

HPSC0095

Health, Difference and Inequality

Syllabus

2021-22 session | [Dr Noémi Tousignant](#) | n.tousignant@ucl.ac.uk

Description

Disparities in health across geographical space and social groups are well documented. Yet how and why these arise, and what can and should be done in response remain challenging and controversial questions. In this module, we will explore how science and technology can reveal and resist, or instead be complicit with – by obscuring, legitimating and enabling – the production of embodied inequalities. We will interrogate biomedical and social ‘ways of knowing’ patterns of risk, sickness and longevity as linked to, or as isolated from, inequalities in access to power, resources, privilege, rights, recognition and wealth. Using tools from science and technology studies as well as from critical race and queer theory, social epidemiology and medical anthropology, we will critically examine how categories such as ‘biology,’ ‘the environment,’ ‘culture,’ ‘the economy’ or ‘society’ have been used to investigate and explain differences in health. We will study examples of how biomedical research, technologies, practices and institutions have both exacerbated and depended on inequality, but also of critical and social justice responses. Topics covered might include controversies over the genetic basis of race; environmental (in)justice; medical discrimination and exploitation; feminist, queer and Black health activism; concepts of structural violence, syndemics and local biologies; and critiques of the coloniality of global health.

Basic module information

Moodle Web site:	https://moodle.ucl.ac.uk/course/view.php?id=7498
Credits:	15 (contributing 15/180 to degree)
Assessment:	Coursework (4,000 words) - 100%
Required texts:	See reading list
Course tutor(s):	Dr Noémi Tousignant
Contact:	n.tousignant@ucl.ac.uk
Web:	https://www.ucl.ac.uk/sts/people/dr-noemi-tousignant
Term:	Term 1
Teaching session:	Fridays 14:00-16:00 BST

Schedule

Date (UCL week)	Lecture title	Core question(s)
8 October (6)	Introduction & Foundational Inequalities	Introduction to the module theme, key concepts and format. Demonstration of how to read and prepare for seminar discussion.
15 October (7)	Biologization I: Genes and Inequality	What's at stake in investigating the genetics of biological difference?
22 October (8)	Biologization II: Embodying and Contesting Racism	How can we move away from the biologization of race?
29 October (9)	Causality	What models and methods can describe the political origins of sickness?
5 November (10)	Experimentation	Does biomedical research exploit racial and economic inequality?
19 November (12)	Toxic exposure (& anti-toxic collaboration)	Can science promote environmental (in)justice?
26 November (13)	Biocirculation	How do transactions in human tissues relate to the (re)distribution of health and wealth?
3 December (14)	Humanitarianism & differential valuations of life	Can saving lives create inequality?
10 December (15)	Discriminating technologies	Does inequality shape the design of medical technology?
17 December (16)	Activism, Research and Health	What critiques, what alternatives? (module overview and some additional examples)

Module structure

LECTURES:

- This module will be run as an interactive seminar drawing on essential readings (and some additional audio/visual materials);
- Short lectures will be provided to help students contextualise and understand the content of course materials;
- These lectures will be integrated with seminar discussion (at the beginning, middle or end of class time);
- Slides for the lectures will be uploaded to Moodle before the seminar; we will add to slides during discussion and an updated version of slides will then be uploaded to Moodle.

READINGS:

- Essential readings are listed below and on Moodle. Additional listening and viewing activities will be added to the Moodle site.
- Although readings will be presented by specific students each week, ALL STUDENTS should come to seminars prepared to discuss these. Lecture content will also assume that students have read assigned texts.
- A list of further resources that you can use for assignments and to deepen your understanding of the module theme is provided at the bottom of this syllabus. It will be posted and expanded on Moodle.

STUDENT-LED DISCUSSION:

- We will form small groups; each student team will be assigned specific weeks to lead discussion on readings.
- The group will meet (virtually or in-person) to prepare a short presentation on essential readings; these can be oral, live or pre-recorded, or written/visual (e.g. on slides). *Note that on weeks with a heavier reading load, only 2 of 3 readings will be assigned for presentation.*
- This presentation will cover:
 - Main questions, findings and arguments.
 - Key terms/concepts (defining and explaining these)
 - What the text (or other source) contributes toward understanding the module's theme
 - Questions for discussion (at least 2 per reading)
- Group members (with the lecturer) will then moderate discussion, which ALL STUDENTS should be prepared to participate in.

