

Term Information

Effective Term Autumn 2022
Previous Value Spring 2019

Course Change Information

What change is being proposed? (If more than one, what changes are being proposed?)

The Department of African American and African American Studies(AAAS) would like to add AFAMAST 5650: Blackness and the Body in Science and Medicine to the General Education(GE) requirement Thematic Pathway of Health and Well-being.

What is the rationale for the proposed change(s)?

With some modifications that are present in the syllabus, AAAS believes AFAMAST 5650: Blackness and the Body in Science and Medicine aligns with the Health and Well-being GE requirement, Thematic Pathways.

What are the programmatic implications of the proposed change(s)?

(e.g. program requirements to be added or removed, changes to be made in available resources, effect on other programs that use the course)?

None

Is approval of the request contingent upon the approval of other course or curricular program request? No

Is this a request to withdraw the course? No

General Information

Course Bulletin Listing/Subject Area African American & African Std
Fiscal Unit/Academic Org African-Amer & African Studies - D0502
College/Academic Group Arts and Sciences
Level/Career Graduate, Undergraduate
Course Number/Catalog 5650
Course Title Blackness and the Body in Science and Medicine
Transcript Abbreviation Blcknss Bdy SciMed
Course Description This course considers the need for and pursuit of social justice when black bodies are subjected to commodification and systemic subordination. The course focuses on what Frantz Fanon called the "corporeal schema" of blackness as well as the social construction of blackness to think about the relationship between black bodies and social justice pursuits in medicine and science.
Semester Credit Hours/Units Fixed: 3

Offering Information

Length Of Course 14 Week, 12 Week, 8 Week, 7 Week, 6 Week, 4 Week
Flexibly Scheduled Course Never
Does any section of this course have a distance education component? No
Grading Basis Letter Grade
Repeatable No
Course Components Lecture
Grade Roster Component Lecture
Credit Available by Exam No
Admission Condition Course No
Off Campus Never
Campus of Offering Columbus, Lima, Mansfield, Marion, Newark, Wooster

Previous Value

Columbus

Prerequisites and Exclusions

Prerequisites/Corequisites

Exclusions

Electronically Enforced

No

Cross-Listings

Cross-Listings

Subject/CIP Code

Subject/CIP Code

05.0201

Subsidy Level

Doctoral Course

Intended Rank

Junior, Senior, Masters, Doctoral

Requirement/Elective Designation

Health and Well-being

The course is an elective (for this or other units) or is a service course for other units

Previous Value

The course is an elective (for this or other units) or is a service course for other units

Course Details

Course goals or learning objectives/outcomes

- Explain how scientific ideas about race have changed over time
- Identify structural and historical factors informing today's racial health disparities.
- Understand current scientific consensus around the question of biological or genetic aspects of race, as well as the ways in which persistent misunderstandings of race persist in medicine, healthcare, and social discourse.
- Think critically about the ways in which (mis)understandings of race function in various social discourses, particularly as it relates to the intersections of public health, public policy, and politics.
- Draw connections between past and present racial health disparities and offer explanations for these disparities using frameworks from different academic disciplines.
- Describe the various ways African Americans have challenged racist scientific discourse, and the role Black communities have and continue to play in advocating for equitable healthcare.

COURSE CHANGE REQUEST
5650 - Status: PENDING

Last Updated: Vankeerbergen,Bernadette
Chantal
01/19/2022

Previous Value

- *To encourage students to develop working definitions of social justice in the context of the historical, social, political, and economic experiences of African Americans from slavery to the contemporary moment*
- *To apply critical race theories to the analysis of empirical data*
- *To consider the multifarious ways in which embodied difference creates an unequal playing field for those whose phenotype is marked by the social construction of blackness*
- *To explore the ways in which black people have responded to and resisted being raced and othered*
- *To apply critical thinking and writing skills to dissect the entanglement of race as biology and its influence on the intersectional experiences of living in a black body in the modern and postmodern world*

Content Topic List

- race and science
- medical ethics
- human rights
- health and wellness
- hair politics
- food justice/food ways
- incarceration
- pregnancy and reproduction

Sought Concurrence

No

Previous Value

Yes

Attachments

- AFAMAST_5650_SampleSyllabus.docx: Syllabus
(Syllabus. Owner: Beckham,Jerrell)
- AFAMAST5650_submission-health-well-being.pdf: GE Submission Form Health and Well-being
(Other Supporting Documentation. Owner: Beckham,Jerrell)

Comments

Workflow Information

Status	User(s)	Date/Time	Step
Submitted	Beckham,Jerrell	11/24/2021 02:20 PM	Submitted for Approval
Approved	Skinner,Ryan Thomas	11/24/2021 02:22 PM	Unit Approval
Approved	Vankeerbergen,Bernadette Chantal	01/19/2022 10:20 AM	College Approval
Pending Approval	Cody,Emily Kathryn Jenkins,Mary Ellen Bigler Hanlin,Deborah Kay Hilty,Michael Vankeerbergen,Bernadette Chantal Steele,Rachel Lea	01/19/2022 10:20 AM	ASCCAO Approval

