

Trond Petersen
SOC 155 - Sociology of Illness and Medicine

Class: SOC 155
Semester: Spring 2007
Units: 4
CCN: 81777
Exam Group: TBA
Time: Tuesday 3:40pm-6:30pm
Place: 2040 Valley Life Sciences Building
Instructor: Trond Petersen
Office Hours: 2:00-3:30pm
And by Appointment
Extra hours will be arranged as needed
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Date: February 17, 2007 (Updated from January 16, 2007,
January 31, 2007, February 08, 2007)

Sociology 155: Sociology of Illness and Medicine

IMPORTANT NOTES:

- Note 1: The last class is in Week 14, Tuesday April 24
Note 2: The final is in Week 15, Tuesday May 01
Note 3: The final may be moved to Week 16, Tuesday May 08, in which case
the last class will be on Tuesday May 01

Course Description

This class covers four (possibly five) topics: (1) Distributive justice in health care, (2) the organization and politics of the health system, (3) The correlates of health (by race, sex, class, income), (3) Pandemics (e.g., AIDS, Avian flue, influenzas, etc.), (4) the experience of illness, interactions with the doctors and the medical system, and, possibly, (5) the social implications of new technologies, such as gene therapy, biomedicine, and more.

Format for Class

The class meets once a week for a total of three hours. It will be a mixture of lectures and discussion.

Student Prepared Discussion

Starting in Week 4, about 10 students each week should prepare questions for lecturer to generate discussion in class. Each student should prepare exactly one question. Questions should be drawn from readings to be discussed in class. The questions prepared for say Week 5 should address the readings in Week 5, and so on.

You should post your question on bSpace:

1. Under MY WORKSPACE, click on DISCUSSION.

2. To post up a question, click ADD TOPIC. Don't forget to include a TOPIC TITLE, then type up your question in the MESSAGE BOX (formatted like MS Word).

NOTE: Topic Title should: Week 4 Question from Your Name. Week 4 needs to be changed to Week 5 and so on later.

3. Click ADD TOPIC. Attached is the Discussion Sign-Up Sheet. TO REPLY TO A POSTED QUESTION, go to the DISCUSSION PAGE, click on the TOPIC TITLE, then click REPLY TO TOPIC.

Assignments and Exams

There will be a weekly one-page reaction paper. The reactions should include discussions, critique, disagreements, questions, and concerns about readings. Reaction papers are due in class (as hard copy) on Tuesdays at 3:40pm. The first reaction paper is due in Week 2 of classes.

There will be one take-home midterm exam, one in-class midterm exam, plus an in-class final exam.

Midterm 1, take-home, will be in Week 5, covering materials in Weeks 1 to 4, from three three-hour lectures.

Midterm 2, in-class, will be in Week 10, covering materials in Weeks 5 to 9, from three-hour lectures.

The final will be during Week 15, covering materials in Weeks 11-14, from three three-hour lectures and a Symposium.

For each of the exams you will be given a set of questions in advance, usually three questions from each week in class. A subset of these questions will appear on the exams. These questions will be posted on the class WEBSITE on bSpace (see below).

The answers to exam questions are longer than answers to Reaction papers. You have up to 1,000 words.

You write one essay per exam question, up to 1,000 words per essay/question.

The grading scheme for exams is posted on bSpace under the Assignments tab.

Reaction Papers Versus Discussion Questions

The reaction papers you prepare after attending the lecture. For example, in Week 3, a specific set of readings will be covered. Several questions (for reaction paper) will be asked from those readings. You need to answer one, and only one of those questions. You submit your answer to the question in Week 4, that is, after you have attended the lecture on the relevant readings.

The discussion questions, in contrast, you prepare, and post on class WEBSITE (see below), before attending the lecture. So, in Week 3, before going to lecture in Week 3, you post your question on the class WEBSITE. Then during class, you may, or may not, ask your question. The idea behind preparing questions is to make sure that there is some class discussion during class. If discussion arises naturally, without your help, then there is no need to ask the question you have prepared. If no discussion arises, then ask your question.

