

RECEIVED

MAY 2 2014

OFFICE OF THE
SENATE COUNCIL**1. General Information**

1a. Submitted by the College of: MEDICINE

Date Submitted: 2/27/2014

1b. Department/Division: Behavioral Science

1c. Contact Person

Name: Anita Fernander

Email: afern2@uky.edu

Phone: 859-323-4679

Responsible Faculty ID (if different from Contact)

Name:

Email:

Phone:

1d. Requested Effective Date: Semester following approval

1e. Should this course be a UK Core Course? No

2. Designation and Description of Proposed Course

2a. Will this course also be offered through Distance Learning?: No

2b. Prefix and Number: BSC 750

2c. Full Title: HISTORY OF MEDICINE AMONG AFRICAN AMERICANS: IMPLICATIONS FOR HEALTH DISPARITIES

2d. Transcript Title: HISTORY OF MEDICINE AMONG AFRICAN AMERICANS

2e. Cross-listing:

2f. Meeting Patterns

SEMINAR: 35

2g. Grading System: Letter (A, B, C, etc.)

2h. Number of credit hours: 3

2i. Is this course repeatable for additional credit? No

If Yes: Maximum number of credit hours:

If Yes: Will this course allow multiple registrations during the same semester?

2j. **Course Description for Bulletin:** This course on the history of medicine among African Americans seeks to provide an understanding of the roots of the African American health deficit. The course will enable students to: 1. Articulate how the earliest encounters between African Americans and Western medical researchers set the stage for health inequities. 2. Engage in and direct thought-provoking discussions of how racist pseudoscientific ideas remain in contemporary society that contributes to health disparities among African Americans. 3. Critically examine the theory of eugenics and social Darwinism and how they are used to justify experimental exploitation and poor medical treatment of African Americans. 4. Understand and identify how historical and contemporary medical issues have contributed to medical ethics of distrust in the African American community.

2k. Prerequisites, if any: N/A

2l. Supplementary Teaching Component:

3. Will this course taught off campus? No

If YES, enter the off campus address:

4. Frequency of Course Offering: Spring,

Will the course be offered every year?: Yes

If No, explain:

5. Are facilities and personnel necessary for the proposed new course available?: Yes

If No, explain:

6. What enrollment (per section per semester) may reasonably be expected?: 10-12

7. Anticipated Student Demand

Will this course serve students primarily within the degree program?: No

Will it be of interest to a significant number of students outside the degree pgm?: Yes

If Yes, explain: I HAVE TAUGHT THE COURSE TO STUDENTS FROM NURSING, PUBLIC HEALTH, EDUCATION, PSYCHOLOGY, SOCIOLOGY, MEDICINE AND SOCIOLOGY

8. Check the category most applicable to this course: Not Yet Found in Many (or Any) Other Universities ,

If No, explain:

9. Course Relationship to Program(s):

a. Is this course part of a proposed new program?: No

If YES, name the proposed new program:

b. Will this course be a new requirement for ANY program?: No

If YES, list affected programs:

10. Information to be Placed on Syllabus.

a. Is the course 400G or 500?: No

b. The syllabus, including course description, student learning outcomes, and grading policies (and 400G-/500-level grading differentiation if applicable, from **10.a** above) are attached: Yes

Distance Learning Form

Instructor Name:

Instructor Email:

Internet/Web-based: No

Interactive Video: No

Hybrid: No

1. How does this course provide for timely and appropriate interaction between students and faculty and among students? Does the course syllabus conform to University Senate Syllabus Guidelines, specifically the Distance Learning Considerations?

2. How do you ensure that the experience for a DL student is comparable to that of a classroom-based student's experience? Aspects to explore: textbooks, course goals, assessment of student learning outcomes, etc.

3. How is the integrity of student work ensured? Please speak to aspects such as password-protected course portals, proctors for exams at interactive video sites; academic offense policy; etc.

4. Will offering this course via DL result in at least 25% or at least 50% (based on total credit hours required for completion) of a degree program being offered via any form of DL, as defined above?

If yes, which percentage, and which program(s)?

5. How are students taking the course via DL assured of equivalent access to student services, similar to that of a student taking the class in a traditional classroom setting?

6. How do course requirements ensure that students make appropriate use of learning resources?

7. Please explain specifically how access is provided to laboratories, facilities, and equipment appropriate to the course or program.

8. How are students informed of procedures for resolving technical complaints? Does the syllabus list the entities available to offer technical help with the delivery and/or receipt of the course, such as the Information Technology Customer Service Center (<http://www.uky.edu/UKIT/>)?

9. Will the course be delivered via services available through the Distance Learning Program (DLP) and the Academic Technology Group (ATL)? NO

If no, explain how student enrolled in DL courses are able to use the technology employed, as well as how students will be provided with assistance in using said technology.

10. Does the syllabus contain all the required components? NO

11. I, the instructor of record, have read and understood all of the university-level statements regarding DL.

Instructor Name:

SIGNATURE|CLEUKEF|Carl G Leukefeld|BSC 750 NEW Dept Review|20140310

SIGNATURE|MRWH224|Melissa R Wilkeson|BSC 750 NEW College Review|20140424

SIGNATURE|ZNNIKO0|Roshan N Nikou|BSC 750 NEW Graduate Council Review|20140502

Courses | **Request Tracking**

New Course Form

<https://myuk.uky.edu/sap/bc/soap/rfc?services=>

[Open in full window to print or save](#)

Generate R

Attachments:

Upload File

ID	Attachment
3246	New Course Description.pdf

Select saved project to retrieve...

