

1-2003

ENLT 495.80: From the Black Death to AIDS, the Cultural and Scientific Impact of Plagues

Herbert M. Swick

University of Montana - Missoula

Follow this and additional works at: <http://scholarworks.umt.edu/syllabi>

Recommended Citation

Swick, Herbert M., "ENLT 495.80: From the Black Death to AIDS, the Cultural and Scientific Impact of Plagues" (2003). *Syllabi*. Paper 1205.

<http://scholarworks.umt.edu/syllabi/1205>

This Syllabus is brought to you for free and open access by the Course Syllabi at ScholarWorks. It has been accepted for inclusion in Syllabi by an authorized administrator of ScholarWorks. For more information, please contact scholarworks@mail.lib.umt.edu.

SYLLABUS

FROM THE BLACK DEATH TO AIDS: THE CULTURAL AND SCIENTIFIC IMPACT OF PLAGUES

ENLT 495.80, BIOL 495.80 and LS 494.80

**Davidson Honors College
Spring Semester 2003**

Course Information:

Course Director: Herbert M. Swick, M.D.

Main Office: Institute of Medicine and Humanities, Saint Patrick Hospital
Campus Office: LA 228

Phone: 329-5661 (work)
542-6560 (home)

E-mail address: swick@saintpatrick.org

Office hours: Tuesdays, 9.30 – 10.30 AM
Thursdays, 9.30 – 10.00 AM
And by appointment

Required texts:

Camus A: The Plague
Farmer P: Infections and Inequalities: The Modern Plagues
Herlihy D: The Black Death and the Transformation of the West
UNAIDS: Report of the Global HIV/AIDS Epidemic, 2002 (available online at:
<http://www.unaids.org>)

FacPac

Evaluation:

Success in this capstone course will require that students apply knowledge from more than one discipline, including materials that they have studied previously.

Evaluation methods will include:

- Mid-term examination, March 20. (20%)
- Group project reports, April 17 and April 22. Small groups of students, from different major fields of study, will work together to prepare a 20 minute presentation that expands upon one of the course themes. All project topics must be approved in advance by the faculty. Each group of students will present and defend its work during a class session. The grade for this project will be based both on the group's presentation (for which all students in the group will receive the same grade – 20%) and on a research paper prepared as part of the group's work (for which students will be graded individually – 20%). (Cumulative: 40%)
- Final paper, due no later than noon, May 14. (25%)
- Class participation. Given the nature of this course, all students will be expected to participate actively in class discussions. (15%)

Attendance policy:

The nature of this course requires diligence with regard to attending and participating actively in the class. Students who find it necessary to miss a class are expected to contact the course director in advance. One “unexcused” absence will be allowed without penalty. For each additional unexcused absence, the student's cumulative grade will be reduced by 5 percentage points. Thus, students who have two unexcused absences (the equivalent of one week of class) will have their grade reduced by 5 percentage points, and students with four unexcused absences will have their grade reduced by 15 percentage points.

Participating Faculty:

Bruce M. Bigley, Ph.D. – Professor and Chair, Department of English, 243-2263.

Gregory R. Campbell, Ph.D. – Professor and Chair, Department of Anthropology, 243-2478.

Hipolito Rafael Chacon, Ph.D. – Associate Professor, Department of Art, 243-2735.

Casey Charles, Ph.D. – Associate Professor, Department of English, 243-2762.

Paul A. Dietrich, Ph.D. – Professor and Head, Religious Studies, 243-2805.

Gerald A. Fetz, Ph.D. – Dean, Davidson Honors College; Professor, Department of Foreign Languages and Literatures, 243-5201.

Kerry R. Foresman, Ph.D. – Professor, Department of Biological Sciences, 243-4492.

Linda Gillison, Ph.D. – Professor and Chair, Department of Foreign Languages and Literatures, 243-2719.

Mark Hanson, Ph.D. – Acting Director, Practical Ethics Center, 243-6632.