Q&A FORUM:

- There will be a forum on Moodle where you can post and answer student queries and comments.

Assignments:

Further guidance on assignments will be provided in seminars and on Moodle

Assignment 1, “Tweet and blog” (1000 words, 25% of final grade). Deadline 17 November 2021.

- You will select a “tweetable” (short and punchy) line from the module readings (listed as essential, background or further).
 - This can be, for example, a statistic demonstrating a health disparity; an excerpt from a testimony about unequal health conditions; or an academic quote about how we should study health inequalities.
- You will then write a circa 1000 word blog-style essay on the significance (meaning and importance) of your “tweeted” line. Examples will be provided.
- The essay need not be written in academic style, but you are required to make use of properly referenced academic concepts and sources.

- **Assignment 2, “Final essay” (3000 words, 75% of final grade). Deadline 5 January 2022.**

- You will formulate your own essay question related to module themes – this can build on the topic you began exploring in assignment 1.
- You will then select, review and analyse relevant primary and secondary sources to develop an original argument. Examples will be provided.
- Optionally, you can submit an essay plan (essay question, provisional structure, provisional bibliography) by December 10 for feedback (this will not be graded).

Specific Criteria for Assessment for this Module:

In addition to general assessment criteria,

- The assignments must draw on both Module essential readings and further sources identified by students (with lecturer guidance and suggestions).
- The assignments must demonstrate engagement with course objectives
- The assignments must show evidence of independent analysis and argumentation.

- Further guidance will be provided!

Aims & objectives

Aims

The course content aims to:

- Introduce key concepts for analysing relations among health, social and political conditions, science and technology;
- Provoke reflection on different 'ways of knowing' variations in health as produced by or (re)producing inequality;
- Support students in developing research skills to independently develop original lines of inquiry.

Objectives

By the end of this course students should be able to:

- Demonstrate knowledge of a range of examples of, and approaches to, health inequalities and embodied difference;
- Use key concepts to analyse interactions and entanglements among knowledge, technology, inequality and health;
- Describe and debate how health risks and harms are socially distributed;
- Demonstrate effective critical reading, discussion and writing skills;
- Plan and conduct research.

Week by week description and readings

(all links to downloadable documents will be provided on Moodle)

8 October: Introduction.

Lecture: What makes this an STS module? Key terms: Biology, Epistemology, Inequality. Readings theme: foundational inequalities of biomedicine. Lecturer demonstration of how to present readings for seminar discussion.

- Owens, Deirdre Cooper. *Medical bondage: Race, gender, and the origins of American gynecology*. University of Georgia Press, 2017. [Read chapter 1, "The Birth of American Gynecology," pp. 15- 41.](#)
- Owens, Deirdre Cooper, and Sharla M. Fett. "[Black maternal and infant health: historical legacies of slavery.](#)" *American journal of public health* 109, no. 10 (2019): 1342-1345.
- Nuriddin, Ayah, Graham Mooney, and Alexandre IR White. "[Reckoning with histories of medical racism and violence in the USA.](#)" *The Lancet* 396, no. 10256 (2020): 949-951.

15 October: Biologization I: Genes and Inequality.

One of the most controversial questions regarding disparities in health is whether these stem from fixed, biological variations (at the level of individuals or "races"), or whether they arise solely from interactions between bodies/minds and their social and material environments. The lecture will provide an overview of debates about genes and biological difference; the readings present some positions in these debates.

- Duster, Troy. "[A post-genomic surprise. The molecular reinscription of race in science, law and medicine.](#)" *The British journal of sociology* 66, no. 1 (2015): 1-27.
- Fujimura, Joan H. "[A different kind of association between socio-histories and health.](#)" *The British journal of sociology* 66, no. 1 (2015): 58-67. *This is a short piece commenting on Troy Duster's article that summarises some of its key points and implications.*
- Gideon Lewis-Kraus, "Can progressives be convinced that genetics matter?," *The New Yorker*, September 13 (2021). ([Access instructions will be provided on Moodle – this article may be listened to as a podcast](#)).