(*denotes required fields)

1. General Information

- a. * Submitted by the College of: Submission Date:
- b. * Department/Division:
- c.
 - * Contact Person Name: Email: Phone:
 - * Responsible Faculty ID (if different from Contact): Email: Phone:
- d. * Requested Effective Date: Semester following approval OR Specific Term/Year ¹
- e. Should this course be a UK Core Course? Yes No

If YES, check the areas that apply:

 - Inquiry - Arts & Creativity Composition & Communications - II
 - Inquiry - Humanities Quantitative Foundations
 - Inquiry - Nat/Math/Phys Sci Statistical Inferential Reasoning
 - Inquiry - Social Sciences U.S. Citizenship, Community, Diversity
 - Composition & Communications - I Global Dynamics

2. Designation and Description of Proposed Course.

- a. * Will this course also be offered through Distance Learning? Yes No
- b. * Prefix and Number:
- c. * Full Title:
- d. Transcript Title (if full title is more than 40 characters):
- e. To be Cross-Listed ² with (Prefix and Number):
- f. * Courses must be described by at least one of the meeting patterns below. Include number of actual contact hours² for each meeting pattern type.

<input type="checkbox"/> Lecture	<input type="checkbox"/> Laboratory ¹	<input type="checkbox"/> Recitation	<input type="checkbox"/> Discussion
<input type="checkbox"/> Indep. Study	<input type="checkbox"/> Clinical	<input type="checkbox"/> Colloquium	<input type="checkbox"/> Practicum
<input type="checkbox"/> Research	<input type="checkbox"/> Residency	<input type="checkbox"/> 35 Seminar	<input type="checkbox"/> Studio
<input type="checkbox"/> Other	If Other, Please explain: <input type="text"/>		
- g. * Identify a grading system:
 - Letter (A, B, C, etc.)
 - Pass/Fail
 - Medicine Numeric Grade (Non-medical students will receive a letter grade)
 - Graduate School Grade Scale
- h. * Number of credits:
- i. * Is this course repeatable for additional credit? Yes No

If YES: Maximum number of credit hours:

If YES: Will this course allow multiple registrations during the same semester? Yes No

J. * Course Description for Bulletin:

This course on the history of medicine among African Americans seeks to provide an understanding of the roots of the African American health deficit. The course will enable students to:

1. Articulate how the earliest encounters between African Americans and Western medical researchers set the stage for health inequities.
2. Engage in and direct thought-provoking discussions of how racist pseudoscientific ideas remain in contemporary society that contributes to health disparities among African Americans.
3. Critically examine the theory of eugenics and social Darwinism and how they are used to justify experimental exploitation and poor medical treatment of African Americans.
4. Understand and identify how historical and contemporary medical issues have contributed to medical ethics of distrust in the African American community.

k. Prerequisites, if any:

N/A

l. Supplementary teaching component, if any: Community-Based Experience Service Learning Both3. * Will this course be taught off campus? Yes No

If YES, enter the off campus address:

4. Frequency of Course Offering:

a. * Course will be offered (check all that apply): Fall Spring Summer Winter

b. * Will the course be offered every year? Yes No

If No, explain:

5. * Are facilities and personnel necessary for the proposed new course available? Yes No

If No, explain:

6. * What enrollment (per section per semester) may reasonably be expected? 10-12

7. Anticipated Student Demand.

a. * Will this course serve students primarily within the degree program? Yes No

b. * Will it be of interest to a significant number of students outside the degree pgm? Yes No

If YES, explain:

I HAVE TAUGHT THE COURSE TO STUDENTS FROM NURSING, PUBLIC HEALTH, EDUCATION, PSYCHOLOGY, SOCIOLOGY, MEDICINE AND SOCIOLOGY

8. * Check the category most applicable to this course:

- Traditional – Offered in Corresponding Departments at Universities Elsewhere
 Relatively New – Now Being Widely Established
 Not Yet Found in Many (or Any) Other Universities

9. Course Relationship to Program(s).

a. * Is this course part of a proposed new program? Yes No

If YES, name the proposed new program:

b. * Will this course be a new requirement ² for ANY program? Yes No

If YES ², list affected programs:

10. Information to be Placed on Syllabus.

a. * Is the course 400G or 500? Yes No

If YES, the *differentiation for undergraduate and graduate students must be included* in the information required in 10.b. You must include: (i) identify additional assignments by the graduate students; and/or (ii) establishment of different grading criteria in the course for graduate students. (See SR

b. * The syllabus, including course description, student learning outcomes, and grading policies (and 400G-/500-level grading differentiation if apply 10.a above) are attached.

¹ Courses are typically made effective for the semester following approval. No course will be made effective until all approvals are received.
² The chair of the cross-listing department must sign off on the Signature Routing Log.

- In general, undergraduate courses are developed on the principle that one semester hour of credit represents one hour of classroom meeting per week for a semester, exclusive of any laboratory meeting. Laboratory meeting, generally, is two hours per week for a semester for one credit hour. (From SN 5.2.1)
- You must also submit the Distance Learning Form in order for the proposed course to be considered for DL delivery.
- In order to change a program, a program change form must also be submitted.

Rev 8/09

[Submit as New Proposal](#) [Save Current Changes](#)

**BSC 750: HISTORY OF MEDICINE AMONG AFRICAN AMERICANS:
IMPLICATIONS FOR HEALTH DISPARITIES**

University of Kentucky
Department of Behavioral Science
Medical Behavioral Science Building.

