

Healthy Bodies: Citizenship, Medicine & Social Activism

Dr. Jaipreet Viridi
HIST 337, Topics in American History
Spring 2020: Wednesdays, 3:35-6:35pm
Sharp Lab 105

This course examines the history of health activism in American history from the nineteenth-century debates over compulsory vaccination to twenty-first century issues about healthcare biases against people of color. Health is a powerful political and social lexicon that signifies ideas about fitness, citizenship, and strength. It is also a cornerstone of social activism closely tied to the radical idea that achieving health for all demands a just, inclusive, and equitable world. In this course we will examine the history of health activism led by advocates of change, focusing specifically on how race, gender, class, and disability impacted activism and advocacy. This course fulfills the *Our Vote: History. Justice. Advocacy* three-semester teaching initiative and the College of Arts & Sciences Second Writing Requirement.

Header image: activists marching from Selma to Montgomery, 1965. Library of Congress collection



Learning Outcomes

This course is designed for you to gain knowledge of the history of health activism and the different ways that grassroots participation, citizen activism, and popular mobilization have tied healthcare to social justice. A primary goal is for students to develop critical and creative thinking and writing skills. Students will also learn how to read critically and analyze sources within their conceptual frameworks.

Our Learning Environment

This class gathers on the ancestral territory of the Unami-speaking Lenape people. Our classroom is an inclusive learning environment and I am committed to ensuring all students are respected and valued while given opportunities to participate in free exchange of ideas and debate. My intention is to view student experiences in identity, background, and neurodiversity as a source of strength. Thus, this course aims to provide materials and activities to present inclusive histories with respect to gender, sexuality, race, disability, class, culture, and ethnicity.

My goal as a professor is to help you succeed as possible and ensure all students are able to be fully engaged in this course. I expect you to be on top of your coursework and to the best of your ability, meet the deadlines as scheduled.

We all have a role to play in this classroom. It is expected that for all class activities and discussions, we will together contribute to enriching our learning environment by being respectful of the diversity of thoughts, perspectives, and experiences by listening to others' views. This means all personal attacks or insults that degrade someone's character will not be tolerated. I will gladly honor any requests to address an alternate name or gender pronoun. Please advise me at the start of the semester.

Accessibility Accommodations

If you have any specific personal and/or academic accessibility requirements (learning disability, physical disability, language comprehension, etc.), I welcome you to speak with me or email me to let me know how to best accommodate your needs, especially if you don't have an apparent disability, have ongoing health issues or are trying to "pass." You are NOT obligated to disclose any of these issues with me, only specify if there's any accommodations required. If you need any adaptations for course materials (large font, pacing, image description, closed captioning, copies of readings) this is easy for me to do, so let me know. You are also encouraged to register with the [Office of Disability Support Services](#), but it is not a requirement.

Professor Availability

In-person contact is the most direct and effective means for communicating with me. My office hours are **Thursdays 12-2pm** or by appointment when necessary. Use only your udel.edu email address and follow proper email etiquette when corresponding. My email is: jvirdi@udel.edu

Grading Philosophy & Writing Expectations

This is a writing intensive course that emphasizes critical analysis and deeply rooted understanding. You will spend the majority of your time and effort for this course reading, thinking, and analyzing, rather than memorizing large quantities of information. Thus, grading will reflect your effort, the way you challenge yourself and seriously engage with the course materials. To do well in this course, you are expected to do all the readings and think critically about the author's ideas, your own views, as well as that of your peers as raised in seminars. Participate in the discussion. Write clearly and concisely.

As your Professor, I strive to find the strengths in your work—both in discussions and in the written assignments—assessing your contributions on how well you present and defend your perspectives and how insightful your interpretations of the course materials are. Nevertheless, I am aware that non-History majors might find the writing load challenging. That's okay. **Writing is a learning process.** Don't be discouraged if you find yourself struggling early on in the semester as you adjust to the expectations of studying history. That's what I'm here for. You are encouraged to speak to me, send me an email, or drop by my office hours whenever you are having an issue with your writing or with the course materials.