The Ohio State University
The Department of African American and African Studies
Course: AFAMAST 5650
Blackness and the Body in Science and Medicine
GE: Health and Wellbeing (Thematic Pathways)

Professor:

Term:

Meeting Time/Place: Mendenhall Lab 115

Office Hours Time/Place:

Course Description

This course examines the intersection of race, gender, and medicine in the United States, particularly asking how ideas about the Black (female) body have shaped medical science and practice in the United States. Drawing on Health Communication scholarship, Black Studies, and feminist scholarship, this course prompts students to think critically about ideas of health and medicine as encompassing a range of social issues, such as inequitable housing, restricted education, disparate maternal health and inadequate medical facilities. Together, we will query how a medical system built on racialized and gendered disparity can be reshaped to offer corrective justice for broad social inequity. We will study how scientific theories about race have changed over time, and how those changes have impacted African Americans experiences with Western medicine. And while we will also study the medical exploitation of Black people for research, this will not be a course about Black victimization. Throughout the semester, we will be study how Black communities have challenged their medical neglect and exploitation, how they have countered racist theories about Black physiology, and how Black activists have at times reified biological theories of race in their quest for racial justice. Student will also be exposed to the main issues facing African Americans in the healthcare system today, including persistent racial health disparities, environmental racism, implicit bias, and lack of access to quality healthcare, among other topics.

Course Goals

Course Goals

At the end of the semester, students should be able to

- *Explain* how scientific ideas about race have changed over time
- *Identify* structural and historical factors informing today's racial health disparities.
- *Understand* current scientific consensus around the question of biological or genetic aspects of race, as well as the ways in which persistent misunderstandings of race persist in medicine, healthcare, and social discourse.
- *Think critically* about the ways in which (mis)understandings of race function in various social discourses, particularly as it relates to the intersections of public health, public policy, and politics.
- *Draw connections* between past and present racial health disparities and offer explanations for these disparities using frameworks from different academic disciplines.
- *Describe* the various ways African Americans have challenged racist scientific discourse, and the role Black communities have and continue to play in advocating for equitable healthcare.

- *Refine* their ability to read, interpret, and critique academic scholarship across a number of disciplines.
- *Articulate* your synthesis of the course material as it relates to both history and current events in clear, succinct, and effective writing.

GE: Health and Wellbeing

Goal 1: Students will explore and analyze health and wellbeing through attention to at least two dimensions of wellbeing. (Ex: physical, mental, emotional, career, environmental, spiritual, intellectual, creative, financial, etc.).

- Expected Learning Outcome 1.1: Explore and analyze health and wellbeing from theoretical, socio-economic, scientific, historical, cultural, technological, policy, and/or personal perspectives.
- Expected Learning Outcome 1.2: Identify, reflect on, and apply the skills needed for resiliency and wellbeing

GE Rationale:

This course is devoted to examining the ways in which discourse and social policy combine to erect systemic barriers that limit thriving health and wellness in Black communities. Students will think critically about what it would take to correct such measures, achieving wellbeing not just individually, but among disadvantaged social groups. At the same time, students will also learn how Black communities have challenged their medical neglect and exploitation, how they have countered racist theories about Black physiology, and how Black activists have at times reified biological theories of race in their quest for racial justice.

Required Texts

There is no assigned textbook for this course. Weekly assigned readings or viewing materials for each class period will be posted or linked to on Carmen/Canvas. I may also provide supplementary texts, should you be interested in any particular subject or case study and wish to read further. You will not be required to read any supplementary texts—they will be provided simply for your benefit. Periodically you will need to access audio/visual materials. Links will be provided to you when available. You should familiarize yourself with the University's media library.

Course Components

Readings:

Students will have an average of 100 pages of reading per week. Completing each week's readings will be **essential** to productive seminar discussions each week.

Class Participation (15%)

In addition to regular class participation, three students will present a summary and critique of one reading each week and will lead a discussion based on that reading. Your discussion questions should be open-ended and can be rooted in your own critique of the text(s); however, you are certainly allowed to ask for clarification on parts of the readings you did not understand.

