 1793 introduces the role of politics in epidemic disease, a theme that returns throughout the course. When yellow fever struck the nation's capital, the emergent political parties of the time, the Federalists and the Republicans, disagreed over the best medical approach. Further, when most people of means fled Philadelphia, black residents were asked to stay and nurse the ill. In return for their efforts, the African-American community was slandered in the popular press. This example shows how disease becomes entwined with the political and social forces that surround it.

October 3 Race, Class, and Gender: Tuberculosis I

Sheila Rothman, "The Female Invalid: The Narrative of Deborah Vinal Fiske, 1806-1847," in *Living in the Shadow of Death: Tuberculosis and the Social Experience of Illness in American History* (Baltimore: Johns Hopkins University Press, 1995), 77-127.

Richard Yates, "No Pain Whatsoever," in *Eleven Kinds of Loneliness* (New York: Everyman's Library, 2009; First published 1962).

Just as diseases are entwined with politics, they are also linked with class and gender. By looking at the experiences of two tuberculosis patients, we will explore how class and gender inform the experience and meaning of chronic illness.

October 5 Race, Class, and Gender: Tuberculosis II

Albert Reifel, "Tuberculosis Among Indians of the United States," *Diseases of the Chest* 16 (1949): 234-247.

J.A.M. "Editorial: Tuberculosis Among American Indians," *Diseases of the Chest* 16 (1949): 248-249.

Christian W. McMillen, "'The Red Man and the White Plague'" Rethinking Race, Tuberculosis, and American Indians, ca. 1890-1950," *Bulletin of the History of Medicine* 82 (2008): 608-645.

Diseases, for a variety of reasons, affect groups of people in different ways and to different degrees. Today we will continue our examination of tuberculosis to understand how race informs the meaning of and the reaction to illness.

October 10 Behaviors as Diseases I: Homosexuality

Bert Hansen, "American Physicians' 'Discovery' of Homosexuals, 1880-1900: A New Diagnosis in a Changing Society," in Judith Walzer Leavitt and Ronald Numbers ed., *Sickness and Health in America*, 3rd ed. (Madison, WI: University of Wisconsin Press, 1997), 13-39.

Ronald Bayer, "Diagnostic Politics: Homosexuality and the American Psychiatric Association," in *Homosexuality and American Psychiatry: The Politics of Diagnosis* (New York: Basic Books, 1981), 101-154.

When is behavior a disease? Using the medicalization of sexuality as a model, we will examine how particular behaviors, after being considered undesirable at a particular time and place, become "diseases." Consequently, people who participate in certain behaviors become vulnerable to medical surveillance and treatment. We will explore the notion of

disease creation as an instrument of social control, bearing in mind that the "diseased" groups often eagerly encourage the disease model.

We start by looking at the medical creation or discovery of homosexuality and how same-sex sexual behavior came to be understood as a reflection of an inner pathology. We also explore how gay activists in the 1970s fought against the construction of homosexuality as illness.

October 12 Behaviors as Diseases II: Restlessness

"Pep Pills for Pupils," *Newsweek*, July 13, 1970, 60-61.

Jean Evans, "How to Tell If Your Child is Hyperactive—And What to Do About It," *Redbook* October 1976, 24+.

Mathew Smith, "'Snips and Snails and Puppy Dog Tails:' Boys and Behavior in the USA," *Canadian Bull Med Hist* 36 (2019): 51-79.

It happens to all of us. Sometimes it's hard to sit still. Sometimes we don't control our impulses. Sometimes it's hard to stay on task. Sometimes we just need to move. For more than a hundred years, some people who frequently displayed "hyperactive" or "inattentive" behaviors, often young boys, have been diagnosed with a disease or a disorder. Often these children have been prescribed drugs to help them sit still and concentrate. Is this a legitimate use of a diagnosis? Should we be treating children with drugs to help them meet social expectations?

October 17 Invading Illnesses: Immigration and Disease I

T. V. Powerderly, "Immigration's Menace to the National Health," *North American Review* 175 (July 1902): 53-60.

Howard Markel and Alexandra Minna Stern, "The Foreignness of Germs: The Persistent Association of Immigrants and Disease in American Society," *The Milbank Quarterly*, 80 (2002): 757-788.

Immigration is one of the most important aspects of American cultural, social, and political life. Over the course of United States history, immigrants have been both reviled and welcomed; appreciated for their nimble hands, but resented for their alleged radical politics, valued for their willingness to work for very little money, and assailed for taking jobs away from "natives." This section examines how anxiety over immigrants sometimes expressed itself as a fear of imported disease. First, we will look at immigration and disease in general and then we will focus on Mexican immigration, labor, and tuberculosis.

October 19 Invading Illnesses: Immigration and Disease II

Emily Abel, "From Exclusion to Expulsion: Mexicans and Tuberculosis in Los Angeles, 1914-1940," *Bulletin of the History of Medicine* 77 (2003), 823-49.