Grading:

Reaction papers:	15%
Class Participation:	20%
Midterm Exam 1:	20%
Midterm Exam 2:	20%
Final Exam:	25%

We will keep attendance in class, starting in Week 3 of classes. Your grade for class participation depends on how many times you showed for class.

Class WEBSITE (bSpace)

There is a class WEBSITE on bSpace. It gives the following information:

1. List of readings for each week
2. Handouts from each lecture, posted after the lecture has been given
3. List of exam questions, of which about half will appear on the exams
4. Instructions for exams
5. Additionally, there are opportunities to participate in discussions about class materials on the class WEBSITE.

See the last page of this syllabus for how to access the class WEBSITE. Please sign up as soon as possible.

Reader

There will be a reader for class. An order for the reader needs to be made in second week of classes. I will take the orders.

The reader can be purchased from
University Copy Service
2425 Channing Way
(West of Telegraph, two blocks South of corner of Telegraph and Bancroft).
Tel.: 510-549-2335
Hours open: 08:30am-07:00pm (M-F)

11:00am-05:00pm (Sat)
Closed on Sunday

The reader for Sociology 155, Spring 2007, is for reserve at Moffitt Undergraduate library. Two copies are on reserve. The call numbers are:

Volume 1: MOFF 232

Instructions for Reading Readings

In the exams, you will be tested on points in the readings covered in lectures. You will be given several questions that directly relate to the materials covered in lectures. You should know the basic ideas discussed in lectures. You should also know some of the basic statistical facts.

There is also a reader that supplements the materials covered in lectures. Some of these readings are quite difficult, in terms of ideas presented, methods used, and empirical materials reported. For you to study each of these in detail could take a long time.

Here is therefore some guidance with respect to how you should approach the readings. The essence of the advice is that you should approach the readings strategically, in terms of how they elaborate questions addressed in class, as opposed to reading them hermeneutically, where one tries to understand an entire piece of text from beginning to end. Most scholarly writings don't deserve that close a reading. Approach most of it rather with these viewpoints: How does a reading illuminate aspects of what was discussed in class, What in it is of interest to me, and so forth, rather than trying to figure out each little point that an author tried to make.

This leads to the following strategy. Take what was covered in lecture as the base, as, for example, outlined in the overheads emailed out for Weeks 1-5. Then focus on the parts in the readings that fill in and clarify materials covered in lecture. That means that you do not need to study every reading in detail. You should instead focus on the parts of a reading that relate directly to materials covered in class. For example, in the many empirical studies assigned, try to get a sense of what the central findings were, what kinds of materials were used to reach the findings, and how believable the findings were.

The other materials in the readings, those not stressed in class, be they theoretical, empirical, or methodological, should not be the focus of your attention. In short, you should study the readings with this aim in mind: How do they fill in and strengthen points covered in lecture. That is in fact the way one often should read. One should sometimes read materials exclusively in order to see whether they address a particular point one is interested in, and then ignore everything else in the reading.

Some of the assigned statistical materials are hard to read. The goal in discussing these in class has in part been to convey of sense of what we now know about the issues discussed, in part to convey a sense of how difficult it is to know much with great certainty in many areas. There is no expectation that you acquire an understanding of the finer details of the statistical analyses.