Professor: Dr. Anita F. Fernander
College of Medicine
Department of Behavioral Science

Office: 103 Medical Behavioral Science Bldg.
Lexington, KY 40536-0086

Phone: Phone: 859-323-4679

Email: Email: afern2@uky.edu

Office Hours: Walk-ins are welcome, but appointments are preferred.

Required Text: Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present. Harriet A. Washington. Doubleday: New York. 2006.

Supplemental Text (not required): B. D. Smedley, Adriene, Y. Stith, and Alan R. Nelson, (eds) *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care.* Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care, Board on Health Sciences Policy, Institute of Medicine, of the National Academies. National Academies Press: Washington, D.C.

Course Description:

This course on the history of medicine among African Americans seeks to provide an understanding of the roots of the African American health deficit.

Course Objectives: The course will enable students to:

1. Articulate how the earliest encounters between African Americans and Western medical researchers set the stage for health inequities.
2. Engage in and direct thought-provoking discussions of how racist pseudoscientific ideas remain in contemporary society that contributes to health disparities among African Americans.
3. Critically examine the theory of eugenics and social Darwinism and how they are used to justify experimental exploitation and poor medical treatment of African Americans.
4. Understand and identify how historical and contemporary medical issues have contributed to medical ethics of distrust in the African American community.

Course Requirements:

The course requirements reflect the amount of work adequate for a graduate-level class as determined by the professor.

Reading Assignments:

Selected readings are listed in the syllabus and it is the responsibility of each student to obtain ALL of the assigned readings. The course instructor will provide the websites for retrieval of all readings that are not in the assigned text. Please plan ahead as some articles may require requesting from a campus library. Reading assignments and typed reaction papers are to be completed prior to each class period.

Typed Reaction Papers:

For each class period, each student is to prepare a typed reaction paper in response to each of the assigned readings (at least one single spaced page). The reaction paper must identify what you feel is the most important point, idea, or argument made in a reading, along with statements that expound on the particular idea, point, or argument. You **MUST** address implications of information contained in the readings on the health status and/or health disparate status of African Americans today. The reaction paper may consist of commentary or pose questions to prompt further exploration. All typed reaction papers are due no later than the beginning of each class period.

Course Project (Mid-term & Final):

At the beginning of the semester, each student will select from one of the books listed below to write a critical book review (Mid-term assignment) and prepare a class lecture/presentation (Final).

Mid-term:

A critical book review is **NOT** a book report (a summary of the contents of the book)! The length of the review should be 7 or more pages, double-spaced. The components of the book review should include: Introduction, Summary, Critique, Conclusion, and References (**highly encouraged**). The review should clearly identify the main theme(s) or thesis of the book and should also be supplemented by additional readings, manuscripts or articles to expound on the books topic. Identify the author's basic presuppositions and approach. The main body of a critical book review should also be concerned with "thesis development". That is, did the author achieve the stated purpose? Did the author adequately develop the thesis of the book? If so, provide examples such as statistical data and/or illustrations, citing page numbers. Identify any merits and/or shortcomings the book may have. Finally, conclude with a summary of whether you think the book is indispensable or inconsequential. What are the major strengths and weaknesses of the book? Would you recommend this book? Why or why not?

Tips to help guide the review:

Introduction

- List title, author, type of book, general subject matter.

Summary

- What is the thesis of the book?
- How did the author go about supporting his/her thesis?

Critique

- Is there an adequate, consistent development of the author's stated thesis? Why or why not?
- What is the author's purpose, i.e., what does he/she hope to accomplish through this book? Does the author accomplish the purpose? If so, how does he/she do so? If not, why not?
- Does the author approach the subject with any biases, i.e., do the author's experiential, philosophical, or cultural perspectives influence his/her conclusions?
- Does the author properly support his/her thesis? Does the author adequately consider and refute opposing viewpoints?
- Does the author have to resort to suppression of contrary evidence in order to make the thesis credible (slanting)? If so, what additional evidence would weaken the case?
- Is the author's case proved, or would another thesis have been more appropriately chosen?

Conclusion

- What are the strengths of the book, i.e., what contributions does the book make?
- Why should a person read this book?
- What did you learn from this book?
- Would you recommend the book? Why, or why not?

Final:

Present your critical review in a lecture format. Additional media and other types of references may be especially helpful for your in-class presentation.

Selected Book Options: (if selection is noted with a *, it is not a review option for the current semester)

- **Another Dimension to the Black Diaspora: Diet, Disease, and Racism.* Kenneth F. Kiple & Virginia Himmelsteib King. Cambridge University Press: Cambridge UK. 2002. *This is an engrossing study of black disease immunities and susceptibilities and their heretofore unrealized impact on both slavery and racism. Its pages interweave the nutritional, biological, and medical sciences with demography. The book begins with an examination of the preslavery era in Africa and then pursues its subject into the slave societies of the West Indies and the United States. Among other things this truly interdisciplinary approach permits the blending of two distinctive concepts of racial differences, that of the hard sciences based on gene frequencies and that of the social sciences stressing environmental factors. The authors demonstrate how the presence of malignant malaria and yellow fever in West Africa encouraged the development of resistance to these diseases, and conversely how the scarcity of certain nutrients may have shaped many susceptibilities. The book examines the transmission of disease through the slave trade, revealing how the West African disease environment accompanied blacks to the Americas. The authors assess the impact of that environment on both the aboriginal population and the European colonizers. They then investigate the epidemiological and social history of black health and white medical practice in the United States during the antebellum period, and establish a link between black related diseases and white racism. A final section traces major black disease susceptibilities from the Civil War to the present, arguing that the different nutritional and medical needs of blacks are still largely unappreciated or ignored, yet they lie at the root of a continuing tragedy of poor black health in America.*

