



# ETHC 4003M: PANDEMICS IN CONTEXT

(session starting 6/1/2020)



## INSTRUCTOR CONTACT INFORMATION

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## COURSE FORMAT

The course will run remotely with all content asynchronous, although there will be deadlines throughout the 2 weeks for discussion posts. Enrolled students will be put into small groups of 6-10. There are 5 modules to the course. For each module, students will be asked to complete several readings and/or viewings. For modules 1-4, students will compose a response to the discussion prompt by a specified date, and will provide comments on two posts from others in their group by a set deadline. The final module will require a final project that may take a wide variety of formats. Students will be expected to complete all online modules.

## COURSE DESCRIPTION

COVID-19 has wrought dramatic changes in our everyday lives and is straining our health care system. These changes feel unprecedented—but they are not. From the plague to influenza to HIV/AIDS, epidemics and pandemics have changed the way populations and nations understand and organize themselves. This is because epidemics are not only biological events, but also cultural phenomena that produce wide-ranging effects on human experience. The ways people have made sense of past outbreaks of contagious diseases—through journalism, fiction, art, scientific literature, and more—significantly shape the way we understand and respond to contemporary outbreaks. This course will explore aspects of several epidemics in American history as a way of understanding the precedents

that are shaping our current national responses to COVID-19. Drawing on historical scholarship, literary texts, and cultural artifacts, we will explore how people have imagined, narrated, organized, and communicated information about contagious disease from smallpox, typhoid, and flu to HIV/AIDS, SARS, and Ebola. Our focus will be on how we can use this contextualized understanding of epidemic disease to think more critically about the overwhelming moment of our present pandemic, how the language and metaphors we use affect our responses to the disease and to those affected by it, and of how we might use our understanding of the past to build a more just and equitable future. Students will read/watch a curated collection of articles, stories, scientific and critical literature and film about several historical pandemics, and will write 2 online analyses each week in response to a specific prompt, along with commenting on several of their peers' analyses. Students will also be asked to identify and comparatively analyze contemporary articles and social media posts about COVID-19. The final project--which may take multiple forms, but should be produced with a possible publication venue in mind--will require students to imagine a future pandemic and how America might respond most effectively.

## **COURSE MATERIALS**

All course readings and viewings will be either available on Canvas or on the internet, with all links provided within the Canvas site.

## **LEARNING OBJECTIVES**

- When asked to write on a particular epidemic event in American history (yellow fever, Spanish flu, etc.), the student will be able to identify specific historical moments where American experience of the epidemic shaped, or was shaped by, political ideology, public health policy, and American cultural production.
- When given a specific text, the student will employ both close and critical reading skills to identify examples of how epidemic disease outbreaks have mobilized anxieties about race, ethnicity, sexuality, national belonging, and inequality more broadly.
- When asked to explore current media coverage of COVID-19, the student will describe and analyze the roles history, narrative, and language play in the development of ideas about contagious diseases, and specifically in shaping our responses to COVID-19.
- When asked to imagine a future pandemic in America and how we as a nation might respond most effectively, the student will synthesize the insights gained from historical and contemporary exploration of pandemic responses into a public-facing product (critical or personal essay, art, poetry, etc.), identifying a specific venue and guidelines for possible publication.

## **ASSIGNMENTS AND GRADING**

The course consists of 5 modules. For modules 1-4, after completing the assigned readings and viewings, each student will submit an initial post in the discussion forum of ~ 300-500 words in response to the discussion prompt. The student will also respond to two of their peers' posts with comments of ~150-200 words. These word limits are guidelines for the size of a substantive but manageable post; however, you are welcome to exceed them if you have more to say.

Module	Initial Post (~300-500 words) Due	Two Responses (~150-200 words) Due
Introduction	Monday 6/1 by Midnight (no length expectation)	N/A
1	Tuesday 6/2 by Midnight	Wednesday 6/3 by Midnight
2	Thursday 6/4 by Midnight	Friday 6/5 by Midnight
3	Monday 6/8 by Midnight	Tuesday 6/9 by Midnight
	Wednesday 6/10 by Midnight	Thursday 6/11 by Midnight
5	Final Project Due Sunday 6/14 by Midnight	

The course will be graded as Achieves or Exceeds Competencies (AE) or Unsatisfactory (U), with discussion participation graded according to the rubric below. Missing any initial post, missing more than one set of responses, or missing multiple deadlines will result in an unsatisfactory grade.

