

History of Medicine 509  
The Development of Public Health in America  
Fall, 2002

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**Office hours: 1419 MSC: TR 11:00 am – noon; 2:30 pm – 3:30 pm and by appointment**

Course Meets: Tuesday and Thursday 1:00-2:15 pm, 3285 MSC

This course surveys the history of public health in the United States from the colonial period to the late twentieth century, emphasizing many issues in the development of public responsibility for health that are relevant at the turn of the 21<sup>st</sup> century. The course is run as a seminar/discussion, and part of the student requirements include regular and constructive class participation.

The course materials include many “primary” documents, writings from the period under discussion, so that students can come to appreciate and understand (but not necessarily to agree with) various historical points of view, with the ultimate goal of toleration of ambiguity and contradiction. The past was just as complex and interesting as the present, and in this course we aim to become familiar with some of the complexity of human experiences and work with the historical record on its own terms, even as we also seek to understand what we can learn from the past to help us to understand and explain the present. We sit today at the start of the twenty-first century, reading history to enrich ourselves culturally; at the same time we can use our knowledge to make our world in this new century a little bit better.

The seminar-discussion approach grows directly out of an appreciation of the benefits of *active learning*, in which the professor is a facilitator of learning rather than a dispenser of information and students actively pursue their education rather than passively receive knowledge. The general goals of a university education focus on critical thinking, being willing to explore ideas contrary to one’s own beliefs, knowing when information or data are relevant to an issue and how to seek and find that information and apply it methodologically to the problem at hand. Class time will be a time to present new material, but even more, it will be used to provide experiences in learning what to do with new material and to clear up problems so that students can take responsibility for learning and solving problems rather than waiting for them to be solved by the instructor. Cooperative and group learning and exercises will be encouraged, with the

assumption that everyone brings something valuable and unique to the class. Active discussion, expressing one's ideas and getting reactions from other students and the teacher, has been demonstrated to make a big difference in learning, retention, and use of knowledge. Verbalizing an idea can be one way of getting checks and extensions of it. Thus students will be required to talk about their ideas openly, listen and respond to others' ideas, remain sensitive to the feelings of other class members, and take responsibility for moving class discussions forward.

**Students are expected to familiarize themselves with the UW policies on plagiarism and to assume responsibility for honesty in all course work.**

Course requirements:

|                    |                                 |     |
|--------------------|---------------------------------|-----|
| Undergraduates:    | Attendance/class participation  | 20% |
|                    | Pick a Disease short paper      | 20% |
|                    | Midterm examination             | 20% |
|                    | Public health issue short paper | 20% |
|                    | Final cumulative examination    | 20% |
| Graduate students: | Reading journals                | 20% |
|                    | Research paper                  | 60% |
|                    | Class/Seminar* participation    | 20% |

\*Graduate students will meet briefly after the first class to make arrangements for graduate student requirements.

Course reading:

509 Reader, 2002

Judith W. Leavitt, *The Healthiest City: Milwaukee and the Politics of Health Reform* (UW Press, 1996)

Judith W. Leavitt and Ronald L. Numbers, eds. *Sickness and Health in America: Readings in the History of Medicine and Public Health*, Third Edition, revised (UW Press, 1997)

Graduate Students will choose from the following additional readings:

