

HPSC0156 – Health, Difference and Inequality
Course Syllabus

2022-23 session | Dr. Noémi Tousignant | n.tousignant@ucl.ac.uk

Course description

Disparities in health 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’ and ‘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, trans and Black health activism; concepts of structural violence, syndemics and local biologies; and critiques of the coloniality of global health.

Basic course information

Moodle Web site:	https://moodle.ucl.ac.uk/course/view.php?id=25891
Assessment:	Coursework Blog post (1000 words, 25%) Essay (3000 words, 75%)
Timetable:	www.ucl.ac.uk/sts/hpsc
Prerequisites:	No pre-requisites.
Course tutor(s):	Dr Noémi Tousignant
Contact:	n.tousignant@ucl.ac.uk
Office location:	22 Gordon Square, room 2.1
Office hours (online):	TBA
Reading list:	https://ucl.rl.talis.com/lists/5560A91B-2564-E78B-BACC-A7C0D0D91C9C.html

Schedule

UCL Week/Class date	Topic	Core Questions	Essential readings
20/13.1	Introduction	What is this module about? How should I read and prepare for seminars?	Cooper Owens
21/20.1	Race, biology and medicine	Is race biological, social or biosocial?	Roberts & Rollins Short chapters from <i>Beyond Bioethics</i>
22/27.1	Political aetiologies	Can ill-health be caused by political conditions?	Farmer Hamdy Granzow
23/3.2	Reproductive Justice	Why move beyond rights-based frameworks of	Davis Shadaan & Murphy Roberts
24/10.2	Transgender health(care)	How does being trans affect your health(care)?	Malatino Faye
25/17.2	Reading Week		
22 Feb	Assignment 1 due		
26/24.2	Environmental (in)justice	How can we produce justice-oriented knowledge about environmental harms?	Hoover Little
27/3.3	Experimentation	Is the production of medical knowledge exploitative?	Briggs Sunder Rajan Pool & Geissler
28/10.3	Humanitarianism	Can saving lives exacerbate inequality?	Ticktin Temesio Gomez & Le Marcis
29/17.3	Activisms and justice I	Group presentations	One of: Nelson Murphy
30/24.3	Activisms and justice II	Group presentations	One of: Mbali Cole and Foster
19 April	Assignment 2 due		

Assessments

Type	Description	Deadline	Word limit
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Summative	Blog post	22 February	1000
Summative	Essay	19 April	3000

Assignments

***Further guidance can be found on Moodle ***

Assignment 1, “Tweet and blog” (1000 words, 25% of final grade). Deadline 22 February 2023

- 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 context, meaning and implications of your “tweet.” 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 19 April 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.
- Optionally, you can submit an essay plan (essay question, provisional structure, provisional bibliography) **by 20 March** for feedback (this will **not** be graded).

Criteria for assessment

The departmental marking guidelines for individual items of assessment can be found in the STS Student Handbook.

In addition to meeting general assessment criteria, the assignments are expected to:

- Draw on both module essential readings and further sources identified by students (with lecturer guidance and suggestions).
- Demonstrate engagement with course objectives
- Show evidence of independent analysis and argumentation.

Aims & objectives

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.

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: detailed topic descriptions and readings

1 (13 January): Introduction

This session will introduce the module's focus and discuss how we can approach inequalities in health from an STS (rather than, for example, an epidemiological) perspective. We will also

read a chapter that describes an example of how biomedical progress has, historically, depended on situations of domination, oppression, and prejudice. Using this text, I will give some tips on how to read and prepare for seminar discussions. We will also discuss ground rules for mutually respectful debate in the classroom, and how to take an actively equity-oriented, inclusive, and anti-discriminatory approach to the topics we will cover.

Essential readings: SEE READING LIST

Additional readings:

Nuriddin, A., Mooney, G., & White, A. I. (2020). Reckoning with histories of medical racism and violence in the USA. *The Lancet*, 396(10256), 949-951.

2 (20 January): Race, biology, and medicine

Medical sciences played an important role both in producing and debunking race as a biological “reality.” In this session, we will look at the history of medicine’s contributions to the consolidation of racial categories. We will also consider recent attempts to grapple with the persistence of both racial thinking in medical science, and of “real” differences in bodies and health along racialized lines. Should we dismiss race as an obsolete category and a social myth? Or must we contend with the material and embodied effects of how race has and continues to organize society?

Essential readings: SEE READING LIST

Additional readings:

Gravlee, C. C. (2009). How race becomes biology: embodiment of social inequality. *American journal of physical anthropology*, 139(1), 47-57.

Fujimura, J. H., Duster, T., & Rajagopalan, R. (2008). Introduction: Race, genetics, and disease: Questions of evidence, matters of consequence. *Social Studies of Science*, 38(5), 643-656.

Rajagopalan, R. M., Nelson, A., & Fujimura, J. H. (2016). 12 Race and Science in the Twenty-First Century. *The handbook of science and technology studies*, 349.

Duster, T. (2015). A post-genomic surprise. The molecular reinscription of race in science, law and medicine. *The British journal of sociology*, 66(1), 1-27.

3 (27 January): Political aetiologies

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? Building on last week’s discussion about biosocial approaches to inequalities in health, this week we look at key concepts such as structural violence, syndemics, embodiment, and local/situated biologies.

Essential readings: SEE READING LIST

Additional readings:

Niewöhner, J., & Lock, M. (2018). Situating local biologies: Anthropological perspectives on environment/human entanglements. *BioSocieties*, 13(4), 681-697.

Mendenhall, E., & Singer, M. (2020). What constitutes a syndemic? Methods, contexts, and framing from 2019. *Current Opinion in HIV and AIDS*, 15(4), 213-217.