Low-Stakes Weekly Reading Synopses and Critical Response: (15%)

Each week, you are required to write short synopses of each of the asterisk-marked readings. In

addition, you must submit a 250-300 word critical assessment of all the week's readings combined. The first component—the synopsis—must include the following: a) the core argument(s) or key finding of each of each article/chapter; b) each author's main intervention in the literature or public discourse; c) an illustrative piece of evidence that each author(s) use to make their argument. The synopses are meant to help you become a more effective reader, and will be assessed by how clearly and accurately you identify the main argument/key finding, the academic intervention, and illustrative evidence. The key to a good synopsis is brevity and clarity. The second component—the critical response—asks you to write a coherent paragraph or two (250-300 words max.) that identifies either common themes or disagreements within the readings, or that offers a critique of the readings. These weekly writing are **not graded on an A-F scale**, but simply marked as complete or incomplete. You must submit your entry via the Carmen website **at least one hour before** the start of class. *For advice on how to actively read and take notes, see handout: "Advice on Active Reading and Note-Taking"*

3 Essays: (20% each for essay 1 & 2; 30% for final essay)

There will be two shorter essay assignment due the Monday of Weeks 5 and 9 at six p.m. The final essay will be a longer essay due the Friday of Week 14, also at six p.m.

The **first essay** will be about **1,250 words** (4 to 5 double-spaced pages), and will ask you to take a position on an issue discussed in class and draw on several of the readings. (More details as it approaches.)

The **second essay** will be **1,500 words** (5 to 6 double-spaced pages), and will ask you to respond to a prompt based on our readings and class discussions. (More details as it approaches.)

The **final paper** will be **2,000-2,500 words** (about 8 to 10 double-spaced pages) and will ask you to offer a critical review of the literature on a topic of your choosing. Your subject can either be a historical or present-day issue. You must engage with at least eight sources from the academic literature most relevant to your subject and disciplinary interests. Before the final paper is due, you will also be required to submit a succinct, ungraded paper topic proposal and an annotated bibliography. (More details as it approaches.)

Grading Policies:

Class Participation: 15%

Weekly Low-Stakes Writing: 15%

Essay 1 20%

Essay 2 20%

Final Paper 30%

OSU Standard Grade Guidelines

93 - 100 (A) 90 - 92.9 (A-) 87 - 89.9 (B+) 83 - 86.9 (B) 80 - 82.9 (B-) 77 - 79.9 (C+) 73 - 76.9 (C) 70 - 72.9 (C-) 67 - 69.9 (D+) 60 - 66.9 (D) Below 60 (E)

Course Policies and Resources

Disability Services

Students with disabilities (including mental health, chronic or temporary medical conditions) that have been certified by the Office of Student Life Disability Services will be appropriately accommodated and should inform the instructor as soon as possible of their needs. The Office of

Student Life Disability Services is located in 098 Baker Hall, 113 W. 12th Avenue; telephone [614-292-3307](tel:614-292-3307), or by email at slds@osu.edu.

Mental Health

As a student you may experience a range of issues that can cause barriers to learning, such as strained relationships, increased anxiety, alcohol/drug problems, feeling down, difficulty concentrating and/or lack of motivation. These mental health concerns or stressful events may lead to diminished academic performance or reduce a student's ability to participate in daily activities. The Ohio State University offers services to assist you with addressing these and other concerns you may be experiencing. If you or someone you know are suffering from any of the aforementioned conditions, you can learn more about the broad range of confidential mental health services available on campus via the Office of Student Life's Counseling and Consultation Service (CCS) by visiting ccs.osu.edu or calling [614-292-5766](tel:614-292-5766). CCS is located on the 4th Floor of the Younklin Success Center and 10th Floor of Lincoln Tower. You can reach an on call counselor when CCS is closed at [614-292-5766](tel:614-292-5766) and 24 hour emergency help is also available through the 24/7 National Suicide Prevention Hotline at 1-800-273-TALK or suicidepreventionlifeline.org at .

Sexual Misconduct/Relationship Violence

Title IX makes it clear that violence and harassment based on sex and gender are Civil Rights offenses subject to the same kinds of accountability and the same kinds of support applied to offenses against other protected categories (e.g., race). If you or someone you know has been sexually harassed or assaulted, you may find the appropriate resources at <http://titleix.osu.edu> or by contacting the Ohio State Title IX Coordinator, Kellie Brennan, at titleix@osu.edu

Diversity

The Ohio State University affirms the importance and value of diversity in the student body. Our programs and curricula reflect our multicultural society and global economy and seek to provide opportunities for students to learn more about persons who are different from them. We are committed to maintaining a community that recognizes and values the inherent worth and dignity of every person; fosters sensitivity, understanding, and mutual respect among each member of our community; and encourages each individual to strive to reach his or her own potential. Discrimination against any individual based upon protected status, which is defined as age, color, disability, gender identity or expression, national origin, race, religion, sex, sexual orientation, or veteran status, is prohibited.