- Judith W. Leavitt, *Typhoid Mary: Captive to the Public's Health*  
 Barbara Bates, *Bargaining for Life: A Social History of Tuberculosis*  
 Alfred Crosby, *Epidemic and Peace: 1918*  
 Georgina Feldberg, *Disease and Class: Tuberculosis and the Shaping of Modern North American Society*  
 Naomi Rogers, *Dirt and Disease: Polio before FDR*  
 Sheila Rothman, *Living in the Shadow of Death: Tuberculosis and the Social Experience of Illness in American History*  
 John Blake, *Public Health in the Town of Boston, 1630-1882*  
 James Cassedy, *Charles V. Chapin and the Public Health Movement*  
 John Duffy, *Epidemics in Colonial America*  
 John Ettlign, *The Germ of Laziness: Rockefeller Philanthropy and Public Health in the New South*  
 Elizabeth Fee, *Disease and Discovery: A History of the Johns Hopkins School of Hygiene and Public Health, 1916-1939*  
 David Rosner and Gerald Markowitz, *Deadly Dust: Silicosis and the Politics of Occupational Disease in 20<sup>th</sup> Century America*  
 Nancy Tomes, *The Gospel of Germs: Men, Women, and the Microbe in American Life, 1870-1930*  
 James Jones, *Bad Blood: The Tuskegee Syphilis Study Experiment*  
 Alan Kraut, *Silent Travelers: Germs, Genes and the "Immigrant Menace"*  
 Howard Markel, *Quarantine!* (Johns Hopkins University Press, 1999)  
 David McBride, *From TB to AIDS: Epidemics Among Urban Blacks since 1900*  
 Susan Resnik, *Blood Saga: Hemophilia, AIDS, and the Survival of a Community*  
 Paul Farmer, *Infections and Inequalities: The Modern Plagues*  
 J. Worth Estes and Billy G. Smith, eds, *A Melancholy Scene of Devastation: The Public Response to the 1793 Philadelphia Yellow Fever Epidemic*  
 Robert Boyd, *The Coming of the Spirit of Pestilence* (1999)  
 Susan Smith, *Sick and Tired of Being Sick and Tired: Black Women's Health Activism in America, 1890-1950* (1995)

## HOM 509 Fall 2002 Class Schedule

September 3 Introduction and Expectations

September 5 Issues and Approaches in the history of public health

September 10 Health and the European Conquest of America

September 12 Smallpox and the Inoculation Controversy

September 17 Smallpox and Historical Research

September 19 Yellow Fever in Philadelphia

September 24 Medical Library – Micaela Sullivan-Fowler (meet in 303 Medical Library)

September 26 Sanitary Reform - Water

October 1 Metropolitan Board of Health

October 3 Cholera

**DISEASE PAPER DUE**

October 8 Milwaukee and the Politics of Health Reform

October 10 Milwaukee

October 15 Exam Review

October 17 **Midterm Exam** in class

October 22 Milwaukee

October 24 Impact of Bacteriology

October 29 Smallpox and the Law

October 31 Public Health at the Borders

November 5 Influenza 1918 (Swine Flu 1976)

November 7 Maternal and Child Health

November 12 Race, Gender, and Class in Public Health

November 14 Anti-Venereal Diseases Campaigns

November 19 Tuskegee Syphilis Study

November 21 Thanksgiving – NO CLASS

November 26 Tuskegee

November 28 Polio

**TOPIC PAPER DUE**

December 3 HIV/AIDS

December 5 Issues in late 20<sup>th</sup> Century Public Health

December 10 21<sup>st</sup> Century Public health

December 12 Final Exam Review

**Final Exam:** December 20 12:25-2:25 pm

Course Readings and Discussion Questions:

**September 5                    Issues & Approaches**

Readings:

1. "Introduction" Laurie Garrett, *Betrayal of Trust*, **509 Reader**.
2. Richard Preston, "The Demon in the Freezer," *New Yorker*, 7/12/99, **509 Reader**.
3. Robert Cribb and Prithi Yelaja, "TB Patient Guarded, Shackled," *Toronto Star*, May 5, 2002, **509 Reader**.
4. Gautam Naik, "Polio Cases Roil Debate on Ending Vaccine Program," *Wall Street Journal*, April 16, 2002, **509 Reader**

Discussion Questions:

1. What is public health? What are some of its components?
2. Who is responsible for health? When is health the responsibility of individuals? Of private voluntary organizations? Of professional associations? Of government? Has responsibility changed over time?
3. Give some examples where ideas about public and private responsibility for health may conflict. Are there some areas that you believe are clearly private and some clearly public? Is there some point, over time or by specific issue, that health changes from a private to a public matter?
4. What is the government's proper role in health matters? Should different levels of government handle different sorts of public health?
5. What should the US do with the smallpox virus in the CDC freezer?
6. What rights should individuals have if they endanger the health of others? How can we balance individual rights and public health?
7. How does early 21<sup>st</sup> century terrorism impact on public health issues?