Important Dates

Week	Dates	Pay Attention to
1	Tue 01/16	First Class
2	Tue 01/23	Due: Reaction Paper 1 (on Week 1 readings)
3	Tue 01/30	Due: Reaction Paper 2 (on Week 2 readings)
4	Tue 02/06	Due: Reaction Paper 3 (on Week 3 readings) Questions Posted for Take-Home Midterm 1 for Materials Weeks 1-4
5	Tue 02/13	Due: Take-Home Midterm 1, bring to class
6	Tue 02/20	Due: Reaction Paper 4 (on Week 5 readings) Return of Midterm 1
7	Tue 02/27	Due: Reaction Paper 5 (on Week 6 readings) Extra advice on returned Midterm 1, 2:30-3:30pm (at Free Speech Movement Café, in Moffitt Undergraduate Library, across from Lecture Hall)
8	Tue 03/06	Due: Reaction Paper 6 (on Week 7 readings)
9	Tue 03/13	Due: Reaction Paper 7 (on Week 8 readings) Questions Posted for In-Class Midterm 2 for Materials Weeks 5-9
10	Tue 03/20	In-Class Midterm 2 Spring Break M 03/26 - F 03/30
11	Tue 04/03	Return of Midterm 2
12	Tue 04/10	Due: Reaction Paper 8 (on Week 11 readings) Extra advice on returned Midterm 2, 2:30-3:30pm (at Free Speech Movement Café, in Moffitt Undergraduate Library, across from Lecture Hall)
13	Tue 04/17	Due: Reaction Paper 9 (on Week 12 readings)
14	Tue 04/24	Symposium Due: Reaction Paper 10 (on Week 13 readings)
15	Tue 05/01	Final Exam (in class)

AGENDA:

Week 1: Distributive Justice in Health Care

Tue 01/16: Introduction and Distributive Justice
Lecturer: Trond Petersen
Readings: Sen 1992 (abstract and somewhat difficult to read)
Walzer 1983
Elster 1995

Week 2: Health Care and Health Care Systems

Tue 01/23: Doctors and Patients
Lecturer: Laura Schmidt
Readings: Parsons 1951
Friedson 1973
McKinlay and Stoeckle 1988

Due: Reaction Paper 1 (on Week 1 readings)

Week 3: Health Care and Health Care Systems

Tue 01/30: The Changing Health Care System
Lecturer: Laura Schmidt
Readings: Light 1997
Etheredge, Jones, and Lewin
Gray 2000
Birenbaum 2000
Fuchs 1997

Due: Reaction Paper 2 (on Week 2 readings)

Week 4: Health Care and Health Care Systems

Tue 02/06: The Politics of Health Care
Lecturer: Laura Schmidt
Readings: Lakoff 2004
Gingrich 2005
Skocpol 1997

Due: Reaction Paper 3 (on Week 3 readings)
Questions Posted for Take-Home Midterm 1
for Materials Weeks 1-4

Week 5: The Dynamics of Health Inequality

Tue 02/13: Introduction
Lecturer: Howard Pinderhughes
Readings: Papas et al 1993
House and Williams 2001
Board on Health Sciences Policy. Institute of Medicine
MacIntyre, Hunt, and Seeting 1996

Due: Take-Home Midterm 1, bring to class

Week 6: The Dynamics of Health Inequality

Tue 02/20: Fundamental Causes of Racial Inequalities in Health:

Lecturer: The Role of Structural Dynamics and the Social Environment
Howard Pinderhughes
Readings: Yen and Syme 1999
Williams and Collins 2001
Link and Phelan 1995
King 1996

Due: Reaction Paper 4 (on Week 5 readings)

Week 7: The Dynamics of Health Inequality
Tue 02/27: Gender, Race, Class and Health Inequalities

Lecturer: Howard Pinderhughes
Readings: Jackson and Williams 2006
Zambrana and Thornton Dill 2006
Segura and de la Torre 1999

Due: Reaction Paper 5 (on Week 6 readings)

Week 8: Pandemics
Tue 03/06: "Responding to AIDS in Sub-Saharan Africa: Pandemic Paradoxes"
Lecturer: Ann Swidler
Readings: Baldwin 2005

Due: Reaction Paper 6 (on Week 7 readings)

Week 9: Pandemics
Tue 03/13: Flues, Cholerias
Lecturer: Andre Noymer
Readings: Kolata 1999
Specter 2005
Markel 2004

Due: Reaction Paper 7 (on Week 8 readings)
Questions Posted for In-Class Midterm 2

Week 10: Midterm 2
Tue 03/20: In-Class Midterm, Materials Weeks 5-9

Mon 03/26 - Fri 03/30: Spring Break

Week 11: Provider-patient Relations and Interactions
Tue 04/03: Cultures of Healthcare: Narratives and Images of Medicine
Lecturer: Daniel Dohan
Readings: Waitzkin 1991