- Bones in the Basement: Postmortem Racism in Nineteenth-Century Medical Training. Robert L. Blakely & Judith M. Harrington (Eds). Smithsonian Institution Press: Washington DC. 1997. *In 1989, a cache of some 9800 dissected and amputated human bones - more than 75 percent of them African American - was found in the earthen basement floor of the Medical College of Georgia in Augusta. To re-create the social context and medical practices that led to the bones' clandestine disposal before 1910, Robert L. Blakely and Judith M. Harrington assembled a team of archaeologists, forensic anthropologists, historians, experimental anatomists, and ethnographers. Together they argue that the procurement of cadavers by American medical schools was part of a racist system that viewed African Americans as expendable not only in life but also after death. Contributors show that notions of a separate "Negro medicine" did not prevent professors from using African American bodies to teach their students how to treat white patients. Other essays shed light on the importance of surgical training at a time when amputation was a primary means of treatment. Still others examine the bony evidence of diet and disease in a nineteenth-century urban black population. Taking a broad approach to the study of a single, well-preserved site, Bones in the Basement presents the work of both African American and Euro-American researchers and includes interviews with residents of Augusta today.*
- Acres of Skin: Human Experiments at Holmesburg Prison. Allen M. Hornblum. Routledge: Great Britain. 1998. *In the first expose of unjust medical experimentation since David Rothman's Willowbrook's Wars, Allen M. Hornblum releases devastating stories from within the walls of Philadelphia's Holmesburg Prison. For more than two decades, from the mid-1950s through the mid-1970s, inmates were used, in exchange for a few dollars, as guinea pigs in a host of medical experiments. An array of doctors, in conjunction with the University of Pennsylvania and prison officials, established Holmesburg as a laboratory testing ground. Hundreds of prisoners were used to test products from facial creams to far more hazardous, even potentially lethal, substances such chemical warfare agents. Based on in-depth interviews with dozens of prisoners as well as the doctors and prison officials who performed or enforced these experimental tests, Hornblum paints a disturbing portrait of abuse, moral indifference, and greed. Central to this account are the millions of dollars many of America's leading drug and consumer goods companies made available for the all too eager doctors seeking fame and fortune through their medical experiments. Acres of Skin is rigorously researched and shocking in its depiction of men treated as laboratory animals.*
- Bad Blood: The Tuskegee Syphilis Experiment. James H. Jones. The Free Press: New York. 1993. *From 1932 to 1972, the United States Public Health Service conducted a non-therapeutic experiment involving over 400 black male sharecroppers infected with syphilis. The Tuskegee Study had nothing to do with treatment. Its purpose was to trace the spontaneous evolution of the disease in order to learn how syphilis affected black subjects. The men were not told they had syphilis; they were not warned about what the disease might do to them; and, with the exception of a smattering of medication during the first few months, they were not given health care. Instead of the powerful drugs they required, they were given aspirin for their aches and pains. Health officials systematically deceived the men into believing they were patients in a government study of "bad blood", a catch-all phrase black sharecroppers used to describe a host of illnesses. At the end of this 40 year deathwatch, more than 100 men had died from syphilis or related complications. Bad Blood provides compelling answers to the question*

of how such a tragedy could have been allowed to occur. Tracing the evolution of medical ethics and the nature of decision making in bureaucracies, Jones attempted to show that the Tuskegee Study was not, in fact, an aberration, but a logical outgrowth of race relations and medical practice in the United States. Now, in this revised edition of *Bad Blood*, Jones traces the tragic consequences of the Tuskegee Study over the last decade. A new introduction explains why the Tuskegee Study has become a symbol of black oppression and a metaphor for medical neglect, inspiring a prize-winning play, a Nova special, and a motion picture. A new concluding chapter shows how the black community's wide-spread anger and distrust caused by the Tuskegee Study has hampered efforts by health officials to combat AIDS in the black community.

- Sick from Freedom: African-American Illness and Suffering During the Civil War and Reconstruction. Jim Downs. Oxford University Press: New York. 2012. *Bondspeople who fled from slavery during and after the Civil War did not expect that their flight toward freedom would lead to sickness, disease, suffering, and death. But the war produced the largest biological crisis of the nineteenth century, and as historian Jim Downs reveals in this groundbreaking volume, it had deadly consequences for hundreds of thousands of freed people. In Sick from Freedom, Downs recovers the untold story of one of the bitterest ironies in American history – that the emancipation of the slaves, seen as one of the great turning points in U.S. history, had devastating consequences for innumerable freedpeople. Drawing on massive new research into the records of the Medical Division of the Freedmen’s Bureau – a nascent national health system that cared for more than one million freed slaves – he shows how the collapse of the plantation economy released a plague of lethal diseases. With emancipation, African Americans seized the chance to move, migrating as never before. But in their journey to freedom, they also encountered yellow fever, smallpox, cholera, dysentery, malnutrition, and exposure. To address this crisis, the Medical Division hired more than 120 physicians, establishing some forty underfinanced and understaffed hospitals scattered throughout the South, largely in response to medical emergencies. Downs shows that the goal of the medical Division was to promote a healthy workforce, an aim that often excluded a wide range of freedpeople, including women, the elderly, the physically disabled, and children. Downs concludes by tracing how the Reconstruction policy was then implemented in the American West, where it was disastrously applied to Native Americans. The widespread medical calamity sparked by emancipation is an overlooked episode of the Civil War and its aftermath, poignantly revealed in Sick from Freedom.*
- *Working Cures: Healing, Health, and Power on Southern Slave Plantations. Sharla M. Fett. The University of North Carolina Press: Chapel Hill, NC. 2002. *Exploring the charged topic of black health under slavery, Sharla Fett reveals how herbalism, conjuring, midwifery, and other African American healing practices became arts of resistance in the antebellum South. Fett shows how enslaved men and women drew on African precedents to develop a view of health and healing that was distinctly at odds with slaveholders’ property concerns. While white slaveowners narrowly defined slave health in terms of “soundness” for labor, slaves embraced a relational view of health that was intimately tied to religion and community. African American healing practices thus not only restored the body but also provided a formidable weapon against white objectification of black health. Enslaved women played a particularly important role in plantation health culture: they made medicines, cared for the sick, and served as midwives in both black and white households. Their labor as health workers not only*