**September 10                    Health and the European Conquest of America**

Readings:

1. "Andrew Blackbird of the Ottawa Nation Records a Story from Indian Oral Tradition about the Decimation of His People by Smallpox in the Early 1760s," (1887), **509 Reader**.
2. Colin Calloway, "Indians, Europeans, and the New World of Disease and Healing," (1997) **509 Reader**
3. Alfred W. Crosby, Jr., "Virgin Soil Epidemics as a Factor in the Aboriginal Depopulation in America," (1976) **509 Reader**

Discussion Questions:

1. Did health and disease matter in the European conquest of America? How did it impact?
2. Explain the concepts of "virgin" populations and "virgin soil" epidemics. In what ways did the contact between Europeans and Native Americans in the era of colonization qualify as a virgin soil epidemic?

3. How did 17<sup>th</sup> and 18<sup>th</sup> Century religion explain the meaning of epidemics in indigenous populations? Were there definable national reactions?
4. Crosby believes that the reasons for catastrophic death due to disease epidemics can be grouped into two categories – 1) the nature of the disease and 2) how individuals and groups reacted to the threat of massive death by disease. Summarize the evidence he presents for each of these categories.
5. In your opinion, what were the effects of these virgin soil epidemics on colonization?

## **September 12            Smallpox and the Inoculation Controversy**

Readings:

1. Cotton Mather, on Smallpox Inoculation, 1722, **509 Reader**
2. William Douglass, Decries the Dangerous Infatuation with Smallpox Inoculation, **509 Reader**
3. Zabdiel Boylston, *An Historical Account of the Smallpox Inoculated in New England* (1730), excerpts **509 Reader**
4. John Adams to Abigail Smith, April 26, 1763, **509 Reader**.
5. Elizabeth A. Fenn, “Variola,” and “Control” **509 Reader**.

Discussion Questions:

1. What was variolation?
2. Describe and compare the points of view of Mather and Boylston on the question of variolation. Where did Douglass stand?
3. Describe the role of religion in 18<sup>th</sup> Century public health. The role of the state? Which was a bigger player in determining events?
4. Where would you have stood on the question of variolation if you had lived in Boston in 1721? What issues would have been most important to you? Why? To what extent was the spread of disease inadvertent and to what extent was it intentional?
5. How do we know?
6. Why did Washington have such a difficult time making a decision about inoculation of the troops?
7. What would you have done if you were commander of the revolutionary army?

## **September 17            Smallpox and Historical Research**

Readings:

1. Documents from the smallpox hospital in Middletown, CT, **509 Reader**.

Discussion Questions:

1. Piece together a story line from the documents presented.
2. Identify the kinds of evidence available and what you would like to add, if it were available.
3. How do historians tell history? What is the role of interpretation?

## September 19      Yellow Fever in Philadelphia

### Readings:

1. Matthew Carey, "A Short Account of the Malignant Fever Lately Prevalent in Philadelphia, 1794" Selections, **509 Reader**
2. 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*, pp. 48-65, **509 Reader**
3. "At a Meeting of the Inhabitants of the Borough of Lancaster, held at Lancaster . . . September 19, 1793 . . ." **509 Reader**.
4. Michal McMahon, "Beyond Therapeutics: Technology and the Question of Public Health in Late-18<sup>th</sup> Century Philadelphia," **509 Reader**.

### Discussion Questions:

1. Describe and compare the various narratives of the 1793 yellow fever epidemic in Philadelphia. What are the major points of difference between them? Who are the heroes, the victims, and the villains in each point of view?
2. What role did Benjamin Rush play in the epidemic?
3. If you had lived in Philadelphia during the epidemic, what would you have thought of Rush? Of the city government? Of the volunteer helpers, black and white? What factors would determine your position? If you had lived in a community outside Philadelphia, would your position be different? How and why?
4. The 1793 yellow fever epidemic in Philadelphia has become a classic epidemic for historians. Can you understand why that might be? What is it about this epidemic that seems particularly meaningful?
5. Explain some of the differences evident among historians about the events in Philadelphia in 1793 and their meaning. Why do the historians disagree with one another?