22 October: Biologization II: Embodying Racism, Contesting Biologization

Building on last week's readings and lecture, we look this week at two critiques of biologization that identify the workings of racism in the production of bio/medical knowledge. What tools and strategies do these authors and actors (and those we read last week) propose for analysing biologization and proposing anti-racist alternatives?

- Gravlee, Clarence C. "[How race becomes biology: embodiment of social inequality.](#)" *American journal of physical anthropology* 139, no. 1 (2009): 47-57.
- Gravlee, Clarence C., Amy L. Non, and Connie J. Mulligan. "[Genetic ancestry, social classification, and racial inequalities in blood pressure in Southeastern Puerto](#)

[Rico](#)." *PloS one* 4, no. 9 (2009): e6821. *A short article that expands on research cited in the Gravlee article above.*

- Nelson, Alondra. *Body and soul: The Black Panther Party and the fight against medical discrimination*. U of Minnesota Press, 2011. [Read Chapter 5, "As American as cherry pie: Contesting the biologization of violence," pp.153- 180.](#) (Link to ebook will be provided on Moodle).

29 October: Causality.

Conventional biomedical approaches to aetiology have focused on biological pathogens as well as behavioural determinants of exposure ("risk factors"), thus locating disease causation in "nature" and individual choice. How have anthropologists – and their informants (the subjects with/on whom they do research) – sought to think more socially and politically about causality? Our discussion of essential readings will introduce several key concepts, followed by a lecture introducing further concepts (also found in further readings).

- Farmer, Paul. "[An anthropology of structural violence](#)." *Current anthropology* 45, no. 3 (2004): 305-325. *The responses after the end of Farmer's article are optional reading: you may find them useful guides to the significance, and the shortcomings, of Farmer's conceptualisation of causation.*
- Hamdy, Sherine F. "[Political challenges to biomedical universalism: kidney failure among Egypt's poor](#)." *Medical anthropology* 32, no. 4 (2013): 374-392.
- Granzow, Kara. "[Against settler colonial iatrogenesis: Inuit resistance to treatment in Indian Hospitals in Canada](#)." *Anthropology & Medicine* 28, no. 2 (2021): 156-171.

5 November: Experimentation

One of the most obvious and scandalous links between inequality and medical knowledge is through the use of disempowered persons as experimental subjects. Yet there are different ways of approaching and understanding the power relations of medical research; this week we look at some examples.

- Reverby, Susan M. "'Normal exposure' and inoculation syphilis: A PHS 'Tuskegee' doctor in Guatemala, 1946–1948." *Journal of Policy History* 23, no. 1 (2011): 6-28.
- Sunder Rajan, Kaushik. "[Experimental values: Indian clinical trials and surplus health](#)." *New Left Review* 45, May/June (2007): 67-88.
- Epstein, Steven. *Inclusion: The politics of difference in medical research*. University of Chicago Press, 2008. [Read Chapter 3, "The Rise of Resistance: Framing the Critique of the Standard Human," pp.53-73.](#) *Link to ebook on Moodle.*

19 November: Toxic exposure (& anti-toxic collaboration)

The rise of an "environmental justice" movement in the 1980s U.S. pointed out that toxic pollution and exposure were disproportionately experienced by poor and racialized populations. This week we will consider the ways in which the production, use and validation of knowledge about toxic substances and their effects on health can hide and justify unequal exposure, or instead highlight and denounce it. We also look at the implications for collaboration and action.

- Guthman, Julie, and Sandy Brown. "[Whose life counts: Biopolitics and the “bright line” of chloropicrin mitigation in California’s strawberry industry.](#)" *Science, Technology, & Human Values* 41, no. 3 (2016): 461-482.
- Lora-Wainwright, Anna. "[The inadequate life: rural industrial pollution and lay epidemiology in China.](#)" *The China Quarterly* 214 (2013): 302-320.
- Hoover, Elizabeth. "" [We're not going to be guinea pigs;](#)" *Citizen Science and Environmental Health in a Native American Community.*" *Journal of Science Communication* 15, no. 1 (2016): A05.