proved essential to plantation production but also gave them a basis of authority within enslaved communities. Not surprisingly, conflicts frequently arose between slave doctoring women and the whites who attempted to supervise their work, as did conflicts related to feigned illness, poisoning threats, and African-based religious practices. By examining the deeply contentious dynamics of plantation healing, Fett sheds new light on the broader power relations of antebellum American slavery.

- Body and Soul: The Black Panther Party and the Fight Against Medical Discrimination. Alondra Nelson. University of Minnesota Press: Minneapolis, MN. 2011. *Between its founding in 1966 and its formal end in 1980, the Black Panther Party blazed a distinctive trail in American political culture. The Black Panthers are most often remembered for their revolutionary rhetoric and militant action. Here Alondra Nelson deftly recovers an indispensable but lesser-known aspect of the organization's broader struggle for social justice: health care. The Black Panther Party's health activism – its network of free health clinics, its campaign to raise awareness about genetic disease, and its challenges to medical discrimination – was an expression of its founding political philosophy and also a recognition that poor blacks were both underserved by mainstream medicine and overexposed to its harms. Drawing on extensive historical research as well as interviews with former members of the Black Panther Party, Nelson argues that the Party's focus on health care was both practical and ideological. Building on a long tradition of medical self-sufficiency among African Americans, the Panthers' People's Free Medical Clinics administered basic preventive care, tested for lead poisoning and hypertension, and helped with housing, employment, and social services. In 1971, the party launched a campaign to address sickle-cell anemia. In addition to establishing screening programs and educational outreach efforts, it exposed the racial biases of the medical system that had largely ignored sickle-cell anemia, a disease that predominantly affected people of African descent. The Black Panther Party's understanding of health as a basic human right and its engagement with the social implications of genetics anticipated current debates about the politics of health and race. That legacy – and that struggle – continues today in the commitment of health activists and the fight for universal health care.*
- Making a Place for Ourselves: The Black Hospital Movement, 1920-1945. Vanessa Northington Gamble. Oxford University Press: New York, NY. 1995. *This book examines an important, but not widely chronicled, event at an intersection of African-American history and American medical history – the black hospital movement. This is a history of black hospitals. But it is also a history of race and the American hospital. It uses the black hospital as a prism to understand how issues of race and racism affected the development of the American hospital system.*
- *The Immortal Life of Henrietta Lacks. Rebecca Skloot. Crown Publishers. New York, NY. 2010. *Her name was Henrietta Lacks, but scientists know her as HeLa. She was a poor Southern tobacco farmer who worked the same land as her slave ancestors, yet her cells – taken without her knowledge – became one of the most important tools in medicine. The first “immortal” human cells grown in culture, they are still alive today, though she has been dead for more than sixty years. If you could pile all HeLa cells ever grown onto a scale, they'd weigh more than 50 million metric tons – as much as a hundred Empire State Buildings. HeLa cells were vital for developing the polio vaccine, uncovered secrets of cancer, viruses, and the atom bomb's effects; helped lead to important advances like in vitro fertilization, cloning, and gene mapping; and have been bought and sold by the billions. Yet Henrietta Lacks remains virtually unknown, buried in*

an unmarked grave. Now Rebecca Skloot takes us on an extraordinary journey, from the “colored” ward of Johns Hopkins Hospital in the 1950s to stark white laboratories with freezers full of HeLa cells, from Henrietta’s small, dying hometown of Clover, Virginia – a land of wooden slave quarters, faith healings, and voodoo – to East Baltimore today, where her children and grandchildren live and struggle with the legacy of her cells. Henrietta’s family did not learn of her “immortality” until more than twenty years after her death, when scientists investigating HeLa began using her husband and children in research without informed consent. And though the cells had launched a multimillion-dollar industry that sells human biological materials, her family never saw any of the profits. As Rebecca Skloot so brilliantly shows, the story of the Lacks family – past and present – is inextricably connected to the dark history of experimentation on African Americans, the birth of bioethics, and the legal battles over whether we control the stuff we are made of. Over the decade it took to uncover this story, Rebecca became enmeshed in the lives of the Lacks family – especially Henrietta’s daughter Deborah, who was devastated to learn about her mother’s cells. Deborah was consumed with questions: Had scientists cloned her mother? Had they killed her to harvest her cells? And if her mother was so important to medicine, why couldn’t her children afford health insurance? Intense in feeling, astonishing in scope, and impossible to put down, *The Immortal Life of Henrietta Lacks* captures the beauty and drama of scientific discovery, as well as its human consequences.