## September 24      Class meets in 303 Medical Library

## September 26      Sanitary Reform - Water

### Readings:

1. Nelson Blake, Excerpt from *Water for the Cities*, **509 Reader**
2. Louis Cain, "Raising and Watering a City: Ellis Sylvester Chesbrough and Chicago's First Sanitary System," **S&H**, pp. 531-542.
3. Philip Hone, Excerpts from his Diary, 1841-42, **509 Reader**.

### Discussion Questions:

1. What was the Croton Aqueduct? Why was it important? Describe Philip Hone's response to it and explain why the city had such a gala celebration when it opened.
2. Why did Chicago raise the city? Why were 19<sup>th</sup> century urbanites willing to spend their tax revenues on such huge and expensive public health sanitation projects?

### October 1 Metropolitan Board of Health

Readings:

1. John Griscom, Excerpts from *The Sanitary Condition of the Laboring Population of New York* (1845) **509 Reader**
2. Gert Brieger, "Sanitary Reform in New York City: Stephen Smith and the Passage of the Metropolitan Health Bill," **S&H**, pp. 437-451.
3. Stephen Smith, "War and Hygiene," (1863) **509 Reader**
4. Council of the Citizens' Association of New York, Excerpts from Report of the Council of Hygiene and Public Health upon the Sanitary Condition of the City (1865) **509 Reader**

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Discussion Questions:

1. Why was sanitation a public health issue? Was it also a medical issue? Where did religion fit? Explain.
2. If you lived in New York City in the 1840s or in Chicago in the 1850s, where would you have stood on the issue of public spending for public health projects? Explain and defend your position.
3. Is sanitation still a public health issue at the end of the 20<sup>th</sup> century?

### October 3 Cholera and the Social Impact of Disease DISEASE PAPER DUE IN CLASS

Readings:

1. Charles Rosenberg, "The Cause of Cholera: Etiological Thought in 19<sup>th</sup> Century America," **509 Reader**
2. John Duffy, "Social Impact of Disease in the Late 19<sup>th</sup> Century," **S&H**, pp. 418-425.

Discussion Questions:

1. How did the public responses to cholera change during the cholera years?
2. Can you identify the effects of the 1790s responses to yellow fever in the activities surrounding cholera?
3. What was contagionism? Anticontagionism?
4. What was the social impact of disease according to Duffy? Would Rosenberg agree?
5. What role did epidemics play in the development of public health?

### October 8 Milwaukee and the Politics of Health Reform

Readings:

1. Judith W. Leavitt, *The Healthiest City*, pp. 3-75

Discussion Questions:

1. Describe the people and positions involved in public health reform work in Milwaukee. What were the major health problems they were addressing? How effective were they over time?



2. Of garbage, epidemics, and food and drink, which would you give the most importance in 1) significance of public health problem and 2) bringing about public health change in Milwaukee.
3. Why was the 1894 smallpox epidemic so disruptive? If you had lived in Milwaukee at the time of the smallpox riots, would you have participated in them? Would you have wanted Walter Kempster to be impeached? Explain your position.
4. Compare the Milwaukee 1894 smallpox epidemic and the Philadelphia 1793 yellow fever epidemic. Does Milwaukee's experience represent a century of progress in dealing with epidemic disease?
5. Compare Walter Kempster and Wilbur Phillips as public health activists.

**October 10**                      **Milwaukee, continued**

Readings:

1. *The Healthiest City*, pp. 76-189

**October 15**                      **Exam Review**

**October 17**                      **Mid-term Examination in Class**

**October 22**                      **Milwaukee, continued**

Reading:

1. Judith W. Leavitt, *The Healthiest City: Milwaukee and the Politics of Health Reform*, pp 190-264

**October 24**                      **Impact of Bacteriology**

Readings:

1. Suellen Hoy, "City Cleansing," **509 Reader**
2. Elmer Borland, "Municipal Regulation of the Spitting Habit," JAMA (1900), **509 Reader**
3. Charles Chapin, "Justifiable Measures for the Prevention and Spread of Infectious Diseases," in his Papers (1907), pp. 76-91 and his "Dirt, Disease, and the Health Officer," (1902), **509 Reader**
4. John Hunter, "Tuberculosis in the Negro: Causes and Treatment," (1905) or L.C. Allen, "The Negro Health Problem," AJPH (1915) **509 Reader**
5. Nancy Tomes, "The Private Side of Public Health: Sanitary Science, Domestic Hygiene, and the Germ Theory, 1870-1900," **S&H**, pp. 506-527.