Week 12: Provider-patient Relations and Interactions
Tue 04/10: Healthcare Providers: Varieties of Care and Caring
Lecturer: Daniel Dohan
Readings: Weinberg 2003

Due: Reaction Paper 8 (on Week 11 readings)

Week 13: Provider-patient Relations and Interactions

Tue 04/17: Case Study: Multi-level Analyses of Sickness and Healthcare

Lecturer: Daniel Dohan

Readings: Timmermans 1999

Due: Reaction Paper 9 (on Week 12 readings)

Week 14: Where Are We Headed?

Tue 04/24: Symposium with Faculty Panel, Student led discussion

Faculty: Dohan, Petersen, Pinderhughes, Schmidt, Swidler

Readings: TBA

Due: Reaction Paper 10 (on Week 13 readings)

Week 15: Final Exam

Tue 05/01: Final Exam

Detailed Readings by Week:

Week 1: Introduction

Summary: After having given an introduction to the class, the purpose of this lecture is to introduce core ideas about how to think about distributive justice, that is, who gets what from whom by which mechanism/rules and why. Some of the special issues arising in health care will be addressed.

Readings:

Elster, Jon. 1995. "Introduction: The Idea of Local Justice." Chap. 1 (pp. 1-24) in Jon Elster (Ed.), *Local Justice in America*. New York: Russell Sage Foundation.

Sen, Amartya. 1992. *Inequality of Reexamined*. (Russell Sage Foundation.) Cambridge, MA: Harvard University Press. Chap. 1 (pp. 12-30).

Walzer, Michael. 1983. *Spheres of Justice. A Defense of Pluralism and Equality*. New York: Basic Books. Chap. 1 (pp.3-30).

Exam Questions:

1. Discuss Walzer's central ideas in the chapter on Spheres of Justice?
2. What are some of the central distributive justice principles that could and are invoked in allocating medical services? Draw on Jon Elster.

Week 2: Doctors and Patients

Summary: We will begin by exploring classic theories about the doctor-patient relationship based on work by Talcott Parsons, Erving Goffman and Eliot Friedson. What does it mean, sociologically, to get sick and become a patient? Why does our society venerate doctors, or in sociological terms, what is the basis of their authority?

The second portion of this lecture will examine the rise and fall of the American profession. What, after all, happened to Marcus Welby? Drawing on Paul Starr's work, as well as theories of the "proletarianization" and "corporatization" of doctors, we will discuss the forces that forged the great institution of modern medicine in the first half of the 20th century. Then we will trace those forces that, more recently, have contributed to the declining sovereignty of the medical profession.

Readings:

Required:

Parsons, T. (1951) Social Structure and Dynamic Process: The Case of Modern Medical Practice. In *The Social System* (pp. 428-479). New York, NY: The Free Press.

Friedson, E. (1973) The Clinical Mentality. In *Profession of Medicine; a Study of the Sociology of Applied Knowledge* (pp. 158-184). New York, NY: Dodd, Mead.

McKinlay, J. B. and J. D. Stoeckle (1988). "Corporatization and the Social Transformation of Doctoring." *International Journal of Health Services* 18(2): 191-205.

Recommended:

Goffman, E. (1961) *The Moral Career of the Mental Patient*. In *Asylums; Essays on the Social Situation of Mental Patients and Other Inmates* (pp. 125-169). Garden City, New York: Anchor Books.

Paul Starr: "The Growth of Medical Authority" (Chapter 29 and pp. 557-565). Phil Brown, *Perspectives in Medical Sociology, Third Edition*, Waveland Press, Prospect Heights, IL, 2000.

Freidson, E. (1973) *Political Organization and Professional Autonomy*. In *Profession of Medicine; a Study of the Sociology of Applied Knowledge* (pp. 23-46). New York, NY: Dodd, Mead.