- Doctoring Freedom: The Politics of African American Medical Care in Slavery and Emancipation. Gretchen Long. The University of North Carolina Press. Chapel Hill. 2012. *For enslaved and newly freed African Americans, attaining freedom and citizenship without health for themselves and their families would have been an empty victory. Even before emancipation, African Americans recognized that control of their bodies was a critical battleground in their struggle for autonomy, and they devised strategies to retain at least some of that control. In Doctoring Freedom, Gretchen Long tells the stories of African Americans who fought for access to both medical care and medical education, showing the important relationship between medical practice and political reality. Working closely with antebellum medical journals, planters’ diaries, agricultural publications, letters from wounded African American soldiers, WPA narratives, and military and Freedmen’s Bureau reports, Long traces African Americans’ political acts to secure medical care: their organizing mutual-aid societies, their petitions to the federal government, and, as a last resort, their founding of their own medical schools, hospitals, and professional organizations. She also illuminates work of the earliest generation of black physicians, whose adult lives spanned both slavery and freedom. For African Americans, Long argues, claiming rights as both patients and practitioners was a political and highly charged act in both slavery and emancipation.*
- Mama Might Be Better Off Dead. Laurie Kaye Abraham. The University of Chicago Press. 1993. *This critically acclaimed book is an unsettling, profound look at the human face of health care. Both disturbing and illuminating, it is the story of four generations of a poor African American family coping with the devastating illnesses that are all too common in America’s inner cities. From visits to emergency rooms and dialysis units, to trials with home care, to struggles for Medicaid eligibility, Abraham chronicles the Banes family and their access (or lack of access) to medical care. Embedded in the family narrative is a lucid analysis of the gaps, inconsistencies, and inequalities the poor face when they seek health care.*

- Birthing a Slave: Motherhood and Medicine in the Antebellum South. Marie Jenkins Schwartz. Harvard University Press. Cambridge, MA. 2006. *The deprivation and cruelty of slavery have overshadowed our understanding of the institution's most human dimension: birth. We often don't realize that after the United States stopped importing slaves in 1808, births were more important than ever; slavery and the southern way of life could continue only through babies born into bondage. Birthing a Slave depicts the competing approaches to reproductive health that evolved on plantations, as both black women and white men sought to enhance the health of enslaved mothers – in very different ways and for entirely different reasons.*
- Killing the Black Body: Race, Reproduction, and the Meaning of Liberty. Dorothy Roberts. Vintage Books. NY, NY. 1997. *The image of the “welfare queen” still dominates white America's perceptions of Black women. It is an image that also continues to shape our government's policies concerning Black women's reproductive decisions. Proposed legislation to alleviate poverty focuses on plans to deny benefits to children born to welfare mothers and to require insertion of birth-control implants as a condition of receiving aid. Meanwhile a booming fertility industry serves primarily infertile white couples. In Killing the Black Body, Northwestern University professor Dorothy Roberts exposes America's systemic abuse of Black women's bodies, from slave masters' economic stake in bonded women's fertility to government programs that coerced thousands of poor Black women into being sterilized as late as the 1970's. These abuses, Roberts argues, point not only to the degradation of Black motherhood but to the exclusion of Black women's reproductive needs from the feminist agenda. Groundbreaking, authoritative, and timely. Killing the Black Body is both a powerful new legal argument and a valuable aid for teachers, activists, and policy makers in creating a vision of reproductive freedom that respects each and every American.*
- Genetics and the Unsettled Past: The Collision of DNA, Race, and History. Keith Wailoo, Alondra Nelson, and Catherine Lee (Eds.). Rutgers University Press. New Brunswick, NJ. 2012. *Considers how the alignment of genetic science with commercial genealogy, legal and forensic developments, and pharmaceutical innovation lends renewed authority to biological understandings of race and history. Written for a general audience, the book's essays touch upon the rise and sweeping implications of DNA in genealogy, law, and other fields; the cultural and political uses and misuses of genetic information; and DNA testing and the reshaping of group identity across cultural and national boundaries.*
- Fatal Invention: How Science, Politics, and Big Business Re-create Race in the Twenty-First Century. Dorothy Roberts. The New Press. New York, NY. 2011. *When Americans see people of color doing most of the menial jobs, dying younger from most diseases, and filling most of the prison cells, it seems, to many, that race intrinsically and inevitably divides us into separate types of people. In centuries past, scientists invented a biological concept of race and claimed it was an essential feature of human identity. Though the Human Genome Project proved a decade ago that human beings are not naturally divided by race, an emerging technologically driven science is resuscitating race as a biological category written in our genes. Examples are both far-reaching and disturbing: Researchers are developing a genetic definition of race based on statistical estimates of gene frequencies – estimates that conveniently mirror eighteenth-century racial typologies. The pharmaceutical industry promotes race-targeted therapies. Law enforcement use stop and frisks, which disproportionately target African Americans, as a*

way to capture cheek swabs that build DNA criminal databases. And a proliferation of for-profit ancestry-testing services would have us believe that spitting into a test tube will tell us not only who we are but “what” – that is, what race – we truly are. In this provocative analysis of race, science, and politics, leading legal scholar and social critic Dorothy Roberts exposes how race as an archaic belief system – justified by cutting-edge science – undermines a just society and promotes inequality well into the twenty-first century. *Fatal Invention* is a brilliant, timely book; it is also an urgent call for us to affirm our common humanity by ending social inequality preserved by the political system of race.