Discussion Questions:

1. What was the germ theory? How and why did it change public health? Who believed in it and when?

2. How did Waring and other sanitarians continue to be relevant after bacteria were discovered?
3. What did Chapin think the role of bacteriology in a health department was?
4. How did racial prejudice affect public health practices in the bacteriological era?
5. How did gender impact public health work?
6. What is the “domestic” or private side of public health?
7. Who is responsible for individual health? The public’s health? Did this change with the germ theory?

### **October 29                      Smallpox and the Law**

#### Readings:

1. Judith W. Leavitt, “Be Safe. Be Sure’: New York City’s Experience with Epidemic Smallpox,” **S&H**, pp. 407-417.
2. *Jacobson v. Massachusetts* (1905), **509 Reader**.

#### Discussion Questions:

1. What is smallpox vaccination? How does it differ from variolation? Why was it resisted in the 19<sup>th</sup> century?
2. Who were the anti-vaccinationists?
3. What was the 19<sup>th</sup> century urban experience with smallpox in the United States?
4. Did the *Jacobson v. Massachusetts* decision of the US Supreme Court change anything? What are the rights of a dissenting minority against those of the public? How much can the state infringe on the rights of individuals in order to protect the health of the majority?
5. Would you have accepted or resisted vaccination if you lived in New York City in the 19<sup>th</sup> century? Explain your position.

### **October 31                      Public Health at the Borders**

#### Readings:

1. Edith Abbott, ed., *Immigration: Select Documents* (1924), pp. 299-303 and 311-12, Case 2: Joseph and Rachel Rosenbaum; Case 3: Karolina Klimek; Case 7: Katerina Kocise, **509 Reader**.
2. Terence Powderly, “Immigration’s Menace to the National Health,” *North American Review* (1902): 53-60, **509 Reader**.
3. Howard Markel, “The Eyes Have It,” Trachoma, the Perception of Disease, the USPH, and the American Jewish Immigration Experience, 1897-1924,” *BHM* 74 (2000): 525-560, **509 Reader**
4. Guenter Risse, “Bubonic Plague, Bacteriology, and Anti-Asian Racism in San Francisco, 1900,” **509 Reader**

#### Discussion Questions:

1. Was immigration a factor in disease incidence? Explain.
2. How and why did state and local governments attempt to protect the public from imported diseases? What were the effects of the policies on the immigrants themselves?

3. What role did physicians and health officials play in immigration health policies?
4. What role do you think the government should play in restricting immigration in the name of public health protection? Do you think this role changed over time?

### **November 5                    Influenza 1918 (Swine Flu, 1976)**

Readings:

1. Steven Burg, "Wisconsin and the Great Spanish Flu Epidemic of 1918," *WI Magazine of History*, Fall, 2000, pp. 36-56, **509 Reader**.
2. Alfred Crosby, "Influenza: In the Grip of the Grippe," **509 Reader**
3. Gina Kolata, "Swine Flu" **509 Reader**

Discussion Questions:

1. How did Wisconsin experience the 1918 influenza epidemic?
2. How did the 1918 Influenza epidemic affect the response to swine flu in 1976?
3. Remembering Milwaukee's response to the 1918 influenza outbreak, and considering Burg's discussion of WI in 1918, what would you say had changed in medicine, public health, and public attitudes about influenza by 1976? Today?