Exam Question(s):

1. Describe the sick role and the doctor role according to Talcott Parsons. Critique this approach from the perspective of Freidson's theory of professional dominance.
2. Explain how the medical profession established its status and authority in the early 20th century. Talk about various roles played by cultural authority, power, control over organizations and the state in sustaining the profession's dominance during the first half of the century.

Week 3: The Changing Health Care System

Summary: The first half of this lecture will provide some understanding of how our current health care market in America came about. Who came up with the radical idea that medicine could be subjected to the same business and economic principles as any other sector of the economy? How did advocates for the market build support and convince others of this idea? And what institutional forces have contributed to reshaping our health care system into a profit-oriented competitive market?

During the second half of this lecture, we will examine the organization of our current health care system. Thinking about health care as "organizational field," we will discuss the system's power structure, the state's role within that power structure, and the organizational forms that define health care as a business venture. We will also try to understand how this system gives rise to the ongoing reproduction of some key problems - namely, medical inflation and health inequality - that continually create pressure towards change.

Readings:

Light, Donald W. (1997). *The Restructuring of the American Health Care System*. In T. J. Litman & L. S. Robins (Eds.), *Health Politics and Policy, Third Edition* (pp. 46-63). Albany, NY: Delmar.

Lynn Etheredge, Stanley B. Jones, and Lawrence Lewin: "What is Driving Health System Change?" (Chapter 26 in Phil Brown reader, pp. 504-520).

Bradford H. Gray: "The Evolution of Investor-Owned Hospital Companies" (Chapter 24 and pp. 470-483 in: Phil Brown, *Perspectives in Medical Sociology, Third Edition*, Waveland Press, Prospect Heights, IL, 2000.

Arnold Birenbaum: "What Is Managed Care?" (Chapter 23 and pp. 455-469). Phil Brown, *Perspectives in Medical Sociology, Third Edition*, Waveland Press, Prospect Heights, IL, 2000.

Fuchs, Victor R. (1997) Managed Care and Merger Mania. *Jama*, 277, 920-1.

Exam Question(s):

1. Describe the organization of today's health care system in terms of its power structure, the state's role and key organizational forms. What are the underlying principles and goals that drive this organizational field? Describe, how, on an ongoing basis, the system creates the problems of health inequality and medical inflation.

Week 4: The Politics of Health Care

Summary: During the first half of this lecture, we will discuss the politics of health inequality and sociological perspectives on the barriers to health reform. This will mean asking some of the most controversial questions that concern health care today: Why is America the only industrialized society in the world that fails to provide universal health coverage for its citizens? And why, for more than a century, has virtually every effort to politically reform the system failed?

During the second half of this lecture, we ask: What are the prospects today for meaningful health reform? Ultimately, this means trying to understand how conservatives and liberals think about health reform, and why they have such great difficulty talking to, and making sense of, one another. Drawing on theories of "cultural framing" in politics, we will attempt to see some middle ground between the conservative and liberal frames for health reform.

Readings:

George Lakoff: "Framing 101." Chapter 1 of: *Don't Think of an Elephant! Know Your Values and Frame the Debate*. White River Junction, VT: Chelsea Green Publishing Co., 2004.

Newt Gingrich: "Test Yourself" and "A 21st Century, Intelligent Health System." In: *Winning the Future: A 21st Century Contract with America*. Washington DC: Regnery Publishing, 2005.

Skocpol, T. (1997) "A Pivotal Episode." In *Boomerang : Health Care Reform and the Turn Against Government* (pp. 1-19). W.W. Norton & Co.

Recommended:

Robert Kuttner: "Markets and Medicine" Chapter 4 of: *Everything for Sale: The Virtues and Limits of Markets*, New York, NY: Alfred A. Knopf. 1998.

Mark Schlesinger: "The Dangers of the Market Panacea." *Healthy, Wealthy and Fair: Health Care and the Good Society*, New York NY: Oxford University Press, 2005, pp. 91-134.

Exam Question(s):

1. Describe the problem of the uninsured and explain what dynamics in our society give rise to this problem. What are the social and political barriers to solving this problem?