Grading Scale

93-96 A 90-92 A- 87-89 B+ 83-86 B 80-82 B- 77-79 C+ 73-76 C 70-72 C- etc.

If you are concerned with your grade or feel there has been an error, resubmit your graded copy within one week after I returned it to you, with a written response explaining why you believe your grading assessment is inaccurate. Please note that upon re-evaluation, if I find the original grade incorrect, I might alter your grade – you might get a higher mark or lower mark.

Technology Etiquette

Respect the classroom time: leave the video-watching, social media browsing, and internet shopping for another time. Do not text or send emails during class. Even if it doesn't distract you, it will certainly disrupt your peers' focus and even mine. Use courtesy and common sense.

Academic Honesty

The University of Delaware [Student Guide to Academic Honesty](#) indicates: “All students must be honest and forthright in their academic studies. To falsify the results of one's research, to steal the words or ideas of another, to cheat on an assignment, or to allow or assist another to commit these acts corrupts the educational process. Students are expected to do their own work and neither give nor receive unauthorized assistance.” Please do not, in any shape or form, commit the act of plagiarism. If you are having **ANY** difficulties with the course material, or with essay writing, or even with reading and understanding, please email me or make an appointment to see me. Any proven violations of Academic Honesty will result be reported to the Office of Student Conduct.

Class Structure

This is a 3-hour seminar with 5-10min breaks at the end of the first and second hours. I will give a 20minute lecture introducing the class to the unit topic and contextualize the issues within their broader cultural, political, and medical significance. We will then proceed with a class conversation directed by discussion leaders who have signed up for the week (sign-up sheet will be distributed during the first seminar). Come to class ready to converse, ask questions, and participate. At least one class every month will be focused on an in-class activity based on primary source analysis.

Readings

All readings are posted on the course Canvas site.

Assignments & Evaluation

There are no set deadlines* for the written papers or late penalties. Examine your schedule and obligations and create *your own* deadlines that makes sense for you, but all papers must be submitted by **Monday May 25**.

*unless you are a freshman and, in that case, you are required to submit at least one assignment before the midterm deadline.

Discussion Leader: 20%

You are required to give a presentation (15min) on the readings you selected and direct the group discussion (30min). As the leader, you can manage the class however you want: give a PowerPoint presentation, an oral summary of the readings, do a class activity, etc. The focus should be on the issues highlighted in the readings and the author(s)' arguments.

Active Participation: 5%

Engaging and contributing to seminar discussions.

Current Events Short Paper, 1,500 words: 15%

Find a current events issue on health activism (any geographical location) and write a reflection piece about what the issues are, who are the activists, what they are fighting for, and why this is relevant.

Major Paper, 4,000 words, 60%

For this assignment, you are to choose one of the following two options:

- 1) Two analytical papers (2,000 words each, excluding citations) addressing the issues raised in two different course units with an asterisk (*). You must include the readings in the selected unit and include primary sources.
- 2) A research paper (4,000 words, excluding citations) on any issue of health activism, with topic proposed to professor for approval.

At least one draft version can be submitted to me for feedback and suggestions for improvement. More details about the assignments will be shared in class.

Schedule & Readings

February 12: Change from Below

What does radical health activism mean? What kinds of grassroots participation, citizen activism, and popular mobilization—or, what is referred to as “change from below”—count as a social movement and how do these shape the broader cultural conversations about health care?

Read for Background

Beatrix Hoffman, “Health Care Reform and Social Movements in the United States,” *American Journal of Public Health* 93 (2003): 75-85.

Colin Gordon, “The Political Economy of American Health Care: An Overview, 1910-2000,” Chapter 1 in *Dead on Arrival: The Politics of Health Care in Twentieth-Century America* (Princeton University Press, 2003), 12-45.