### Rubric Used for Assessing Online Forum Discussion Participation

Criteria	Achieves or Exceeds Competencies (AE)			Unsatisfactory (U)
<b>Critical Thinking</b>	Rich content Excellent insight and analysis	Substantial information Insight and some analysis are evident	Generally competent Information is mostly commonplace	Rudimentary and superficial No analysis or insight displayed
<b>Connections</b>	Clear and specific connections to the readings, to current issues, and to others' posts	Some connections to readings/current issues/others' posts, but may lack specificity	Limited connections, may write in vague generalities	No connections are made Off topic
<b>Uniqueness</b>	New ideas and connections Good depth and detail	Some new ideas or connections, but may lack depth and/or detail	Limited new ideas or connections Rehashes or summarizes other postings	No new ideas "I agree with..." or "yes/no" postings
<b>Timeliness and Engagement</b>	All required postings posted by indicated due dates	All required postings Some not in time for others to read and respond	All required postings Most are at the last minute without allowing response time	Some, or all, required postings are missing
<b>Stylistics</b>	Few grammatical or stylistic errors	Several grammatical or stylistic errors	Obvious grammatical or stylistic errors	Obvious grammatical or stylistic errors that interfere with understandability

## SCHEDULE OF READINGS

### Module 1: Approaches

- OVERVIEW

- Just what is a pandemic? It is relatively simple to grasp the idea of a novel pathogen, the ways it may spread, and the effects it may have on individual bodies. But it is far more complex when we begin to think about how or why this pathogen emerged and has moved across the world, how its consequences may vary dramatically for different populations, how we will deal with it, and how our world may change as a result of it. This opening module draws on literary, historical, and social medicine approaches to help us begin to think more critically about the ways in which we try to make sense of what a pandemic is, and what it means.

- READINGS

- As we try to make sense of the rapid changes in our world these past few months, our minds naturally seek to make comparisons to things we *do* know, or *have* seen before, which include the fictional stories we have read and viewed about contagious disease. These opening brief articles speak to some of those existing frameworks we may bring to our understanding of this pandemic, and the ways that epidemics may offer us unique opportunities to understand ourselves and our world.
  - Paskin, W. The ebola story: how our minds build narratives out of disaster. *Slate.com*. 2014 Oct. 22. <https://slate.com/culture/2014/10/narrative-and-ebola-how-our-brains-build-stories-out-of-disaster.html>
  - Haith, C. Pandemics from Homer to Stephen King: what we can learn from literary history. *The Conversation*. 2020 Mar. 16. <https://theconversation.com/pandemics-from-homer-to-stephen-king-what-we-can-learn-from-literary-history-133572>
  - Chotiner, I. How pandemics change history: interview with Frank Snowden. *The New Yorker*. 2020 Mar. 3. <https://www.newyorker.com/news/q-and-a/how-pandemics-change-history>
- As Paskin begins to point out, however, invoking films we've seen and stories we've read to make sense of our present moment may well have consequences. Habitual ways of telling the story of infectious disease may condition our expectations in problematic ways, or leave us with significant blind spots. Watch the following lecture (Q&A optional) by literary critic Priscilla Wald to discern what she sees as both valuable and problematic in our formulaic ways of talking about infectious outbreaks.
  - Wald, P. Contagious: the outbreak narrative. Coronavirus, and why we need to change the story. Lecture presented by the Center for the Humanities in an Urban Environment at Florida International University. 2020 Apr. 7. <https://www.youtube.com/watch?v=pmw60ljcvuU&feature=youtu.be>
- The importance of the way we frame the story of an outbreak is not limited to popular accounts of epidemics; that framing can likewise affect the ideas and actions of scientists, public health officials, and government entities. The final reading for this opening module—from physician, medical anthropologist, and co-founder of Partners in Health Paul Farmer—again asks us to think critically about the terminology we use, and assumptions we make, when we speak about “emerging infectious diseases.”
  - Farmer, P. Rethinking “emerging infectious diseases.” 1996. 1999. In: Farmer, P. Saussy, H. *Partner to the Poor: A Paul Farmer Reader*. U of CA P; 2010: 155-173.