### **November 7                    Maternal and Child Health**

Readings:

1. Emma Duke, "Infant Mortality: Results of a Field Study in Johnstown, PA," US Children's Bureau Publication no. 9 (1915), **509 Reader**.
2. Grace Meigs, "Maternal Mortality from All Conditions Connected with Childbirth in the US" US Children's Bureau Publication no. 19 (1917), pp. 7—8, 24-27, **509 Reader**.
3. J.H. Mason Knox, "Morbidity and Mortality in the Negro Infant," *Transactions of the American Pediatric Society* 36 (1924): 46-51, **509 Reader**.
4. Molly Ladd-Taylor, "'We Mothers Are So Glad the Day Has Come': Mothers' Work and the Sheppard-Towner Act," in her *Mother Work: Women, Child Welfare, and the State, 1890-1930* (1994), pp. 167-96, **509 Reader**.
5. Selected Letters to the Children's Bureau, **509 Reader**
6. Katharine Faville, "Maternity Care in NYC from the Public Health Point of View," **509 Reader**

Discussion Questions:

1. What were the health problems affecting women and children at the turn of the 20<sup>th</sup> century?
2. What was the Sheppard-Towner Act? Who supported it? Who did not?
3. If you were a member of the U.S. Congress, would you have supported Sheppard-Towner or any of its predecessors? Explain your position. Would it be different if you were a male physician? A woman physician? How and why?
4. What happened with the federal money at the state level?
5. Why did the federal government discontinue federal expenditures on maternal and child health?

## November 12            Race, Class and Gender in Public Health

Readings:

1. Susan Smith, "White Nurses, Black Midwives, and Public Health in Mississippi, 1920-1950," **509 Reader**
1. Judith W. Leavitt, "Gendered Expectations: Women and Early 20<sup>th</sup> Century Public Health," **509 Reader**

Discussion Questions:

1. How did race, class, and gender impact on public health in Mississippi?
2. Who were the most important health workers?
3. What is a healthy carrier? Tell Mary Mallon's story, and Jenny Barmore's story, identifying the important public health issues.
4. How does gender matter in public health?
5. What do healthy carriers say about the practice of public health in the bacteriological era?

## November 14            Anti-Venereal Disease Campaigns

Readings:

1. Paul De Kruif and Thomas Parran, "We Can End This Sorrow," (1937) **509 Reader**
2. Susan Lederer and John Parascandola, "Screening Syphilis: Hollywood, the Public Health Service, and the Fight Against Venereal Disease," **509 Reader**
3. Allan Brandt, "Shadow on the Land: Thomas Parran and the New Deal," **509 Reader**

## November 19-26        Tuskegee Syphilis Study TOPIC PAPER DUE IN CLASS IN NOVEMBER 26

Readings:

1. R.A. Vonderlehr et al, "Untreated Syphilis in the Male Negro," (1936) **509 Reader**
2. Austin Deibert, Letter to Raymond Vonderlehr (1939) **509 Reader**
3. Donald Rockwell et al, "The Tuskegee Study of Untreated Syphilis," (1964) **509 Reader**
4. Irwin Schatz, Letter to Donald Rockwell (1965) **509 Reader**
5. Allan Brandt, "Racism and Research: The Case of the Tuskegee Syphilis Study," **S&H**, pp. 392-404.
6. Vanessa Northington Gamble, "A Legacy of Distrust: African Americans and Medical Research," *American Journal of Preventive Medicine* 9 (1993), pp 35-38, **509 Reader**.
7. Susan Lederer, "Tuskegee Syphilis Study: Racism, Research, and Human Dissection," **509 Reader**

Discussion Questions:

1. What was the Tuskegee Syphilis Study? How and why did it begin? Why did it continue for forty years?
2. What has been the legacy of the Tuskegee Study?
3. What role does research play in public health work?

4. Does historical evidence suggest to you that public health has been unequally distributed in the United States? Explain.

### **November 28            Polio**

#### Readings:

1. Naomi Rogers, "Dirt, Flies, and Immigrants: Explaining the Epidemiology of Poliomyelitis, 1900-1916," **S&H**, pp. 543-554.
2. NFIP, "Polio Pointers for Parents," (1954) **509 Reader**
3. Allan Brandt, "Polio, Politics, Publicity and Duplicity: Ethical Aspects in the Development of the Salk Vaccine," **509 Reader**

#### Discussion Questions:

1. Why is polio described as the disease of cleanliness?
2. Would you have allowed your child to participate in the polio vaccine trials? Why?
3. What are the differences between the Salk and the Sabin vaccine? Why was the Salk vaccine used first in the United States?