Examine the U.S. National Library of Medicine virtual exhibit, “[For All the People: A Century of Citizen Action in Health Care Reform.](#)”

Research Task (prep for next class)

Browse through social/online media sites (twitter, facebook, magazines, newspapers, etc.) to find examples of grassroots health activism. Who are the stakeholders in the activism and what are their motivations? How are the stories framed (liberal, progressive, negative, good-vs-bad, both sides, etc.)? Print/save examples to bring for next class.

Attend (if you can)

[Department of History Warnock Lecture](#), ‘A Horror Almost Inconceivable’: What the Five Senses Can Tell Us About Slavery, by Dr. Deirdre Cooper Owens. Thursday February 13, 7:00-8:30pm, Gore Hall 116 (reception to follow).

February 19: Shaping Health Radicals

Why were activists challenging the status quo of organized medicine and in what ways did this expand access to health care? In what ways did health activists tie their growing dissatisfaction with medical bureaucracy to a growing consciousness to respond to the war against poverty and disease? How does the media frame debates about health care?

Read for Discussion

Naomi Rogers, “‘Caution: The AMA May Be Dangerous to Your Health’: The Student Health Organizations (SHO) and American Medicine, 1965-1970,” *Radical History Review* 80 (2001): 5-34.

Jenna Loyd, “Where is Health? The Place of the Clinic in Social Change,” Chapter 7 of *Health*

Rights are Civil Rights: Peace and Justice Activism in Los Angeles, 1963-1978 (University of Minnesota Press, 2014), 181-206.

Jennifer Adler, “‘The Service I Rendered Was Just as True’: African American Soldiers and Veterans as Activist Patients,” *American Journal of Public Health* 107.5 (2017): 675-683.

February 26: Raising Awareness*

Public Health awareness campaigns are used to draw attention to chronic conditions—heart disease, cancer, STDs, etc.—but they are also deeply rooted in political and cultural biases. How have activists used awareness campaigns to draw attention to health conditions and demand change? What kinds of tactics were effective?

Read for Discussion

Daniel Faber, Amy Lubitow, and Madeline Brambilla, “What about the Cause? The Campaign for Safe Cosmetics and the Pinkwashing of Breast Cancer Activism,” in Louis Hyman and Joseph Tohill (eds.), *Shopping for Change: Consumer Activism and the Possibilities of Purchasing Power* (Ithaca: ILR Press, 2017), 193-206.

Barron H. Lerner, “‘I Alone Am in Charge of My Body’: Breast Cancer Patients in Revolt,” and “No Shrinking Violet: Rose Kushner and the Maturation of Breast Cancer Activism,” Chapters 7 & 8 in *The Breast Cancer Wars: Hope, Fear, and the Pursuit of a Cure in Twentieth Century America* (Oxford University Press, 2001).

Research Task

Can you find examples (actual products or photographs of products) of “pinkwashed” products that contradict the messages of breast cancer activists? Why are they problematic? Can you find examples of other cancer awareness products that are gendered?

March 4: Working Health

Health and work seem to go hand-in-hand, even though workers cannot control the conditions under which they labor. Occupational health hazards are present in nearly every blue-collar job—how have people advanced for their workplace rights? Do employees, journalists, and workers’ health professionals have an ethical duty to publicize workplace dangers?

Read for Discussion

Ester C. Apesoa-Varano and Charles S. Varano, “Nurses and Labor Activism in the United States: The Role of Class, Gender, and Ideology,” *Social Justice* 31.3 (2004): 77-104.

Claudia Clark, “Watch Alice Glow” and “Something About That Factory,” Chapters 1 & 3 in *Radium Girls: Women and Industrial Health Reform, 1910-1935* (North Carolina Press, 1997).

March 11: Rolling Quads

Frustrated by lack of accessibility and support systems, in the 1960s disabled students at University of California, Berkley began protesting for change. Led by Ed Roberts, the first quadriplegic student enrolled at Berkley, the Rolling Quads became the first disabled student-led organization in the U.S. How did their identity and push for community become a crucial step for grassroots activism advocating for structural changes?