Evaluation and Grading:

Your final course grade will be determined as follows:

Reaction Papers	30%
In-Class Participation	20%
Mid-term	25%
Final	25%

Grading Scale:

91% - 100% = A: Outstanding quality of work

81% - 90% = B: Solid, graduate-level work

71% - 80% = C: Additional time, effort, and consultations are needed in order to enhance the quality of work to that of graduate level.

Academic Integrity

Per university policy, students shall not plagiarize, cheat, or falsify or misuse academic records. Students are expected to adhere to University policy on cheating and plagiarism in all courses. The minimum penalty for a first offense is a zero on the assignment on which the offense occurred. If the offense is considered severe or the student has other academic offenses on their record, more serious penalties, up to suspension from the university may be imposed.

Plagiarism and cheating are serious breaches of academic conduct. Each student is advised to become familiar with the various forms of academic dishonesty as explained in the Code of Student Rights and Responsibilities. Complete information can be found at the following website: <http://www.uky.edu/Ombud>. A plea of ignorance is not acceptable as a defense against the charge of academic dishonesty. It is important that you review this information as all ideas borrowed from others need to be properly credited.

Part II of *Student Rights and Responsibilities* (available online <http://www.uky.edu/StudentAffairs/Code/part2.html>) states that all academic work, written or otherwise, submitted by students to their instructors or other academic supervisors, is expected to be the result of their own thought, research, or self-expression. In cases where students feel unsure about the question of plagiarism involving their own work, they are obliged to consult their instructors on the matter before submission.

When students submit work purporting to be their own, but which in any way borrows ideas, organization, wording or anything else from another source without appropriate acknowledgement of the fact, the students are guilty of plagiarism. Plagiarism includes reproducing someone else's work, whether it be a published article, chapter of a book, a paper from a friend or some file, or something similar to this. Plagiarism also includes the practice of employing or allowing another person to alter or revise the work which a student submits as his/her own, whoever that other person may be.

Students may discuss assignments among themselves or with an instructor or tutor, but when the actual work is done, it must be done by the student, and the student alone. When a student's assignment involves research in outside sources of information, the student must carefully acknowledge exactly what, where and how he/she employed them. If the words of someone else are used, the student must put quotation marks around the passage in question and add an appropriate indication of its origin. Making simple changes while leaving organization, content, and phraseology intact is plagiaristic. However, nothing in these Rules shall apply to ideas which are so generally and freely circulated as to be a part of the public domain (Section 6.3.1).

Please note: Any assignment you turn in may be submitted to an electronic database to check for plagiarism.

Students with Disabilities

The Americans with Disabilities Act (ADA) is a federal anti-discrimination statute that provides comprehensive civil rights protection for persons with disabilities. Among other things, this legislation requires that all students with disabilities be guaranteed a learning environment that provides for reasonable accommodation of their disabilities. If you believe you have a disability requiring an accommodation, please contact the Disability Resource Center, Room 2, Alumni Gym, 257-2754.

Attendance Policy

Class attendance is a vital component of the course. All students are expected to come to class on time and to notify the professor in advance if they are unable to attend a class. Information missed due to excused absences is the responsibility of the student to retrieve. S.R. 5.24.2 defines the following as acceptable reasons for excused absences: (a) serious illness, (b) illness or death of family member, (c) University-related trips, (d) major religious holidays, and (e) other circumstances found to fit "reasonable cause for nonattendance" by the professor. Students may be asked to verify their absences in order for them to be considered excused. Senate Rule 5.2.4.2 states that faculty have the right to request "appropriate verification" when students claim an excused absence because of illness or death in the family. Appropriate notification of absences due to university-related trips is required prior to the absence. Each unexcused absence will result in a loss of 5% points toward the final course grade. Students are expected to withdraw from the class if more than 20% of the classes scheduled for the semester are missed (excused or unexcused) per university policy.

Students anticipating an absence for a major religious holiday are responsible for notifying the instructor in writing of anticipated absences due to their observance of such holidays no later than the last day in the semester to add a class. Information regarding dates of major religious holidays may be obtained through the religious liaison, Mr. Jake Karnes (859-257-2754).

**BSC 750: HISTORY OF MEDICINE AMONG AFRICAN AMERICANS:
IMPLICATIONS FOR HEALTH DISPARITIES**

Spring 2014 Course Schedule

*request article from instructor

January 27 **Lecture: Africa, Medicine & Science**

February 3 **Lecture: Early Classification of Nature and Race: Justification of Slavery**

Reading(s) Due Today: * Retrieve reading from instructor to copy.

1. Cooper, R. (1984). A note on the biologic concept of race and its application in epidemiologic research. *American Heart Journal*, 108(3 Part 2): 715-722.
2. *Smedley, A. (2007). The history of the idea of race...and why it matters. Presented at "Race, Human Variation and Disease: Consensus and Frontiers. American Anthropological Association, Ford Foundation, and National Science Foundation. March 14-17, 2007.
3. Krieger, N. (1987). Shades of difference: Theoretical underpinnings of the medical controversy on Black/White differences in the United States, 1830-1870. *International Journal of Health Services*, 17(2), 259-278.

In-Class Viewing: Race the Power of an Illusion: The Story We Tell: 56 minutes

February 10 **Lecture: Medicine During Slavery & Reconstruction**

Reading(s) Due Today: (select two readings from the five below)

1. Medical Apartheid Chapter 1: Southern Discomfort: Medical Exploitation on the Plantation.
2. Medical Apartheid Chapter 2: Profitable Wonders: Antebellum Medical Experimentation with Slaves and Freedmen.
3. Medical Apartheid Chapter 4: The Surgical Theater: Black Bodies in the Antebellum Clinic.
4. Medical Apartheid Chapter 5: The Restless Dead: Anatomical Dissection and Display".
5. Medical Apartheid Chapter 6: Diagnosis Freedom: The Civil War, Emancipation, and Fin de Siècle Medical Research.