Academic Misconduct and Plagiarism

Plagiarism, cheating, or other forms of academic misconduct will not be tolerated. All cases of academic dishonesty or misconduct (e.g., cheating, plagiarism, unauthorized copying or collaboration, forging signatures on class rosters) will be directed to the Committee on Academic Misconduct (COAM). According to University rule, it is the responsibility of the COAM to investigate or establish procedures for the investigation of all reported cases of student academic misconduct. The term "academic misconduct" includes all forms of student academic misconduct wherever committed; illustrated by, but not limited to, cases of plagiarism and dishonest practices in connection with examinations. Instructors shall report all instances of alleged academic misconduct

to the committee (Faculty Rule 3335-5-487). For additional information, see the Code of Student Conduct <http://studentlife.osu.edu/csc/>

Please take particular note of the university policy on plagiarism. If someone else writes your paper (or exam), or if you use someone else's ideas as your own without acknowledging their contributions, you are committing plagiarism, which is a case of academic misconduct. This rule applies to all information obtained on the internet. If you are unclear about what specifically constitutes plagiarism, please contact me or refer to the Writing Center: <http://cstw.osu.edu/writing-center/handouts/plagiarism>

Tentative Schedule*

Week 1

Thursday, date

Introduction

Read:

- a) Reich, David. "How Genetics is Changing Our Understanding of 'Race'" *New York Times*, March 23, 2018.
- b) Graves, Joseph et al. "How Not to Talk about Race and Genetics." *BuzzFeed* March 30, 2018.

Week 2

Thursday, date

The Science of Race Today: Is Biology Irrelevant?

Read:

- a) Gomez, Laura. "Taking the Social Construction of Race Seriously in Health Disparities Research," in *Mapping Race: Critical Approaches to Health Disparities Research*, eds. Gomez et al (Rutgers, 2013): 1-22.
- b) *Gravlee, Clarence C. "How Race Becomes Biology: Embodiment of Social Inequality," *American journal of physical anthropology* 139, no. 1 (2009): 47-57.
- c) *Hartigan, Jr., John. "Is Race Still Socially Constructed? The Recent Controversy over Race and Medical Genetics," *Science as Culture* 17, no. 2 (June 2008): 163-193.
- d) *Bamshad and Michael Olson, "Does Race Exist?" *Scientific American* 289, no.6 (2003): 78-85.

Optional:

- Lee, Sandra Soo-Jin. "Race and the Science of Difference in the Age of Genomics," in Murji, K et al, eds. *Theories of Race and Ethnicity: Contemporary Debates and Perspectives* (Cambridge University Press, 2014).
- Yudell, Michael, Dorothy Roberts, Rob DeSalle, and Sarah Tishkoff. "Commentary: Taking Race out of Human Genetics" *Science* (Feb. 5, 2016): 564-66.

Questions to consider while reading: For Gomez, when is using race in biomedical research useful, and when is it not? How and why are scholars like Gravlee and Hartigan trying to move beyond the idea of race as a social construct? What evidence do Bamshad and Olson provide for the utility of race as a proxy for genetic variation? How does the

scholarly background of scholars like Gomez, Grawlee, and Hartigan differ from Bamshad, and how does that seem to be shaping their respective approaches?

Week 3

Thursday, date

The Science of Race in History: 18th, 19th, and 20th Centuries

Read:

a) *Jordan, Winthrop, *White Over Black: American Attitudes Toward the Negro, 1550-1812* (UNC, 1968), 281-293, 304-314, 482-501, 509-511, 533-41 [55 pp].

b) *Bay, Mia. *The White Image in the African-American Ideas About White People, 1830-1925* (Oxford University Press, 2000), chap. 2 [38-74], chap. 5 [150-83].

c) *Yudell, Michael. "A Short History of the Race Concept," in Krimsky et al, eds., *Race and the Genetic Revolution* (Columbia Univ Press, 2011), ONLY pdf pages 4-17 [‘20th c. ideas about race’].

Optional:

- John S. Haller, "The Physician Versus the Negro: Medical and Anthropological Concepts of Race in the Late Nineteenth Century," *Bulletin of the History of Medicine* 44 (1970): 154-167.

Questions: According to Jordan, what is the ‘environmentalism’ framework of race and why did it begin to recede in the early 19th century? What political and social factors does Jordan argue were changing scientific theories of race at the turn of the 19th century? What factors does Yudell highlight for the early, mid-, and late 20th century? After reading Bay, what arguments did Black people—both northern intellectual elites and enslaved people—make against the scientific discourse of race in antebellum America? What is Bay’s critique of Black counter-narratives on race?

Week 4

Thursday, date

Racial Science in Medical Practice Today: Clinical Medicine and Public Health

Read:

a) *Braun, Lundy et al, "Racial Categories in Medical Practice: How Useful are They?" *PLOS Medicine* 4 (Sept. 2007): 1423-1428

b) *Bamshad, Mike. "Genetic influences on health: does race matter?" *JAMA* 294:937-946.

c) *Bailey, Zinzi, Nancy Krieger et al. "Structural racism and health inequities in the USA: evidence and interventions," *The Lancet* 389 (Apr. 2017): 8–14.

d) Pallok, Kristen et al, "Structural Racism—A 60-Year-Old Black Woman with Breast Cancer," *New England Journal of Medicine* 380 (2019): 1489-1493.

e) Velazquez-Manoff, Moises. "What Doctors Should Ignore." *The New York Times* (Dec. 8 2017).