2. Contrast the conservative and liberal cultural frames for health reform today in terms of their core values, social goals, vision of government and political *modus operandi*. After outlining the differences, suggest two or more points where it might be possible to build a bridge across this political divide.

Week 5: The Dynamics of Health Inequality: Introduction

Summary: This lecture will examine the dimensions of health inequality. It will look at historical trends and raise questions about the persistence of health disparities historically. It will examine the change in theories and explanations of the existence of health disparities.

Readings:

Papas, G, S. Queen, W. Hadden, G. Fisher. 1993. "The increasing disparity in mortality between socioeconomic groups in the United States, 1960 and 1986." *New England Journal of Medicine* 329(2): 103-109 (July 8, 1993). (Available as scanned PDF file)

House, James and David Williams. 2001 "Understanding and reducing socioeconomic and racial/ethnic disparities in health." Pp. 81-124 in *Promoting Health: Intervention Strategies from Social and Behavioral Sciences*. Washington, DC: The National Academy of Science.

<http://newton.nap.edu/books/0309071755/html/81.html>

Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care (2003) Board on Health Sciences Policy. Institute of Medicine

<http://www.nap.edu/books/030908265X/html/>

MacIntyre, S., K. Hunt, H. Seeting. 1996. "Gender differences in health: Are things really as simple as they seem?" *Social Sciences Medicine* 42(4): 617-624.

http://www.sciencedirect.com/science?_ob=MIimg&_imagekey=B6VBF-3VWPJKJ4-1J-2&_cdi=5925&_user=4430&_orig=search&_coverDate=02%2F29%2F1996&_sk=999579995&view=c&wchp=dGLbVzW-zSkzk&md5=d85adebc4fa3b3f32addb932bfbdl412&ie=/sdarticle.pdf

Exam Questions:

1. How have health inequalities and the explanations for the causes of health inequality changed over the last century?
2. According to House and Williams, how do socioeconomic and ethnic/racial status lead to inequalities in health?

Week 6: The Dynamics of Health Inequality: Fundamental Causes, Structural Dynamics, and the Social Environment

Summary: This lecture will examine the various theories on the causes of health inequality. It will focus on the structural determinants of health inequality and present theories on the social production of health inequality.

Readings:

Yen, I.H. and Syme, S.L. 1999. "The Social Environment and Health: A Discussion of the Epidemiological Literature." *Annual Review of Public Health* 20: 287-308.

Williams, David R., and Chiquita Collins. 2001. "Racial residential segregation: A fundamental cause of racial disparities in health." *Public Health Reports*, 116(5): 404-416 (September-October 2001)

<http://www.pubmedcentral.gov/picrender.fcgi?artid=1497358&blobtype=pdf>

Link, Bruce & Phelan, Jo. 1995. "Social Conditions as Fundamental Causes of Disease," *Journal of Health and Social Behavior* 1995 (Extra Issue), pp. 80-94.

<http://links.jstor.org/sici?sici=0022-1465%281995%2935%3C80%3ASCAFCO%3E2.0.CO%3B2-S>

King, Gary. 1996. "Institutional racism and the medical/health complex: a conceptual analysis." *Ethnicity and Disease* 6(1-2): 30-46.

Exam Questions:

1. How do Yen and Syme define the social environment and what role do they theorize that it plays in shaping health inequality?
2. What does Gary King mean by institutional racism and how is it related to the production of health inequality?

Week 7: The Dynamics of Health Inequality: Gender, Race, Class and Health Inequalities

Summary: This lecture will examine the relationship among gender, class and racial health inequality. The concept of intersectionality will be presented as a framework to understand the synergistic relationship between race, class and gender in the production of inequalities in health.

Jackson, Pamela Braboy and David R. Williams. 2006. "The Intersection of Race, Gender, and SES : Health Paradoxes." Chapter 5 (pp. 131-162) in Amy J. Schulz and Leith Mullings (eds.), *Gender, Race, Class, and Health : Intersectional Approaches*. San Francisco, CA : Jossey-Bass.