- **DISCUSSION PROMPT**

- Reflect critically on how you have been explaining, or narrating, the COVID-19 pandemic to yourself, and the ways others have been narrating it to you. What experiences, precedents, assumptions, hopes, fears, and stories have framed the pandemic for you or for others in your life? (i.e. What “fits inside” your view/experience, and what is “left outside”?) How has your narrative frame changed over the past three months? Drawing on the readings/viewing, are there important considerations that have not, to this point, fit within your or others’ frames?

## **Module 2: Looking Backwards: Politics, Xenophobia, and Discrimination**

- **OVERVIEW**

- In the past few months, one may have been equally likely to have heard that our current experiences with COVID-19 are “unprecedented,” at the same time that others have offered up previous pandemics, such as the 1918 flu, as illustrative precursors of our present moment. What can we gain from looking at the past to understand the present? How might focusing on the past keep us from recognizing salient aspects of our present moment?

In particular, how might looking at past epidemics help us to understand how the experience of an epidemic is highly inflected by one’s national context? It is common to hear that viruses “know no borders” and “do not discriminate.” At the same time, we regularly make associations between contagious diseases and specific nations/populations, such as in through the early informal naming of COVID-19 as “the Chinese virus.” Certainly, an individual’s experience of a pandemic is significantly influenced by the national (or state) borders within which they are located, and the social, scientific, and policy responses of that nation. Likewise, an individual’s experience is strongly shaped by the ways other forms of discrimination—like xenophobia (dislike or prejudice against people from other countries), racism, sexism, classism, ageism, ableism, heterosexism, and transphobia—affect how others react to them in the context of contagious illness. How do we—in the past, and today with COVID-19—reconcile a biological process of contagion that “does not discriminate” with a social/national/global context that most certainly does?

- **READINGS**

- Begin with these two short contemporary pieces that lay out differing views about the value of, or approach to, consulting history to make sense of our current pandemic. What do YOU see as the value of history in making sense of our current pandemic?
  - Jones, DS. History in a crisis—lessons for COVID-19. *NEJM*. 2020 Mar 12. DOI: 10.1056/NEJMp2004361
  - Peckham, R. COVID-19 and the anti-lessons of history. *The Lancet*. 2020 Mar 2. DOI: 10.1016/S0140-6736(20)30468-2
- The following articles provide glimpses into several past epidemics within the United States, beginning with yellow fever in 1793 Philadelphia (before the germ theory of disease was a key framework for understanding the spread of infectious disease), and ending with our present moment of COVID-19. Amid an overview of the epidemics themselves, each author is invested in making arguments that we cannot understand

the epidemics outside of the political and sociocultural contexts in which they occurred. Several of the readings speak to the ways xenophobia, racism, sexism, and classism have been invoked in relation to contagious disease throughout history and in relation to COVID-19, and often seek to illustrate continuing connections between discrimination past and present. As you read, take note of what surprises you, what seems unique to particular diseases and/or moments in time, and what aspects of epidemic disease seem to reoccur across the spread of time. While most of these articles are relatively short, a couple are longer or more dense (esp. Pernick, and Paluzzi and Farmer) but provide more in-depth arguments. If you pick and choose among the readings, make sure you are prepared to identify parallels and disjunctures between COVID-19 and multiple past pandemics/epidemics.

▪ **Yellow Fever: Philadelphia, 1793**

- Pernick MS. Politics, parties, and pestilence: Epidemic yellow fever in Philadelphia and the rise of the first party system. *The William and Mary Quarterly*. 1972 Oct.; 29(4): 559-586. <https://www.jstor.org/stable/1917393>
- Hogarth, RA. The myth of innate racial differences between white and black people's bodies: Lessons from the 1793 yellow fever epidemic in Philadelphia, Pennsylvania. *AJPH*. 2019 Oct; 109(10): 1339-1341. doi: 10.2105/AJPH.2019.305245

▪ **Cholera: New York City, 1892**

- Nuland, SB. Hate in the time of cholera. *The New Republic*. 1997 May 26. <https://newrepublic.com/article/116867/sherwin-nuland-jewish-immigrants-new-yorks-cholera-epidemics>

▪ **Typhoid: New York, 1906-1907**

- Faherty, A. The cook who became a pariah. *Wellcome Collection: "The Outsiders."* 2017 June 29. <https://wellcomecollection.org/articles/WsT4Ex8AAHruGfW>

▪ **Influenza Pandemic, 1918**

- Barry, JM. How the horrific 1918 flu spread across America. *Smithsonian Magazine*. 2017 Nov. <https://www.smithsonianmag.com/history/journal-plague-year-180965222/>

▪ **SARS (2003) and HIV/AIDS Pandemics (~1981 to present)**

- Paluzzi, J, Farmer, P. A tale of two viruses: social responses to AIDS and SARS. *The Brown Journal of World Affairs*. 2004 Winter/Spring; 10(2): 199-206.