### **December 3            HIV/AIDS**

#### Readings:

1. Judith W. Leavitt, "Some historical and policy issues for discussion," **509 Reader**
2. Allan Brandt, "AIDS in Historical Perspective: Four Lessons from the History of Sexually Transmitted Diseases," **S&H**, pp. 426-434.
3. Victoria Harden, "The NIH and Biomedical Research on AIDS," **509 Reader**

#### Discussion Questions:

1. What have we learned about epidemics historically that help us think about HIV/AIDS?
2. Do you agree with Brandt that connections can be made between venereal diseases historically and the HIV/AIDS epidemic today? Explain.
3. How and why were women not part of the early attack on AIDS?
4. What roles should the government play in responding to epidemics today? Does it differ, in your mind, with historical examples? How and why?

### **December 5            Issues in late 20<sup>th</sup> Century Public Health**

#### Readings:

1. Allan Brandt, "The Cigarette, Risk, and American Culture," **S&H**, pp. 494-528
2. Dan Kennedy, "A Civil Action: The Real Story," Boston Phoenix, 1998, **509 Reader**
3. Jessica Kowal and Margaret Ramirez, "Targeting West Nile," **509 Reader**
4. Margaret Ramirez, "On Guard Against Infection: Immigrant TB potential on Rise," **509 Reader**

5. Chandler Burr, "The AIDS Exception: Privacy vs. Public Health" **509 Reader**

Discussion Questions:

1. In what ways does the cigarette constitute a public health risk?
2. How do West Nile Virus, Multi-drug resistant TB, and industrial pollution rate as public health problems? What others can you think of that are equally problematic?
3. How do you think we should balance the public's right to health protection and the individual's civil rights?

**December 10                    21st Century Public Health Issues**

Readings:

1. Ruth Rosen, Editorial on Obesity (2002) **509 Reader**
2. Binge drinking at UW, **509 Reader**
3. D.A. Henderson, "Bioterrorism as a Public Health Threat," **509 Reader**
4. "A Systematic Approach to Health Improvement," Healthy People 2010, **509 Reader**

Discussion Questions:

1. What are our current public health dilemmas? Which are most important?
2. What role should the federal government play in resolving public health issues?
3. Who has responsibility for health today?

**December 12                    Final Exam Review**

**December 20                    FINAL EXAM  
12:25-2:25 pm**

### Course Requirements explained

Attendance/class participation            20%

Attendance will be taken at all classes. Students' participation in class discussions and in the business of the class (for example, on the email listserv) will be graded, qualitatively, and will count as 20% of the course grade.

Disease short papers                        20%

Students are required to write a short paper on one epidemic or endemic disease relevant to public health (including the ones discussed in class and others not discussed, like, for example, tuberculosis) and explore the **public health issue(s) and responses** the disease garnered at a particular historic moment. You must use at least one primary source (this might include newspaper articles, public health department publications, diaries or letters, public health journals, etc. from the time period you choose). You must also consult at least one secondary source about the disease to put your work into a larger context. The paper should be about 5 double-spaced pages in length. You must provide appropriate documentation for your sources throughout. Remember that even if you discuss another author's ideas in your own words, you must still provide the reference. This gives credit to the person from whom you got the idea. Be sure to use quotation marks for direct quotes. A good paper requires that you present a thesis and argument and use evidence from your sources to support your argument. If you have any questions about this assignment that are not answered in class, please consult the instructor (see office hours above).

Midterm examination                        20%

There will be an in-class mid-term examination on October 17, covering all the material to that date in the syllabus and in class. Students can expect one part of the exam to be short answer and one part to be a long essay. The discussion questions in each section of the syllabus can give an idea of the kind of essay questions that might be found on an examination.

Topic in public health short paper            20%

Students are required to complete a second short research project, which may be on any public health topic that is closely related to the course syllabus. As with the first paper, it must be based on original, primary research, mining at least one primary source and connecting to at least one secondary source. **The topic must be coordinated with the professor** and may be discussed also with Micaela Sullivan-Fowler, the medical historical librarian at Middleton Medical Library. It should be about 5 double-spaced typed pages in length.

Final cumulative examination 20%

There will be a final blue-book examination on December 20 in room 3285 at 12:25-2:25 pm. The exam will be similar in form to the mid-term and will cover all of the course subjects and material.