Questions: Identify three key arguments that Braun et al make against using race in biomedical research and clinical medical practice. Does Braun et al reject the use of race in medical research and clinical practice entirely? According to Bamshad, what is the difference between “genetic ancestry” and “race,” and do you agree or disagree with his argument for using the former? What is the key theoretical difference between how Bailey et al/Pallock et al approach racial health disparities, and how Bamshad approaches the issue? Define in your own words what “structural racism” is and how it shapes African Americans’ health outcomes today.

Week 5

Thursday, date

Histories of Racial Science in Medical Practice, I: Medicalizing Blackness—Sickle Cell

DUE MON., FEB. 3 – PAPER 1

Read:

- a) *Hogarth, Rana. *Medicalizing Blackness: Making racial differences in the Atlantic world, 1780-1840* (UNC, 2017), Intro and Chap 1 (1-47).
- b) *Wailoo, Keith. *Drawing Blood: Technology and Disease Identity in Twentieth-Century America* (JHU Press, 1997), Chap. 5 (“Detecting ‘Negro Blood’”), 134-62.

Optional:

- Wailoo, Keith. “A Perilous Lottery for the Black Family: Sickle Cell, Social Justice and the New Therapeutic Gamble,” in Keith Wailoo and Stephen Pemberton, eds. *Troubled Dream of Genetic Medicine* (JHU, 2006), 116-60.

Questions: How does Hogarth’s chapter on yellow fever (chap. 1) challenge the notion that the theory of Black racial immunity emerged out of a defense of slavery? How is race and racism shaping white medical knowledge about yellow fever, especially in regard to the reception of Absalom Jones and Richard Allen’s ideas? After reading Wailoo’s chapter on sickle cell, how is race shaping the construction of medical knowledge about the disease? What role did medical technologies play in shaping the association between sickle cell anemia and blackness? What are the similarities and differences between Wailoo and Hogarth in how ideas about blackness are mediating medical knowledge?

Week 6

Thursday, date

Histories of Racial Science in Medical Practice, II: Black Lungs & Black Pain

Read:

- a) Villarosa, Linda. “Myths about physical racial differences were used to justify slavery—and are still believed by doctors today,” *New York Times, The 1619 Project* (Aug. 14, 2019).
- b) *Braun, Lundy. *Breathing Race into the Machine: The Surprising Career of the Spirometer from Plantation to Genetics* (Univ of Minnesota Press, 2014), Intro, Chap 2, Conclusion.
- c) *Young, Roscoe and Jean Ford, “Standards for Assessment of Lung Function and Respiratory Health in Minority Populations: Some Challenges Linger Into the New Millennium,” *Journal of Health Care for the Poor and Underserved* 12, no. 2 (May 2001): 152-61.

d) *Hoffman, Kelly et al. "Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites." *Proceedings of the National Academy of Sciences of the United States of America* 113, no. 16 (2016): 4296-301.

e) Frakt, Austin et al. "A 'Rare Case Where Racial Biases' Protected African Americans," *New York Times* (Nov. 25, 2019).

f) *King, Debra Walker. *African Americans and the Culture of Pain* (UVa, 2008), Chap. 2 ('Racial Hurt and Soul Murder'), 37-56.

Optional:

- Painter, Nell Irvin. "Soul Murder and Slavery: Toward a Fully Loaded Cost Accounting," in Painter, *Southern history across the color line: essays* (UNC 2002).
- Gabriel, Joseph. "Opiate addiction and History of Pain and Race in the US," *The Conversation* (June 19, 2018)

Questions: What role does the history of medical racism play in shaping current beliefs about Black lung capacity and pain? In regard to the spirometer, how do technological advancements affect racialized medicine? Identify three arguments that Roscoe and Young make in favor of using race-correction in lung measurements. Does their essay challenge the assumption that race-based medicine is inherently anti-Black? What cultural beliefs about Black people and pain persist among physicians, and how do these beliefs manifest themselves in clinical practice? How do popular depictions of Black suffering—"blackpain," asking call sit—shape medical practice? Is Painter's concept of "soul murder" useful to understanding medical racism today?