▪ **COVID-19**

- Escobar, N. When xenophobia spreads like a virus. *NPR Code Switch*. 2020 Mar 4. <https://www.npr.org/2020/03/02/811363404/when-xenophobia-spreads-like-a-virus> (25-minute podcast, transcript available)
- Meinhof, M. Othering the virus. *Discover Society*. 2020 Mar. 21. <https://discoversociety.org/2020/03/21/othering-the-virus/>
- Ostherr, K. Movies have perpetuated racist ideas about illness for more than a century. *Washington Post*. 2020 Mar. 17. <https://www.washingtonpost.com/outlook/2020/03/17/movies-have-perpetuated-racist-ideas-about-illness-more-than-century/>

- **DISCUSSION PROMPT**

- Referencing specific textual evidence from the assigned readings, describe how something you have read has made you think differently, or ask different questions about, or has shed light on our present moment of COVID-19. Use the following questions to guide your thinking (but know that you do not need to address each question individually):
  - How valuable are past epidemics/pandemics for thinking critically about the present pandemic? Why? Provide one or more specific examples.
  - Drawing from current news media you've consumed, in what ways do you see xenophobia or other forms of identity-based discrimination influencing our contemporary American experience of COVID-19? How are these influences similar to, and different from, the ways discrimination has manifested in past epidemics?
  - If COVID-19 were to be added to the Paluzzi and Farmer paper, how could we describe the global and/or US response to the outbreak of this disease?

## **Module 3: Inequality and Inequity**

- **OVERVIEW**

- As COVID-19 has progressed in the United States, it has become increasingly evident that all Americans are not *equally vulnerable* to infection. Your chances of contracting or dying from COVID-19 are certainly significantly higher if you are black or brown, incarcerated, in a nursing home or group home for people with disabilities, homeless, or employed in low-paying “essential” jobs in grocery or big-box stores, hospitals, delivery services, etc. Poor health outcomes for African-American, Latino, and Native American communities in the US is nothing new, having its basis in a history of racism, structural inequity (such as reflected in the Flint Water Crisis or the Indian Health Service), and policies (such as redlining) that isolate and impoverish communities of color. Inequality and inequity have been defining factors in pandemics of the past, often resulting in devastating outcomes for marginalized people. What can we learn from past pandemics about how such outbreaks affect oppressed people? What needs to change? In this module we will explore how inequality and inequity contribute to the spread of contagious diseases and exacerbate their outcomes, and you will be asked to add to the discussion information about how COVID-19 is unequally affecting a particular group or population.

- **READINGS**

- If you're not sure of the difference between health inequality and health inequity, start with this quick explanation from the Boston Public Health Commission:
  - <https://www.bphc.org/whatwedo/health-equity-social-justice/what-is-health-equity/Pages/Health-Disparities-vs.-Health-Inequities.aspx>
- Inequity and inequality are structurally embedded in American culture and society. The following articles provide evidence for direct ties between inequity and poor health for individuals and communities, often further complicated by discrimination and stigma. We sometimes make arguments about the need to address these inequities as a moral obligation, but more often we make them by pointing to our shared vulnerability when it comes specifically to infectious disease.