Zambrana, Ruth E. and Bonnie Thornton Dill. 2006. "Disparities in Latina Health : An Intersectional Analysis." Chapter 7 (pp. 192-227) in Amy J. Schulz and Leith Mullings (eds.), *Gender, Race, Class, and Health : Intersectional Approaches*. San Francisco, CA : Jossey-Bass.

Segura, Denise and Adela de la Torre. 1999. "La Sufrida: Contradiction of acculturation and gender on Latina Health", in Clarke, Adele and Virginia Oleson (eds.), *Revisoning Women, Health, and Healing: Feminist, Cultural and Technoscience Perspectives*. New York City: Routledge.

Exam Questions:

1. What is meant by intersectionality and how does it help us understand patterns of health inequality?
2. How does an intersectional analysis help us to analyze and understand the health status of Latinas in the United States?

Week 8: Pandemics: "Responding to AIDS in Sub-Saharan Africa: Pandemic Paradoxes"

Summary: Responses to the AIDS epidemic dramatize how political and social institutions can matter for health. The contrast between Botswana and Uganda (as well as the experiences of Brazil and of the American gay community in combating the epidemic) underlines the role of social solidarities and collective mobilization in confronting AIDS. Botswana, despite a stable, administratively effective, honest government and strong political commitment to AIDS prevention, failed utterly to slow rampant growth in HIV infections. Uganda, with a history of political instability, an administratively weaker government, and much less health infrastructure was able to turn its political commitment to AIDS prevention into dramatically lowered HIV prevalence by mobilizing collective solidarities at all levels. These examples suggest that health behaviors depend on collectively-valued identities and moral meanings rather than simply on individual prudential calculation.

Required Reading:

Baldwin, Peter. 2005. *Disease and Democracy: The Industrialized World Faces AIDS*. Berkeley, University of California Press. Pp. 1-6, 51-85, 153-164, and 227-243. This reading is about comparative European responses, while the lecture is about Africa. The pages are pp. 1-6, 51-85, 153-164, and 227-243.

Exam Questions:

1. In *Disease and Democracy*, Peter Baldwin argues that the differing responses of Western democracies to the AIDS epidemic reflect "path dependence." What does Baldwin mean by this term, and how does he apply this notion to nations' AIDS policies and practices. Provide one or more examples.

2. Why would one expect Botswana to be more effective in AIDS prevention than Uganda? Give at least two reasons why Uganda was more successful in this respect.

3. Discuss three or more "AIDS myths" encouraged or perpetuated by the international agencies that fund and manage AIDS prevention and treatment in sub-Saharan Africa.

Week 9: Pandemics: Flues, Cholerias

Summary: Disease dichotomies: chronic/acute; infectious/non-infectious; epidemic/endemic; epidemic/pandemic; Post-Columbian infectious disease transmission in the new world. Disease in long-run historical perspective, including the epidemiological transition, or the shift over time and through economic development, from infectious to non-infectious diseases being important causes of death and morbidity. Challenges to this view include (i) emerging infectious diseases (most notably HIV/AIDS); (ii) the stubbornness of malaria in the tropics and tuberculosis throughout low-income countries; and (iii) influenza pandemics.

Readings:

Gina Kolata. Flu. 1999. New York: Farrar, Straus, and Giroux. (now in paperback). Chapters 1 + 2 (pp. 3-54).

Michael Specter. "Nature's bioterrorist: Is there any way to prevent a deadly avian-flu pandemic?" The New Yorker, 2005, 28 February, pp. 50-56.

Howard Markel. When germs travel. 2004. New York: Vintage Books (now paperback). Chapter 1. (pp. 15-46)

Exam Questions:

1. "Epidemic diseases are more dangerous than endemic ones." Discuss.
2. Would we expect a flu pandemic in 2006 to kill more people than the 1918-19 pandemic. Why or why not?
3. Discuss one factor that makes epidemics more likely to occur nowadays compared to the past, and one that makes them less likely. Compare and contrast.