Week 7

Thursday, date

Experimental Subjects, I: Black Bodies for Medical Research

Read:

a) *Washington, Harriet A. *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present* (Doubleday, 2006), Intro, Chap 7 ('What Really Happened at Tuskegee?') Chap. 14 ("Machine Age").

b) Gamble, Vanessa Northington, "Perspective: The Immortal Life of Henrietta Lacks Revisited," *The Hastings Report* 44, No. 1 (Jan-Feb 2014): 1.

c) Kemet, Shakkaura. "Insight Medicine Lacks: The Continuing Relevance of Henrietta Lacks," *New England Journal of Medicine* 381, no. 9 (Aug. 2019): 800-1.

d) *Smith, Susan L. "Neither Victim nor Villain: Nurse Eunice Rivers, the Tuskegee Syphilis Experiment, and Public Health Work." *Journal of Women's History* 8, no. 1 (Spring, 1996): 95-116.

e) *Corbie-Smith, G., Thomas, S.B. and St. George, D. 2002. "Distrust, Race, and Research." *Archives of Internal Medicine* 162(21): 2458-63.

Questions: Why were African Americans particularly vulnerable to experimentation in the Tuskegee trial? After reading Smith's article on Eunice Rivers, how would you characterize Rivers' role in the Tuskegee Study: was she a victim, a villain, or something else? How do the histories of Tuskegee and Henrietta Lacks affect African Americans'?

interactions with the medical care system today? What evidence do we have? Why are medical researchers concerned about medical mistrust in Black communities today? In light of earlier critiques we have read about the use of race in medical research, are their concerns valid (see: Corbie-Smith, et al)? What was the core ethical issue raised by the Henrietta Lacks case?

Week 8

Thursday, date

Experimental Subjects, II: Black Women and the Politics of Reproduction

Read:

- a) *Roberts, Dorothy. *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty* (Vintage, 1997), chap. 1 & 2 ('Reproduction in Bondage' and 'Dark Side of Birth Control')
- b) *Owens, Deirdre Cooper *Medical Bondage: Race, Gender, and the Origins of American Gynecology* (UGa. Press, 2017), Chap 1 ('Birth of American Gynecology') 15-41.
- c) Editorial, "Made of Stone: Science Must Acknowledge Mistakes as it Marks Its Past," *Nature* 549 (Sept. 4, 2017): 5-6.
- d) Washington, Harriet. "Statues that Perpetuate Lies Should Not Stand," *Nature* (Sept. 21, 2017): 309.

Questions: What parallels does Roberts draw between Black women's reproductive experiences under slavery and the era of eugenics? What does Roberts argue is the core thing Black women lacked in both periods? How did racism and gender discrimination play out differently in the antebellum period and eugenics era? After reading Owens, what were the key gendered and racial ideologies that made Black women particularly vulnerable to gynecological experimentation? What social/ structural aspects of slavery made Black women especially vulnerable? What patterns do you see in the history of Black experimentation, and how do they echo specific realities today? After reading the debate over the Sims statue in Nature, what position do you take— contextualization or removal?

Week 9

Thursday, date

Black Doctors, Black Hospitals: Past & Present

DUE MONDAY (March 2) PAPER 2

Read:

- a) *Savitt, Todd L. "Abraham Flexner and the Black Medical Schools," *Journal of the National Medical Association* 98 (2006): 1415-1424.
- b) *Miller, Lynn and Richard Weiss. "Revisiting Black Medical School Extinctions in the Flexner Era," *Journal of the History of Medicine and Allied Sciences* 67, no 2 (Apr. 2012): 217- 43.
- c) *Gramble, Vanessa N. *Making a Place for Ourselves: The Black Hospital Movement* (Oxford Univ. Press, 1995), Intro, chap 1, and Conclusion, xi- , 3-34, 182-96.
- d) Carroll, Aaron. "Doctors and Racial Bias: Still a Long Way to Go" *The New York Times* (Feb. 25, 2019).

e) Kolata, Gina. "The Secret to Keeping Black Men Healthy? Maybe Black Doctors," *The New York Times* (Aug. 20, 2018).

Optional

- Burrows, Vanessa and Barbara Berney, "Creating Equal Health Opportunity: How the Medical Civil Rights Movement and the Johnson Administration Desegregated U.S. Hospitals," *Journal of American History* 105 (2019): 885-911.
- Johnson, C. "Racial Bias in Medical Algorithm Favors white Patients Over Sicker Black Patients," *Washington Post* (Oct. 24, 2019)

Questions: What evidence/methods do Savitt and Miller et al use to make their respective arguments about the influence of the Flexner report on Black medical schools? Whose case do you find more convincing, and why? What are the two competing ideologies Black leaders had in regard to Black hospitals, and how does Gamble treat these ideological differences as they relate to the Black Hospital Movement? What argument does Gamble make about the role of white philanthropists (see: intro/conclusion)? Do you find her argument convincing, and why/why not? What evidence is there today that Black doctors can help reduce racial health disparities? Is there a case for using medical algorithms to reduce racial bias in treatment?