Krieger, N. (2016). Living and dying at the crossroads: Racism, embodiment, and why theory is essential for a public health of consequence. *American Journal of Public Health*, 106(5), 832.

4 (3 Feb) Reproductive Justice

This session will be delivered guest lecturer Dr. Gala Rexer, postdoctoral fellow at the Sarah Parker Redmond Centre for the Study of Race and Racism.

In 1994, a group of Black feminists in the US challenged the predominantly white and middle-class women’s rights movement that mainly centered around abortion rights, but didn’t consider the intersections of race, class, gender, citizenship, reproduction, and health: the reproductive justice framework was born. In this session, we will consider various examples of reproductive (in)justice, from the carceral state and kinship, endocrine disrupting chemicals, to obstetric racism in pregnancy and birth. We will also discuss how to theorize the body-environment nexus, challenging individualist approaches to the body and harm, and approaching reproductive justice from a structural lens that takes into account racial capitalism, nation-states, and climate change.

Essential readings: SEE READING LIST

AND: “Reproductive Justice, Not Just Rights. The language of choice has proved useless for claiming public resources that most women need in order to maintain control over their bodies and their lives.” A short article by Dorothy Roberts, 2015:

<https://www.dissentmagazine.org/article/reproductive-justice-not-just-rights>

Additional readings:

“Broadening Demands for Reproductive Justice. An interview with anthropologist Dána-Ain Davis digs into abortion rights and reproductive justice after the U.S. Supreme Court’s overturning of *Roe v. Wade*” 2022:

<https://www.sapiens.org/culture/dana-ain-davis-reproductive-justice/>

Monish Bhatia (2022): [Reproductive injustice in Britain: punishing illegalized migrant women from the Global South and separating families](#), *Identities*.

5 (10 Feb) Trans health(care)

This session will be delivered by guest lecturer Kylo Thomas, PhD student in the Department of STS.

They will talk about the health challenges facing trans persons and discuss community-based solutions.

Essential readings: SEE READING LIST

6 (24 Feb) Environmental (in)justice

This week we will look at the history of scholarship, science and activism that has focused on the unjust distribution – along racialized, socioeconomic, and postcolonial lines – of environmental harms. The lecture will present a history of the environmental justice movement and its relations to civil rights activism, feminism, and “popular” science in the U.S. Through the two readings, we will discuss how ethnographic and community-based research collaborations can engage with non-scientists and with embodied, spiritual, relational, and ecological ways of knowing and assessing harm.

Essential readings: SEE READING LIST

Additional readings:

Guthman, J., & Brown, S. (2016). Whose life counts: Biopolitics and the “bright line” of chloropicrin mitigation in California’s strawberry industry. *Science, Technology, & Human Values*, 41(3), 461-482.

Davies, T. (2018). Toxic space and time: Slow violence, necropolitics, and petrochemical pollution. *Annals of the American Association of Geographers*, 108(6), 1537-1553.

Senanayake, N. (2022). “We Spray So We Can Live”: Agrochemical Kinship, Mystery Kidney Disease, and Struggles for Health in Dry Zone Sri Lanka. *Annals of the American Association of Geographers*, 112(4), 1047-1064.

Roberts, E. F. (2017). What gets inside: violent entanglements and toxic boundaries in Mexico City. *Cultural Anthropology*, 32(4), 592-619.

7 (3 Mar) Experimentation

One of the most obvious and scandalous links between inequality and medical knowledge is when vulnerable and disempowered individuals are “exploited” as experimental subjects. This week, we consider a set of examples that bring to view the complex and layered relationships between medical research and unequal relations of power and wealth. We discuss how we might move beyond bioethical principles to ensure justice-oriented medical knowledge production.

Essential readings: SEE READING LIST

Additional readings:

Reverby, S. M. (2011). “Normal exposure” and inoculation syphilis: A PHS “Tuskegee” doctor in Guatemala, 1946–1948. *Journal of Policy History*, 23(1), 6-28.

Petryna, A. (2005). Ethical variability: drug development and globalizing clinical trials. *American Ethnologist*, 32(2), 183-197.

Washington, H. A. (2012). Bad medicine. *New Scientist*, 213(2848), 24-25.

8 (10 Mar) Humanitarianism

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.

Essential readings: SEE READING LIST

Additional readings:

Redfield, P. (2005). Doctors, borders, and life in crisis. *Cultural anthropology*, 20(3), 328-361.

Stevenson, L. (2012). The psychic life of biopolitics: Survival, cooperation, and Inuit community. *American ethnologist*, 39(3), 592-613.

9 & 10 (17 and 24 Mar) Activism for social justice, health, and wellbeing

Group presentations

Groups will be formed in week 6/7 and will each choose one book, about an example of community or activist resistance to medical/health inequality, to present in one of the last sessions of class. Further instructions will be given in class.

The options are the following (linked to the Reading List):

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

Michelle Murphy (2012). *Seizing the means of reproduction: Entanglements of feminism, health, and technoscience*. Duke University Press.

Mandisa Mbali (2013). *South African AIDS activism and global health politics*. Springer.

Luke W. Cole and Sheila R. Foster (2001). *From the ground up: Environmental racism and the rise of the environmental justice movement* (Vol. 34). NYU Press.

Course expectations

Ground rules for mutually respectful classroom interaction will be discussed and agreed on at the first session. Students are expected to commit to these. They will be posted on Moodle after the first session.

Important policy information

Details of college and departmental policies relating to modules and assessments can be found in the STS Student Handbook www.ucl.ac.uk/sts/handbook

All students taking modules in the STS department are expected to read these policies.

Take particular note of policies on plagiarism and please consult the UCL library's advice on good academic practice.