Benjamin Goldberg, MD, "Tuberculosis in Racial Types with Special Reference to Mexicans," *American Public Health Nation's Health*, 19 (1929): 274-284.

Madeleine Pelter Cosman, "Illegal Aliens and American Medicine," *Journal of American Physicians and Surgeons* 10 (2005): 6-10.

October 24 Disease and Police Powers: Vaccination and Smallpox

Michael Willrich, "'The Least Vaccinated of Any Civilized Country': Personal Liberty and Public Health in the Progressive Era," *Journal of Policy History* 20 (2008): 76-93.
James Colgrove, "Manifold Restraints: Liberty, Public Health, and the Legacy of *Jacobson v Massachusetts*," *American Journal of Public Health* 95 (April 2005): 571-576.
William B. Hidden, "The Dangers of Vaccination," *North American Review* 159 (July 1894): 124-127.
"Topics of the Times," *New York Times*, June 19, 1901, 6.

October 26 Disease and Police Powers: Quarantine and Plague

Nayan Shah, "Plague and Managing the Commercial City," in *Contagious Divides: Epidemics and Race in San Francisco's Chinatown* (Berkeley: UC Press, 2001), 120-157.
"An Oriental Kick," *Los Angeles Times*, May 26, 1900, 13.
"Latest Plague Turn," *Los Angeles Times*, June 17, 1900, 13.
"The Plague in San Francisco," *Science* 13 (1901): 761-765.

October 31 War and Disease I: Influenza

"Health Board Fires Gun to Check Epidemic," *Capital Times*, March 24, 1919, 1.
"Papers Lied, Preacher Charges," *Wisconsin State Journal*, March 24, 1919, 1.
"Stringent Steps Planned to Halt 'Flu' in Hurry," *Wisconsin State Journal*, October 25, 1918, 1
George A. Soper, "Influenza Pneumonia Pandemic in the American Army Camps during September and October, 1918," *Science*, 48 (November 8, 1918): 451-456.
"The Mask Slackers of 1918," *New York Times*, August 3, 2020,

Like immigration, war has been a major cultural and social force in the United States, and war and disease are constant companions. Untreated wounds, unsanitary conditions, overcrowding, spoiled food, and other horrors of war provide an opportunity for diseases as varied as shell shock, typhus, and typhoid. This section will focus on three examples, influenza, venereal disease and shell shock, to illustrate the complicated relationship between war and illness.

The influenza epidemic of 1918-1919 may have been the most devastating epidemic in human history. It killed roughly 30 million people worldwide; in India alone, roughly 12.5 million people died. In the United States, conservative estimates put the number of deaths at 550,000. The context of war made these horrific numbers possible, as young men lived together in closed quarters and traveled to distant countries. Even the conditions on the homefront contributed to the spread of the epidemic as crowds gathered in cities to buy war bonds. This unit will examine the role of the war in the epidemic, the effect of the epidemic on the war, and the personal and symbolic meanings of influenza in the United States.

November 2 War and Disease II: Venereal Disease

Charissa Keup, "Delinquency, Sex, and Milwaukee Girls in the Second World War," *Milwaukee History*, 1 (2010): 75-80.

John Parascandola, "Quarantining Women: Venereal Disease Rapid Treatment Centers in World War II America," *Bulletin of the History of Medicine*, 83(2009): 431-459.

Sexual release has often been understood as a necessary aspect of masculinity, especially during war. At the same time, venereal disease has long been a significant problem in the military. Today we will look at the efforts to protect fighting men from disease, "working women," and their own sexual desires.

November 7 War and Disease III: Shell Shock, Combat Fatigue, and PTSD

Wilbur J. Scott, "PTSD in DSM-III: A Case in the Politics of Diagnosis and Disease," *Social Problems* 37 (1990): 294-310.

Herbert C. Archibald and Read D. Tuddenham, "Persistent Stress Reaction " Combat: A 20-year Follow-Up," *Archives of General Psychiatry* 12 (1965): 475-481.

J. C. Furnas, "Meet Ed Savickas: A Victim of Combat Fatigue," *Ladies' Home Journal* 62 (1945): 141-144.

War (and violence more generally) inflicts psychic as well as physical wounds. Today we will examine the efforts to understand and diagnose the mental damage of war by looking at shell shock, combat fatigue, and PTSD. Are these different names for the same affliction? How does the impact of war radiate beyond the afflicted soldier?

November 9 Disease, Environment, and Work I: Asthma

Gregg Mitman, "Choking Cities," in *Breathing Space: How Allergies Shape Our Lives* (New Haven: Yale University Press, 2008), 130-166.

Albert Rosenfeld, "They've Got Asthma on the Run," *Colliers*, April 16, 1954, 25-27.

"Jimmy Conquers Asthma," *Look*, September 18, 1956, 79-81.