Week 11: Provider-patient Relations and Interactions: Cultures of Healthcare: Narratives and Images of Medicine

Summary: This week we consider how medicine, health and illness are cultural understood and constructed within and beyond the clinic walls. We focus on the provider-patient relationship in general and the doctor-patient relationship in particular as sites where health and illness are defined and developed in interaction. What kinds of talk and interactions are considered appropriate during provider-patient interactions? What topics get "bracketed out" of the conversation? How are these dynamics related to culture, power and status in

society generally? In examining these topics, we will also consider how health and illness vary across time, space, and peoples and how they are constructed within medicine and society. We will build on insights and themes from week 2 to examine how images of medicine and illness have changed and developed over time and, in particular, how definitions of illness expand and contract.

Readings:

Waitzkin, Howard. 1991. *The politics of medical encounters : how patients and doctors deal with social problems*. New Haven: Yale University Press. Chaps. 1-2, 11 (pp. 1-27, 257-279) plus read one of chapters 5,6, or 8.

Exam Questions:

1. Why does Waitzkin explain the exclusion of social problems from the doctor-patient interaction? How does the exclusion of medical problems reflect aspects of the organizational of healthcare and of health inequalities?
2. Consider the specific problem you examined in detail. How might suggestions for changing the discourse of medical encounters apply in this case? How would this problem be managed in interaction after such a change?

Week 12: Provider-patient Relations and Interactions: Healthcare Providers: Varieties of Care and Caring

Summary: Medicine is about much more than doctors and patients, and this week we examine the work of caregivers such as nurses and families as well as by the new ways that caring is being organized by professionals such as genetic counselors and patient navigators. Theoretically, our examination of the variety of providers provides insights into how health and illness are structured and institutionalized within society.

Readings:

Weinberg, Dana Beth. 2003. *Code green : money-driven hospitals and the dismantling of nursing*. Ithaca, N.Y.: ILR Press. Introduction, chaps. 1, 4, 5 (pp. 1-42, 98-137).

Exam Questions:

1. What are the roles of doctors and nurses in the hospitals that Weinberg describes? How do the organizational changes in the hospitals differentially impact their respective work in those roles?
2. What are the strengths and limitations of the study's methods? How might this case study have differed if Weinberg had used different research methods or had focused on the experiences of different kinds of providers?

Week 13: Provider-patient Relations and Interactions: Case Study: Multi-level Analyses of Sickness and Healthcare

Summary: A case study of emergency medicine highlights interesting dimensions of the sociology of medicine as well as providing a window on organizational, institutional, and societal changes in the contemporary US. Emergency medicine, and the ER, has captured the cultural imagination in a multitude of ways from the popular to the technological. The ER has also come to occupy a liminal space in the healthcare system – linking “community” to hospital, serving as a last-resort gateway to care, buffeted by transformations in the political-economy of the welfare state, and a focus of global security and bioterrorism. We will examine the ER from multiple perspectives: on-the-ground provider-patient interactions, cultural icon, site of technological intensity, and one of the few arenas of the healthcare system where the presence of “undifferentiated” patients can reveal and destabilize understandings of medicine, illness, health, and death.

Readings:

Timmermans, Stefan. 1999. *Sudden death and the myth of CPR*. Philadelphia: Temple University Press. Forward, Introduction, chaps. 4-6 (pp. xi-xii, 1-10, 90-183).

Exam Questions:

1. Timmermans’ analysis highlights the role of different kinds of CPR technology – mechanical devices and techniques as well as social configurations of providers in the emergency department. What are some of the relationships and connections between the mechanical technologies of life-saving and the social technologies of the emergency team?

2. In the forward, Shen points out that despite the fact that it is rarely successful, a “whole industry has grown up around CPR.” How does Timmermans analyze this irony? How is it connected to our culture’s relationship to death and dying? How are similar ironies reflected in popular culture, such as the television program *ER*?

Week 14: Symposium

Readings: TBA

Exam Questions: TBA

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::: Students :::

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