- Rees, A. Diseases and the links to poverty: health. *Reset*. 2015 Jan. <https://en.reset.org/knowledge/diseases-and-links-poverty>
- Shapiro, A., & Blanchard, D. Ending HIV In Mississippi means cutting through racism, poverty and homophobia. *NPR*. 2019, Mar. 16). <https://www.npr.org/sections/health-shots/2019/03/16/696862618/ending-hiv-in-mississippi-means-cutting-through-racism-poverty-and-homophobia>
- Quinn, SC., & Kumar, S. Health inequalities and infectious disease epidemics: a challenge for global health security. *Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Science*. 2014; 12(5): 263-273. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4170985/>
- o COVID-19 is following similar patterns, with structural inequity contributing to higher rates of infection in particular groups. These three articles offer only limited glimpses of this phenomenon (one suggesting the pandemic is creating new class divisions in the U.S., one looking at racial disparities in Minnesota in the context of recent events, and one speaking to the vulnerability of migrant farm workers as harvest season comes upon us). Please keep in mind, however, that this module's discussion prompt will ask you to bring in an article on a population or group of *your* particular interest.
  - Reich, R. Covid-19 pandemic shines a light on a new kind of class divide and its inequalities. *The Guardian*. 2020, Apr. 26. <https://www.theguardian.com/commentisfree/2020/apr/25/covid-19-pandemic-shines-a-light-on-a-new-kind-of-class-divide-and-its-inequalities>
  - Scott, D. What we know about Covid-19's impact on black Minnesotans. *Vox*. 2020, May 29. <https://www.vox.com/2020/5/29/21274731/minnesota-coronavirus-cases-protest-george-floyd>
  - Dorning, M. & Skerritt, J. Every single worker has Covid at one U.S. farm on eve of harvest. *Bloomberg*. 2020, May 29. <https://www.bloomberg.com/news/articles/2020-05-29/every-single-worker-has-covid-at-one-u-s-farm-on-eve-of-harvest>
- o Thinking back to the Priscilla Wald lecture in Module 1, when we tell the story of infectious disease, we have a tendency to focus on science and technology and on individual heroes or individual carriers, rather than expand the view to the roles of inequality and inequity in how an epidemic plays out. This article makes the case that with COVID-19, we have tended to mask inequality and inequities through the term "pre-existing conditions." It suggests that as we pay attention to current media coverage about the pandemic, we should analyze not only how inequity might not be addressed, but how we euphemistically address inequity to avoid having to confront it explicitly.
  - Herrick, C. Syndemics of COVID-19 and "pre-existing conditions." *Somatosphere*. 2020 Mar 30. <http://somatosphere.net/2020/syndemics-of-covid-19-and-pre-existing-conditions.html/>
- **DISCUSSION PROMPT**
  - o Find a contemporary news article or TV/internet segment about how COVID-19 is affecting different populations within the United States. Given how rapidly the COVID-19 situation is changing, this story can be from any time, from early in the crisis to today. Being sure to include references/comparisons to the readings in this module, analyze how the story characterizes inequality and inequity. What, if anything, is missing from the story that would further unveil the reality of health and health care disparities and/or social determinants of health, and how they influence COVID-19 transmission and treatment?



What, if anything, does the news piece have to say about how we might address this inequality/inequity?

## Module 4: Change

- OVERVIEW

- We first developed this elective in late March/early April at a time when we, like many others, were still trying to make sense out of the sudden, massive changes we were experiencing. Now, three months in, we see our communities, our country, and the world trying to restart economies and establish a “new normal” moving forward. We believe, fervently, that this “new normal” needs to include radically different versions of socioeconomic relations instead of a return to the status quo. Moreover, the recent national upheaval regarding racism and police brutality signals a time of reckoning regarding the ways in which certain groups have experienced historical and systemic oppression. How can this pandemic be an avenue for change? Can we look to existing examples of changes that have improved the health of marginalized communities? Can we find inspiration in the many proposals that have been surfacing in recent weeks?

- READINGS

- Recognizing the consequences of discrimination and inequity is essential, but it is even more important to explore possibilities for change. Achieving more equitable health outcomes in epidemics will require addressing inequity directly. In these pieces, we see how addressing the negative social determinants of health can be key to population health.
  - ESRC Social. Preventing HIV risk in southern Africa [Video file]. *YouTube*. 2017, June 22. [https://www.youtube.com/watch?time\\_continue=45&v=57mxuFs5bJo&feature=emb\\_logo](https://www.youtube.com/watch?time_continue=45&v=57mxuFs5bJo&feature=emb_logo)
  - Baker, EA., Metzler, MM., & Galea, S. Addressing social determinants of health inequities: learning from doing. *American Journal of Public Health*. 2005 Apr; 95(4); 553-555. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1449217/>
- As we saw in Module 2, the HIV/AIDS pandemic provides a striking example of how discrimination and stigma can affect responses to infectious disease. However, it also provides an inspiring example of how stigmatized groups can work together to change policies and ultimately perceptions and lived experiences. This NPR article (audio and transcription) documents how AIDS activist group ACT UP mobilized to bring attention to not only the virus, but the stigma and discrimination that were (and still are) obstacles to care. What does the example of ACT UP teach us regarding effective ways to address discrimination and inequity, particularly as these relate to pandemic disease?
  - Aizenman, N. How to demand a medical breakthrough: Lessons from the AIDS fight. *NPR*. 2019, Feb. 9. <https://www.npr.org/sections/health-shots/2019/02/09/689924838/how-to-demand-a-medical-breakthrough-lessons-from-the-aids-fight>
- COVID-19 has provided an opportunity for many interested in addressing inequity to call for change. The following brief articles (one longer, optional podcast with Dr. Paul Farmer) highlight some of these calls and proposed interventions. You may well have read about or seen others in recent weeks. What strategies can you envision being most