Read for Discussion

Scot Danforth, “Becoming the Rolling Quads: Disability Politics at the University of California, Berkeley, in the 1960s,” *History of Education Quarterly* 58.3 (2018): 506-536.

Eileen Boris and Jennifer Klein, “Welfare Wars, Seventies Style,” Chapter 4 of *Caring for America: Home Health Workers in the Shadow of the Welfare State* (Oxford University Press, 2012).

Fred Pelka, “Activists and Organizers, Part 2,” Chapter 10 in *What We Have Done: An Oral History of the Disability Rights Movement* (University of Massachusetts Press, 2012), 183-196.

March 18: Community Connections

The Black Panther party centered themselves on health-focus activism: their health politics were viewed as central to, if not necessarily for, the health of their people. How did their community service programs—their “survival programs”—serve as a form of empowerment?

Read for Discussion

Alondra Nelson, “Origins of Black Panther Party Health Activism,” Chapter 2 in *Body and Soul: The Black Panther Party and the Fight Against Medical Discrimination* (University of Minnesota Press, 2011).

Jennifer Nelson, “‘Medicine May Be the Way We Got in the Door’: Social Justice and Community Health in the Mid-1960s,” Chapter 1 in *More Than Medicine: A History of the Feminist Women’s Health Movement* (New York University Press, 2015).

Keith Wailoo, “Sickled Cells, Black Identity, and the Limits of Liberalism,” Chapter 5 in *Dying in the City of the Blues: Sickle Cell Anemia and the Politics of Race and Health* (University of North Carolina Press, 2001).

March 25: Women’s Crusade*

Why and how do health concerns—abortion, birth control, reproductive choice—become political and legal arguments? Feminists and women activists have faced private and public crusades seeking to restrict their reproductive choices; how did they advocate for change and in what ways did they become successful and in what ways did they fail to achieve their goals?

Read for Discussion

Kelly O'Donnell, "Our Doctors, Ourselves: Barbara Seaman and Popular Health Feminism in the 1970s," *Bulletin of the History of Medicine* 93.4 (2019): 550-576.

Susan L Smith, "Private Crusades for Public Health" and "Spreading the Gospel of Health," Chapters 1 & 2 in *Sick and Tired of Being Sick and Tired: Black Women's Health Activism in America, 1890-1950* (University of Pennsylvania Press, 1995).

Wendy Kline, "Learning from the Uterus Out: Abortion and Women's Health Activism in Chicago," Chapter 3 in *Bodies of Knowledge: Sexuality, Reproduction, and Women's Health in the Second Wave* (University of Chicago Press, 2010).

Research Task

Women's organizations are crucial for distributing information about women's health and access to healthcare. Select a pamphlet/guide/newsletter from the [Barnard Center Collection on Feminism and Sexual Health](#) and assess the issues being addressed.

April 8: Non/Conventional Movements

Counterculture movements emerged to oppose confining structures, ideologies, and leadership of what they perceived as "straight" society; the New Left and various socialist factions claimed health more broadly in order to resist dominant cultural mores, while veterans responded to what they perceived as a failure of the government to support their transition to civilian life. What did their various forms of resistance look like from a health perspective? Why was health central to their resistance?

Read for Discussion

Stephen E. Mawdsley, "'Salk Hops': Teen Health Activism and the Fight Against Polio, 1955-1960," *Cultural and Social History* 13.2 (2016): 249-65.

Eve Jochnowitz, "Edible Activism: Food, Commerce, and the Moral Order at the Park Food Slope Food Coop," *Gastronomica: The Journal of Critical Food Studies* 1.4 (2001): 56-56.

Leslie J. Reagan, "'My Daughter Was Genetically Drafted With Me': US-Vietnam War Veterans, Disabilities and Gender," *Gender & History* 28.3 (2016): 883-853.

April 15: Environmental Justice

Beginning in the late 1970s, environment activists argued that corporate decisions to build garbage dumps, toxic waste sites, and power plants selected neighborhoods where disproportionately poor non-white people lived. In what ways are racism and marginalization against minorities placed at the root of environmental justice activism? How does this affect healthcare and social justice?