February 17 **Lecture: Training of African American Physicians**

Reading(s) Due Today:

1. Savitt, T.L. (1987). Entering a white profession: Black physicians in the new south, 1880-1920. *Bull. Hist. Med*, 61, 507-540.
2. Baker, R.B., Washington, H.A., Okakanmi, O., Savitt, T.L., Jacobs, E.A. et al. (2009). Creating a segregated medical profession: African American physicians and organized medicine, 1846-1910. *Journal of the National Medical Association*, 101(6), 501-512.
3. Washington, H., Baker, R.B., Okakanmi, O., Savitt, T.L. Jacobs, E.A., et al. (2009). Segregation, civil rights, and health disparities: The legacy of African American physicians and organized medicine, 1910-1968. *Journal of the National Medical Association*, 101(6), 513-527.

February 24 **Lecture: Racism and African American Health**

Reading(s) Due Today:

1. Jones, C.P. (2000). Levels of racism: A theoretic framework and a gardener's tale. *American Journal of Public Health, 90(8)*, 1212-1215.
2. Clark, R., Anderson, N.B., Clark, V.R., and Williams, D.R. (1999). Racism as a stressor for African Americans. A biopsychosocial model. *American Psychologist, 54(10)*:805-816.
3. Williams, D.R. & Collins, C. (2001). Racial residential segregation: A fundamental cause of racial disparities in health. *Public Health Reports, Volume 16*.
4. Jackson, J.S., Brown, T.N., Williams, D.R., Torres, M., Sellers, S.L. and Brown, K. (1996). Racism and the physical and mental health status of African Americans: A thirteen year national panel study. *Ethnicity & Disease, 6(1-2)*, 132-147.

In-Class Viewing: Unnatural Causes: When the Bough Breaks: 29 minutes.

Place Matters: 29 minutes. Jane Elliott, Blue-Eyed: 30 minutes.

March 3 **Lecture: Eugenics**

Reading(s) Due Today:

1. Medical Apartheid Chapter 8: The Black Stork: The Eugenic Control of African American Reproduction

In-Class Viewing:



msnbc video State of Shame Gov. Perdue on N.C. eugenics program.url

March 10 **Lecture: The African American and Her Diet**

Mid-term Paper Due Today!

Reading(s) Due Today:

1. Steckel, R.H. (1986). A peculiar population: The Nutrition, Health, and Mortality of American Slaves from Childhood to Maturity. *The Journal of Economic History, 46(3)*, 721-741.

In-Class Viewing: Soul Food Junkies: 64 minutes

March 17 **SPRING BREAK**

March 24 **Lecture: Race Science & Research: Contemporary Times**

Reading(s) Due Today:

1. Medical Apartheid Chapter 9: Nuclear Winter: Radiation Experiments on African Americans
2. Medical Apartheid Chapter 10: Caged Subjects: Research on Black Prisoners
3. Medical Apartheid Chapter 11: The Children's Crusade: Research Targets Young African Americans

In-Class Viewing: Race the Power of Illusion: Episode 1: The Difference Between Us

March 31

Lecture: The Case of Henrietta Lacks and Other Contemporary Cases

Reading(s) Due Today:

1. Medical Apartheid Chapter 14: African American Martyrs to Surgical Technology
2. Medical Apartheid Chapter 15: Aberrant Wars: American Bioterrorism Targets Blacks

In-Class Viewing: The Way of All Flesh by Adam Curtis. 54 minutes.

http://www.youtube.com/watch?feature=player_embedded&v=C0lMrp_ySg8 and
http://www.cbsnews.com/8301-3445_162-6300824/the-immortal-henrietta-lacks/.

April 7

Lecture: African American Health Disparities: Examples

Reading(s) Due Today: *Retrieve reading from instructor to copy.

1. *Geiger, H.J. (2003). Racial and ethnic disparities in diagnosis and treatment: A review of the evidence and a consideration of causes. In B. D. Smedley, Adriene, Y. Stith, and Alan R. Nelson, (eds) *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care, Board on Health Sciences Policy, Institute of Medicine, of the National Academies. National Academies Press: Washington, D.C.
2. Mayberry, R.M., Mili, F. and Ofili, E. (2000). Racial and ethnic differences in access to medical care. *Medical Care Research and Review*, 57(1), 108-145.

In-class Viewing: Race the Power of an Illusion: The House We Live In. 56 minutes

April 14

Lecture: Potential Sources of African American Disparities in Healthcare: Provider Factors, Patient Factors, System Factors

Reading(s) Due Today: *Retrieve reading from instructor to copy

1. *Powers, M. & Faden R. (2003). Racial and ethnic disparities in healthcare: An ethical analysis of when and how they matter. In Brian D. Smedley, Adrienne Y. Stith, and Alan R. Nelson (Editors), *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, pp 722-738. The National Academies Press: Washington, D.C.

April 21

Lecture: Eliminating African-American Health Disparities: An Issue of Ethics

Reading(s) Due Today:

1. Davis, R. (2008). Achieving racial harmony for the benefit of patients and communities: Contrition, reconciliation, and collaboration. *JAMA*, 300(3), 323-325.
2. Medical Apartheid Epilogue: Medical Research with Blacks Today

In-Class Viewing: Antwon Fisher or John Q

April 28

Student Presentations

May 5

No Class Finals Week