Spring Break: Mar. 9-13 (M-F)

Week 10

Thursday, date

Motherwit: Black Maternal & Infant Mortality and Black Women's Medical Knowledge

Read:

- a) Villarosa, Linda. "Why America's Black Mothers and Babies Are in a Life-or-Death Crisis," *New York Times* (Apr. 11, 2018).
- b) *Wint, K., et al. "Experiences of Community Doulas Working with Low-Income, African American Mothers." *Health Equity* 3, no. 1 (2019), 109-116.
- c) *Smith, Susan. *Sick and Tired of Being Sick and Tired: Black Women's Health Activism in America, 1890-1950* (UPenn, 1995), Chap. 5 ("Black Midwives in Miss."), 118-148.
- d) Cottom, Tressie McMillan. *Thick: And Other Essays* (New Press, 2019), chap. 3 ("Dying to Be Competent"), 73-98.
- e) *Collins, Patricia Hill. *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment* (Routledge, 2000) Chap. 4 ("Mammies, Matriarchs, and Other Controlling Images"), 76-106.

Optional:

- Kozhimannil, Katy B et al. "Disrupting the Pathways of Social Determinants of Health: Doula Support during Pregnancy and Childbirth." *Journal of the American Board of Family Medicine* 29, no. 3 (2016): 308-17.
- Lakhani, Nina. "America has an infant mortality crisis. Meet the black doulas trying to change that." *The Guardian* (Nov. 25, 2019)
- Fett, Sharla. *Working Cures: Healing, Health, and Power on Southern Slave Plantations* (UNC, 2002), Chap. 5 ("Doctoring Women"): 111-41
- Margaret Charles Smith, "Last Days," in *Listen to Me Good: The Life Story of an Alabama Midwife*, ed. Linda Janet Holmes (Columbus: Ohio State University Press, 1996), 134-156.

Week 11

Thursday, date

Brown Sugar: Sugar Ecologies, Obesity, and the Black Body

DUE: Proposal for Final Paper due at start of class.

Read:

- a) *Hatch, Anthony Ryan and Sonya Sternlieb & Julia Gordon, “Sugar Ecologies: Their Metabolic and Racial Effects,” *Food, Culture & Society* 22, no. 5 (2019): 595-607.
- b) *Strings, Sabrina. “Obese Black Women as ‘Social Dead Weight:’ Reinventing the ‘Diseased Black Woman,’” *Signs: Journal of Women in Culture and Society* 41, no. 1 (2015): 107-30.
- c) Gay, Roxane. *Hunger: A Memoir of (My) Body* (Harper Collins, 2017), excerpts.

Optional:

- Campos, Paul et al. “The Epidemiology of Overweight and Obesity: Public Health Crisis or Moral Panic?” *International Journal of Epidemiology* (2006): 55-60
- Mollow, Anna. “Unvictimized: Toward a Fat Disability Studies,” *African American Review* 50, no. 2 (Summer 2017): 105-121

Questions: What does Hatch et al mean by “sugar ecologies”? And how does he implicate modern capitalism in his study of food systems and environmental racism? How does Hatch’s explanation of African American DNA differ from traditional biomedical understandings of “Black” DNA? According to String, what is the link between historical depictions of Black women as hypersexual and heavy Black women as “social dead weight” today?

Week 12

Thursday, date

We Can’t Breathe: Environmental Racism—Past and Present

Read:

- a) *Taylor, Dorceta. “The Evolution of Environmental Justice Activism, Research, and Scholarship,” *Environmental Practice* 13, no. 4 (2011): 280-301.
- b) [“LN3: 7 TEACHINGS OF THE ANISHINAABE RESISTANCE,” documentary \(vimeo.com\)](#)
- c) * Benz, Terressa. “Toxic Cities: Neoliberalism and Environmental Racism in Flint and Detroit Michigan,” *Critical Sociology* 45, no. 1 (2019): 49-62.
- d) Bellinger, David. “Lead Contamination in Flint—An Abject Failure to Protect Public Health,” *New England Journal of Medicine* 374, no. 12 (2016): 1101-1103.

Optional

- Pulido, Laura. “Flint, Environmental Racism, and Racial Capitalism,” *Capitalism Nature Socialism* 27, no. 3 (2016): 1-16.

Questions: After reading Taylor, identify four ways African Americans have experienced environmental racism in U.S. history and four ways they have responded. What is the traditional starting point of the environmental justice

movement, and how did Black activists reshape environmental activism? What are key issues environmental justice activists and scholars study today in regard to Black communities? How does Benz use the term “neoliberalism”—what does she mean by it?—and how did neoliberal legal decision-making make the Flint water crisis possible? How does neoliberalism sanction “color-blind” policy making and in turn obscure the role race and class played in making the Flint water crisis possible? Explain how Benz uses Derrick Bell’s theory of “interest convergence” to make a parallel between the 1954 Brown v. Board decision and the policy decisions that led to Flint. How does an environmental justice lens enable Harriet Washington to shift the conversation about Black intelligence and behavior? Might Washington’s focus on cognition, I.Q., and brain chemistry unintentionally reify false theories of biological essentialism?