26 November: Biocirculation

With the advancement of biomedical knowledge and technology, new inequalities in health are created as some benefit more than others. When this knowledge and technology depends on the extraction and circulation of tissues from living bodies, the stakes of these inequalities are particularly tangible and high. How do transactions in blood and organs, for money, knowledge or good relations, reflect and alter the distribution of power, healthiness and wealth? This week we look at three very different examples of biocirculation, their consequences and how they elicit commentary on inequality. We will also discuss commodification.

- Shao, Jing, and Mary Scoggin. "[Solidarity and distinction in blood: contamination, morality and variability.](#)" *Body & Society* 15, no. 2 (2009): 29-49.
- Scheper-Hughes, Nancy. "[Commodity fetishism in organs trafficking.](#)" *Body & Society* 7, no. 2-3 (2001): 31-62.
- Geissler, Paul Wenzel, and Robert Pool. "[Popular concerns about medical research projects in sub-Saharan Africa—a critical voice in debates about medical research ethics.](#)" *Tropical Medicine & International Health* 11, no. 7 (2006): 975-982.

3 December: Humanitarianism & differential valuations of life

The most obvious way in which science and technology create health inequalities is when care is withheld from or rendered inaccessible to certain populations. But can the provision of medical care as a humanitarian endeavour to save lives – and in an attempt to remedy the worst effects of political and economic inequality – create new forms of inequality? We consider this question and its implications looking at examples from global health and from refugee care.

- Gomez-Temesio, Veronica, and Frédéric Le Marcis. "[Governing Lives in the Times of Global Health.](#)" (2021): 554-578.
- Ticktin, Miriam I. *Casualties of care.* University of California Press, 2011. [Read Chapter 6, “Biological involution? The production of diseased citizens,” pp. 192-219. Link to ebook on Moodle.](#)

10 December: Discriminatory technologies

- Moran-Thomas, Amy. "[How a Popular Medical Technology Encodes Racial Bias.](#)" *The Boston Review* August 5 (2020).
- Benjamin, Ruha. "[Assessing risk, automating racism.](#)" *Science* 366, no. 6464 (2019): 421-422.

- Kirkland, Anna, and F. Thurnau Arthur. "[Dropdown rights: Categorizing transgender discrimination in healthcare technologies.](#)" *Social Science & Medicine* (2021): 114348.

17 December: Activist knowledge and technologies

This week, we will reflect back on module readings and lectures to discuss possibilities for more equality-oriented forms of knowledge production, technology design and provision of care. Each student group will select and present one example of health or research activism – further guidance will be provided on the range of options.

Further resources (will be posted and expanded on Moodle):

1. Institutional reports on health inequalities/disparities

I recommend that you dip into a few of these report (or others you find yourself) for examples of the now 'mainstream' ways in which governments and influential experts define, document and quantify inequalities/inequities/disparities in health. Collect a few statistics (to use in assignments, perhaps) and familiarize yourself with the terminology in use. What mechanisms and pathways of distribution of harm and ill-health do they identify?

Commission on Social Determinants of Health. (2008). [Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health.](#) Geneva, World Health Organization.

Office of Minority Health. (2011). [HHS Action Plan to Reduce Racial and Ethnic Health Disparities. A nation free of disparities in health and health care.](#)

Public Health England (2017). Health Profile for England: 2017, Chapter 5 "[Inequality in Health](#)" Chapter 6 "[Social Determinants of Health](#)"

Secretary's Task Force on Black and Minority Health. (1985). [Black and Minority Health Report the Secretary's Task Force.](#) Washington, D.C.: Department of Health and Human Services.

Smedley, B.D., Stith, A. Y., & Nelson, A. R. (Eds.) (2003). [Unequal treatment: Confronting racial and ethnic disparities in health care.](#) Washington, D.C.: National Academies Press.

UK Parliament, POSTnote: [Global Health Inequalities.](#)

2. Further examples of critical health scholarship

On genes, race and health:

Fujimura, Joan H., Troy Duster, and Ramya Rajagopalan. "[Introduction: race, genetics, and disease: questions of evidence, matters of consequence.](#)" *Social Studies of Science* 38, no. 5 (2008): 643-656. *Highly recommended overview of debates: these will also be covered in the lecture.*

Montoya, Michael J. "[Bioethnic conscription: Genes, race, and Mexicana/o ethnicity in diabetes research.](#)" *Cultural anthropology* 22, no. 1 (2007): 94-128.