successful to address health inequities? What challenges do you foresee to implementing these proposals?

- Love, H., & Vey, JS. After COVID-19, we must invest in-not isolate-our most vulnerable communities. *Brookings Institute*. 2020, Apr 3. <https://www.brookings.edu/blog/the-avenue/2020/04/03/after-covid-19-we-must-invest-in-not-isolate-our-most-vulnerable-communities/>
- Ray, R. How to reduce the racial gap in COVID-19 deaths. *Brookings Institute*. 2020, Apr. 10. <https://www.brookings.edu/blog/fixgov/2020/04/10/how-to-reduce-the-racial-gap-in-covid-19-deaths/>
- Zeballos-Roig, J. Spain is moving to permanently establish universal basic income in the wake of the coronavirus pandemic. *Business Insider*. 2020, Apr 6. <https://www.businessinsider.com/spain-universal-basic-income-coronavirus-yang-ubi-permanent-first-europe-2020-4>
- Nguyen, Frances. This state says it has a 'feminist economic recovery plan.' Here's what that looks like. *The Lily*, published by *The Washington Post*. 2020, Apr. 22. <https://www.thelily.com/this-state-says-they-have-a-feminist-economic-recovery-plan-heres-what-that-looks-like/>
- Allen, B. "Fattening" the curve: funding equitable scientific research after the pandemic." *Union of Concerned Scientists Blog*. 2020, May 28. <https://blog.ucsusa.org/science-blogger/funding-equitable-scientific-research-after-covid>
- (Optional) Drobac, P. Covid-19: the long view with Dr. Paul Farmer. *Art19: Reimagine*. Skoll Centre for Social Entrepreneurship, Said Business School, Oxford University. 2020, Apr. 7. <https://art19.com/shows/reimagine/episodes/3ee59d06-452f-4563-aa8b-3d26c8009726>

- **DISCUSSION PROMPT**

- Drawing on the assigned readings and others you may have come across in recent weeks, what do you see as the *most essential changes* the U.S. needs to make moving forward in response to the COVID-19 pandemic? This is a broad question, and while we are envisioning inequity at its center, you may well have other views of what changes are most needed. Please feel free to answer the question honestly in the interest of generating a vigorous discussion. What strategies can you envision being most successful to bring about the changes you would like to see? What challenges do you foresee to implementing these strategies?

## **Module 5: Looking Forwards**

- **OVERVIEW**

- “*The Great Question before us is: Are we doomed? The Great Question before us is: Will the Past release us? The Great Question before us is: Can we Change? In Time?*”  
Angels in America, Tony Kushner

Now that we have examined responses to pandemics of the past, as well as the ongoing responses to COVID-19, we are presented with a challenge. How can we use what we know to envision a world in which we respond to health crises more responsibly and equitably? Can we create a world in which there is greater health and health care equity

overall? What should be/can be the role of health care practitioners in creating a more just world?