November 14 Disease, Environment, and Work II: Silicosis and Black Lung

Barbara Ellen Smith, "History and Politics of the Black Lung Movement," *Radical America* 17 (1983): 89-109.

Come All You Coal Miners (Rounder Records, 1973).

This section will focus on the workplace and the environment as contributors to illness. We will look at players outside the medical profession who participate in the construction of disease. In this case, labor unions, legal battles, folk singers, and insurance companies all contributed to the definition of silicosis and black lung and the effort to secure the health of miners.

November 16 Sickle Cell Anemia: Identity and Disease I

Harry Schwartz, "Sickle Cell: Resentment Complicates the Case," *New York Times*, 5 Nov. 1972.

Tabitha M Powledge, "The New Ghetto Hustle," *The Saturday Review*, January 27, 1973, 38-47.

"Famous Blacks Fight Sickle Cell Anemia in Nationwide Drive," *Jet* October 7, 1971, 58-60.

Alondra Nelson, "Spin Doctors: The Politics of Sickle Cell Anemia," in *Body and Soul, "The Black Panther Party and the Fight Against Medical Discrimination* (Minneapolis: University of Minnesota Press, 2011), 115-152.

This topic explores what happens when a disease becomes racialized. The example of sickle cell anemia illustrates the risks and benefits of constructing a disease as if it "belonged" to a certain group. We will explore the power of community organizing and the unintended consequences of getting what you wish for. This unit will also provide an example of the long-held mistrust some members of the African-American community feel toward medical institutions.

November 21 AIDS: Identity and Disease II

Peter Lewis Allen, "AIDS in the USA," in *The Wages of Sin: Sex and Disease, Past and Present* (Chicago: University of Chicago Press, 2000), 119-155.

Richard Berkowitz and Michael Callen, *How to Have Sex in an Epidemic* (New York: News from the Front Publications, 1983).

This unit explores the social and cultural meanings of AIDS by looking at popular depictions of AIDS victims and the cultural efforts to document the epidemic and the lives lost to it. We will also explore the politics of AIDS, from both the activist and legislative communities.

November 23 Thanksgiving

November 28 Mental Illness I: Schizophrenia

Jonathan M. Metzler, *Protest Psychosis: How Schizophrenia Became a Black Disease* (Boston: Beacon Press, 2009), excerpts.

Shankar Vedantam, "Racial Disparities Found in Pinpointing Medical Illness," *The Washington Post*, June 28, 2005.

November 30 Mental Illness II: Borderline Personality Disorder

Susan Cahn, "Border Disorders: Mental Illness, Feminist Metaphors and Disordered Female Psyche in the 20th Century United States," *Disability Histories*, 258-282.

"A Diagnosis," *Crazy Ex-Girlfriend*.

December 5 Selling Disease, Selling Gender: Menopause

Robert A. Wilson, "Key to Staying Young," *Look*, January 11, 1966, 66+.

Judith Houck, "Feminine Forever: Robert A. Wilson and the Hormonal Revolution, 1963-1980," in *Hot and Bothered: Women, Medicine, and Menopause in Modern America* (Cambridge: Harvard University Press, 2006), 152-187.

Menopause marks the decline of estrogen and the end of fertility in most women. It is generally understood as a developmental milestone rather than a pathological event. In the mid-twentieth century, however, a handful of physicians proposed menopause as an estrogen deficiency disease that marked the end of femininity. They also promoted a pharmaceutical treatment for menopause and its alleged defeminization. Did women accept

this message about menopause? Was there a way to accept the treatment without also accepting menopause as pathology?

December 7 Selling Disease, Selling Gender: Breast Cancer

Susan Ferraro, "The Anguished Politics of Breast Cancer," *New York Times Magazine*, August 15, 1993, 25-27+.

Letters, *New York Times Magazine*, September 1993, various.

Lisa Belkin, "Charity Begins at...the Marketing Meeting, the Gala Event, the Product Tie-In," *New York Times Magazine*, December 22, 1996, 40-46.

Letters, *New York Times Magazine*, January 12, 1997.

Barbara Ehrenreich, "Welcome to Cancerland: A Mammogram Leads to a Cult of Pink Kitsch," *Harper's*, November 2001, 43-53.

Breast cancer is both a serious disease and a marketing bonanza. Pink ribbons, celebrity fundraisers, Breast Cancer Awareness Month, and Walks for the Cure all attest to the visibility of breast cancer. Why has breast cancer become such a "popular" disease while other diseases kill more women? How has the publicity around breast cancer affected patients' experiences? In this section, we will explore the intersection of disease, sexuality, race, and marketing to understand the cultural meanings of health, illness, and female bodies.

December 12 Disease and Society: Looking Back, Looking Forward

Ed Yong, "We're Already Barreling toward the Next Epidemic," *Atlantic Monthly*, September 29, 2021.

Eleanor Lutz and Amy Schoenfeld Walker, "Is this What Endemic Disease Looks Like" *The New York Times*, April 7, 2022.