Fullwiley, Duana. "[The "contemporary synthesis": When politically inclusive genomic science relies on biological notions of race.](#)" *Isis* 105, no. 4 (2014): 803-814.

Fujimura, Joan H., and Ramya Rajagopalan. "[Different differences: The use of 'genetic ancestry' versus race in biomedical human genetic research.](#)" *Social Studies of Science* 41, no. 1 (2011): 5-30.

On anthropological approaches to **causation**:

Singer, Merrill, Nicola Bulled, Bayla Ostrach, and Emily Mendenhall. "[Syndemics and the biosocial conception of health.](#)" *The Lancet* 389, no. 10072 (2017): 941-950.

Niewöhner, Jörg, and Margaret Lock. "[Situating local biologies: Anthropological perspectives on environment/human entanglements.](#)" *BioSocieties* 13, no. 4 (2018): 681-697.

Hatch, Anthony Ryan, Sonya Sternlieb, and Julia Gordon. "[Sugar ecologies: their metabolic and racial effects](#)." *Food, Culture & Society* 22, no. 5 (2019): 595-607.

On **experimentation**:

Epstein, Steven. *Inclusion: The politics of difference in medical research*. University of Chicago Press, 2008. [Especially the Introduction \(to p.12\) and Chapter 2](#).

Geissler, P. Wenzel. "'Kachinja are coming!': encounters around medical research work in a Kenyan village." *Africa* 75, no. 2 (2005): 173-202.

Kamuya, Dorcas M., Sally J. Theobald, Vicki Marsh, Michael Parker, Wenzel P. Geissler, and Sassy C. Molyneux. "'The one who chases you away does not tell you go': silent refusals and complex power relations in research consent processes in Coastal Kenya." *PLoS One* 10, no. 5 (2015): e0126671.

Jones, James H. "The Tuskegee legacy AIDS and the Black community." *The Hastings Center Report* 22, no. 6 (1992): 38-40.

On **toxic exposure**, inequality and knowledge:

Vanessa Agard-Jones in "Cultures of Energy Podcast: Episode 35," <http://culturesofenergy.com/ep-35-vanessa-agard-jones/>

Roberts, Elizabeth FS, and Camilo Sanz. "[Bioethnography: A how-to guide for the twenty-first century](#)." In *The Palgrave handbook of biology and society*, pp. 749-775. Palgrave Macmillan, London, 2018.

Roberts, Elizabeth FS. "What gets inside: violent entanglements and toxic boundaries in Mexico City." *Cultural Anthropology* 32, no. 4 (2017): 592-619.

Auyero, Javier, and Debora Swistun. "The social production of toxic uncertainty." *American sociological review* 73, no. 3 (2008): 357-379.

On **(unequal) blood and organ "economies"**:

Jing, Shao. "Fluid labor and blood money: the economy of HIV/AIDS in rural central China." *Cultural Anthropology* 21, no. 4 (2006): 535-569.

Mitchell, Robert, and Catherine Waldby. *Tissue economies*. Duke University Press, 2006.

Anderson, Warwick. "The possession of kuru: medical science and biocolonial exchange." *Comparative Studies in Society and History* 42, no. 4 (2000): 713-744.

Cohen, Lawrence. "Where it hurts: Indian material for an ethics of organ transplantation." *Daedalus* 128, no. 4 (1999): 135-165.

On **humanitarian politics of life**:

Fassin, Didier. "Humanitarianism as a Politics of Life." *Public culture* 19, no. 3 (2007): 499-520.

Redfield, Peter, and Steven Robins. "An index of waste: Humanitarian design, "dignified living" and the politics of infrastructure in Cape Town." *Anthropology Southern Africa* 39, no. 2 (2016): 145-162.

On racism and health technology:

Braun, Lundy. *Breathing race into the machine: The surprising career of the spirometer from plantation to genetics*. U of Minnesota Press, 2014.

On activism, health, technology and inequality:

Murphy, Michelle. *Seizing the means of reproduction*. Duke University Press, 2012.

Nelson, Alondra. *Body and soul: The Black Panther Party and the fight against medical discrimination*. U of Minnesota Press, 2011.

Epstein, Steven. *Impure science: AIDS, activism, and the politics of knowledge*. Univ of California Press, 1996.

More to come...