- **READINGS**

- (OPTIONAL READING) Ursula K. Le Guin's "The Ones Who Walk Away from Omelas" is a thought experiment that imagines a utopian society, but there is a catch. For many in positions of privilege, Le Guin's vision may represent our current reality. How do/could we ask the privileged to confront this reality?
  - Le Guin, UK. The ones who walk away from Omelas. 1973.  
<https://www.utilitarianism.com/nu/omelas.pdf>
- We have a truly unique moment here in which we can imagine a different, and a better, future. Already, in fiction and in reality, people are envisioning and crafting a more equitable future. Imagination is a skill that can be cultivated. These articles provide examples of such thought experiences, ask us to focus on this unique opportunity, and demonstrate ways of exercising your own imagination so that you can better visualize the potential future.
  - Abrahamian, AA. Covid-19: a best case scenario. *The Nation*. 2020, Mar 20.  
<https://www.thenation.com/article/world/coronavirus-future-fiction/>
  - Gambuto, JV. Prepare for the ultimate gaslighting. *Forge, by Medium.com*. 2020 Apr 10. <https://forge.medium.com/prepare-for-the-ultimate-gaslighting-6a8ce3f0a0e0#1bc6>
  - Latour, Bruno. Trans. Stephen Muecke. What protective measures can you think of so we don't go back to the pre-crisis production model? [http://www.bruno-latour.fr/sites/default/files/downloads/P-202-AOC-ENGLISH\\_1.pdf](http://www.bruno-latour.fr/sites/default/files/downloads/P-202-AOC-ENGLISH_1.pdf)
  - Philip Metres. To expand the moral imagination in the confines of quarantine. *Lithub.com*. 2020, Mar 29. <https://lithub.com/to-expand-the-moral-imagination-in-the-confines-of-quarantine/>

- **FINAL PROJECT**

In this final project, we would like you to synthesize what you have read and discussed in the previous modules to imagine a future in which we respond to pandemics (and other outbreaks, diseases, and health-affecting conditions) differently, as individuals, organizations, governments, and societies, with greater equity and compassion.

- **Imagine the year is 2040, 20 years post-COVID-19. You are a physician. Describe the world of health and health care, as you would like it to be. Describe policies and practices that have changed for health care practitioners, patients, and communities.**

We encourage you to use imagination and creativity in this final project. You can use any form of expression (poetry, essay, art, comics, music, theatre, etc.). If you choose to use an artistic format, and your description does not contain specifics of policies and practices, please also include a written addendum to specify. Successful past projects include:

- A fictional letter to one's child, from the point of view of a physician 20 or more years in the future, looking back on how things have changed
- Visual art, accompanied by an explanation
- A fictional account of a future pandemic, noting the differences between that disease and COVID-19 and our responses

- An adaptation of the “pandemic simulator” in Block 1 which includes greater attention to health inequities and a clearer sense of governmental and public health practices based on experiences with COVID-19
- A poem, accompanied by an explanation

If you would like to divert from responding to the prompt, please email Dr. Lamb and Ms. Burke first to discuss.

As you approach the Final Project, we encourage you to think about writing with a particular audience in mind. You will have an audience of your peers, as we are asking you to submit your final project via a discussion forum so the members of your group will have access to it. (You are not required to comment on one another's projects, but are certainly welcome to.) On a larger scale, we encourage you to consider creating your project with a specific publication venue in mind. Below, we have collected suggestions from the health humanities community for publication venues that welcome medical student writing. You will want to check out specific publications, as some of these accept creative work, and some will expect critical work.

#### Specific Journals/Sites

- *Reflective MedEd*: <https://reflectivemeded.org/>
- Voices in Bioethics: <http://www.voicesinbioethics.net/>
- the in-Training online journal: <https://in-training.org/>
- Pulse--voices from the heart of medicine: <https://pulsevoices.org/>
- Medical Humanities BMJ Blog: <https://blogs.bmj.com/medical-humanities/posts-page/>
- The Human Touch Journal: <https://www.cuanschutz.edu/centers/bioethichumanities/arts-and-humanities/pubs/the-human-touch>
- Please See Me: [www.pleaseseeme.com](http://www.pleaseseeme.com)
- Perspectives in Biology and Medicine: <https://www.press.jhu.edu/journals/perspectives-biology-and-medicine>
- The Compass section of Mayo Clinic Proceedings: <https://www.mayoclinicproceedings.org/content/compass>
- The Human Factor: <https://med.umkc.edu/humanities/somhb/human-factor/>
- Journal of Humanities in Rehabilitation: <https://www.jhrehab.org> (including a specific “narrative reflections” category for clinical narrative writing)
- Intima: <http://www.theintima.org>
- ARS MEDICA: [www.ars-medica.ca](http://www.ars-medica.ca)
- *Research & Humanities in Medical Education (RHIME)*: <https://www.rhime.in/ojs>
- *Auxocardia*: <https://www.auxocardia.com/>

#### Sites with additional lists of health humanities publications:

- <http://med.stanford.edu/medicineandthemuse/ProgramLinks.html>
- <https://med-fsu.libguides.com/publishing/narratives>