Read for Discussion

Kate Davies, "The Birth of the US Environmental Health Movement," Chapter 4 of *The Rise of the U.S. Environmental Health Movement* (Rowman & Littlefield Publishers, 2013).

Robert R. Gioielli, *Environmental Activism and the Urban Crisis* (Temple University Press, 2014), Chapter 2, “‘Black Survival in Our Polluted Cities’: St. Louis and the Fight Against Lead Poisoning.”

Julie Sze, “Childhood Asthma in New York City: The Politics of Gender, Race, and Recognition,” Chapter 3 in *Noxious New York: The Racial Politics of Urban Health and Environmental Justice* (MIT Press, 2007).

April 22: AIDS Activism*

AIDS treatment activism is a historical example of participatory knowledge making. Why was it important for organizations such as ACT UP to include themselves as credible participants for the medical management of the disease and its treatments?

Read for Discussion

Steven Epstein, “The Construction of Lay Expertise: AIDS Activism and the Forging of Credibility in the Reform of Clinical Trials,” *Science, Technology & Human Values* 20.4 (1995): 408-437.

Jennifer Brier, “Drugs into Bodies, Bodies into Health Care: The AIDS Coalition to Unleash Power and the Struggle over how Best to Fight AIDS,” Chapter 5 in *Infectious Ideas: U.S. Political Responses to the AIDS Crisis*, (University of North Carolina Press, 2009), 156-189.

Tamar W. Carroll, “Turn Anger, Fear, Grief into Action ACT UP New York,” Chapter 5 in *Mobilizing New York: AIDS, Antipoverty, and Feminist Activism* (University of North Carolina Press, 2015), 131-161.

Research Task

The Wellcome Library digitized [3,000 posters relating to AIDS](#) from 99 countries. Using the advance search options, select a county and browse through some of the posters. What elements of activism do you observe? Public health awareness? Any unusual marketing features?

April 29: Consumer Choices

Responsibility over one’s health is deeply entrenched within medical consumerism, in that consumers have choices over treatment options, but that these choices often contradict medical authority. How have people lobbied for their rights for (non-conventional) treatments and their freedom to participate in healthcare outside of the orthodox medical infrastructure?

Read for Discussion

Lucas Richert, “Laetrile’s Life Cycle after the Death of Steve McQueen,” Chapter 3 in *Strange Trips: Science, Culture, and the Regulation of Drugs* (McGill-Queen’s University Press, 2019).

Michael Willrich, “The Antivaccinationists,” Chapter 7 in *Pox: An American History* (Penguin Books, 2011).

Joshua C. Davis, “The Business of Getting High: Head Shops, Countercultural Capitalism, and the Battle over Marijuana,” Chapter 3 in *From Head Shops to Whole Foods: The Rise and Fall of Activist Entrepreneurs* (Columbia University Press, 2017).

Peter Beinart, “[What the Measles Epidemic Really Says About America](#),” *The Atlantic* (August 2019).

May 6: Un/Fit to be Citizens

The question of citizenship is so deeply entrenched in American history that it governs how specific bodies are subjected to medical intervention to meet acceptable criteria of “fitness,” if not as a means of population control. How did the motivations and goals of stakeholders legitimize biomedical interventions against marginalized persons?

Read for Discussion

Alice Dreger and April M. Herndon, “Progress and Politics in the Intersex Movement,” *Gay and Lesbian Quarterly* 15 (2009): 199-224.

Dorothy Roberts, “From Norplant to the Contraceptive Vaccine: The New Frontier of Population Control,” Chapter 3 in *Killing the Black Body: Race, Reproduction and the Meaning of Liberty* (Vintage Books, 1997).

Jane Lawrence, “The Indian Health Service and the Sterilization of Native American Women,” *American Indian Quarterly* 24.3 (2000): 400-419.

May 13: Healthcare Disparities

Class wrap-up and final discussion: what does the future of health activism look like? Who will be the principal stakeholders?