Week 13

Thursday, date

Epidemics and Social Resistance

DUE: Annotated Bibliography at start of class.

Read:

- a) *Villarosa, Linda. “America’s Hidden H.I.V. Epidemic” *New York Times* (June 6, 2017).
- b) Lorde, Audre. “Uses of the Erotic: The Erotic as Power,” *Sister Outsider*, 41-48.
- c) * [Treisman, Rachel. “Essential Workers Hold Walkouts And Protests In National ‘Strike For Black Lives,’” NPR \(July 20, 2020\).](#)
- d) Blow, Charles. *Fire Shut Up In My Bones: A Memoir* (Houghton Mifflin Harcourt, 2014), chap. 4 (“Punk Next Door”) and chap. 12 (“Just-in-Case Gun”).

Week 14

Thursday, date

DEBRIEF SESSION

Last Day of Class

Fri, Apr. 17 – FINAL PAPER DUE

*Changes in the schedule will inevitably occur, so stay tuned to Carmen for updates. I will never alter the course without giving you sufficient notice, nor will I alter it in a way that results in more work for you.

GE THEME COURSES

Overview

Courses that are accepted into the General Education (GE) Themes must meet two sets of Expected Learning Outcomes (ELOs): those common for all GE Themes and one set specific to the content of the Theme. This form begins with the criteria common to all themes and has expandable sections relating to each specific theme.

A course may be accepted into more than one Theme if the ELOs for each theme are met. Courses seeing approval for multiple Themes will complete a submission document for each theme. Courses seeking approval as a 4-credit, Integrative Practices course need to complete a similar submission form for the chosen practice. It may be helpful to consult your Director of Undergraduate Studies or appropriate support staff person as you develop and submit your course.

Please enter text in the boxes to describe how your class will meet the ELOs of the Theme to which it applies. Please use language that is clear and concise and that colleagues outside of your discipline will be able to follow. You are encouraged to refer specifically to the syllabus submitted for the course, since the reviewers will also have that document. Because this document will be used in the course review and approval process, you should be *as specific as possible*, listing concrete activities, specific theories, names of scholars, titles of textbooks etc.

Accessibility

If you have a disability and have trouble accessing this document or need to receive it in another format, please reach out to Meg Daly at daly.66@osu.edu or call 614-247-8412.

Course subject & number

General Expectations of All Themes

GOAL 1: Successful students will analyze an important topic or idea at a more advanced and in-depth level than the foundations.

Please briefly identify the ways in which this course represents an advanced study of the focal theme. In this context, “advanced” refers to courses that are e.g., synthetic, rely on research or cutting-edge findings, or deeply engage with the subject matter, among other possibilities. (50-500 words)

Course subject & number

ELO 1.1 Engage in critical and logical thinking about the topic or idea of the theme. Please link this ELO to the course goals and topics and indicate *specific* activities/assignments through which it will be met. (50-700 words)

ELO 1.2 Engage in an advanced, in-depth, scholarly exploration of the topic or idea of the theme. Please link this ELO to the course goals and topics and indicate *specific* activities/assignments through which it will be met. (50-700 words)

Course subject & number

GOAL 2: Successful students will integrate approaches to the theme by making connections to out-of-classroom experiences with academic knowledge or across disciplines and/or to work they have done in previous classes and that they anticipate doing in future.

ELO 2.1 Identify, describe, and synthesize approaches or experiences as they apply to the theme.

Please link this ELO to the course goals and topics and indicate *specific* activities/assignments through which it will be met. (50-700 words)

ELO 2.2 Demonstrate a developing sense of self as a learner through reflection, self-assessment, and creative work, building on prior experiences to respond to new and challenging contexts. Please link this ELO to the course goals and topics and indicate *specific* activities/assignments through which it will be met.

(50-700 words)

Course subject & number

Specific Expectations of Courses in Health & Wellbeing

GOAL Students will explore and analyze health and wellbeing through attention to at least two dimensions of wellbeing. (Ex: physical, mental, emotional, career, environmental, spiritual, intellectual, creative, financial, etc.).

ELO 1.1 Explore and analyze health and wellbeing from theoretical, socio-economic, scientific, historical, cultural, technological, policy, and/or personal perspectives. Please link this ELO to the course goals and topics and indicate *specific* activities/assignments through which it will be met. *(50-700 words)*

ELO 1.2 Identify, reflect on, and apply the skills needed for resiliency and wellbeing. Please link this ELO to the course goals and topics and indicate *specific* activities/assignments through which it will be met. *(50-700 words)*