Ralph C. Judd, Ph.D. – Professor, Department of Biological Sciences, 243-2347.

Kimber A. McKay, Ph.D. – Associate Professor, Department of Anthropology, 243-4106.

Ellen Leahy, RN, MS – Director, Missoula County Health Department, 523-4770.

Jack Nunberg, Ph.D. – Director, Montana Biotechnology Center, 243-6421.

Mary Poss, Ph.D., DVM – Assistant Professor, Department of Biological Sciences, 243-6114.

George Risi, M.D. – physician specializing in infectious diseases, 728-2539.

D. Scott Samuels, Ph.D. – Associate Professor, Department of Biological Sciences, 243-6145.

Herbert M. Swick, M.D. – Executive Director, Institute of Medicine and Humanities; Professor, School of Pharmacy and Allied Health Sciences, 329-5661.

Jonathan Tompkins, Ph.D. – Professor and Chair, Department of Political Science, 243-5202.

UNIT I: INTRODUCTION

January 28: Ways of knowing, ways of learning

Quips and quotes:

A plague is compounded not of disease alone, but of people's reaction to disease, how they recognize the pestilence, how they fear it or flee from it or fight it, how they are unnerved or gather resolution to conquer it.

(J.H. Powell: Bring Out Your Dead)

Science and reason is not enough. A man must also have a heart and be capable of understanding the beauties of art and literature.

(J.G. Farrell: The Siege of Krishnapur)

Key concepts:

- The sciences and the humanities approach knowledge in different ways, but they represent two complementary ways of thinking about a problem
- The distinction between illness and disease
- Definition of a plague
- Epidemic, endemic and pandemic disease

Speaker: Swick

January 30: Social and cultural determinants of disease - 1

Quips and quotes:

Decoding disease is integral to the understanding of culture, society and biography.

(Roy Porter: Gout: The Patrician Malady)

Repeated outbreaks of epidemic diseases on a great scale can be seen not just as negative causes – causes, that is, of setbacks in the history of a society – but rather as positive consequences of the development of particular societies...every society gets the diseases and epidemics it deserves.

(Andrew Cunningham: The Four Horsemen of the Apocalypse)

Key concepts:

- Disease (and concepts of disease) are integral parts of a society's culture
- An anthropological framework must be used to understand disease fully the impact of disease.

Epidemic ephemera: *Lascivia chorea*, tarantism and Pokemon.

Required readings:

- Janzen JM: The Social Fabric of Health

Speaker: Campbell

February 4: Social and cultural determinants of disease – 2

Quips and quotes:

The larger society defines the legitimate criteria for sickness for its members.
(E. Gartely Jaco, 1972)

Ways in which various cultures express the concept that someone has recovered from illness:

- My doctor told me I can do anything I want. – United States
- I have already bathed. – Tzintzuntzan region of Mexico
- As the river can never flow backwards,
So may this illness never return. – Nigeria

Key concepts:

- Cultural beliefs – traditions and taboos –help determine the response to disease
- The impact of interactions between western medicine with other medical systems

Epidemic ephemera: An American opera singer in Vienna

Required readings:

- None

Speaker: McKay

February 6: Basic principles relating to infectious diseases

Quips and quotes:

Therefore it is certain that the air, water and earth are filled with innumerable small animals; and furthermore that they can be demonstrated.

(Athanasius Kircher: *Scrutinium physicomedicum contagiosae luis quae pestis dicitur*, 1658)

Infectious disease is one of the great tragedies of living things – the struggle for existence between different forms of life...Incessantly, the pitiless war goes on, without quarter or armistice – a nationalism of species against species.

(Hans Zinsser: Rats, Lice and History)

Key concepts:

- Basic biology of infectious organisms (focus: bacteria and viruses)
- Principles of pathogenetic mechanisms of infectious diseases

Epidemic ephemera: Semmelweis and puerperal fever

Required readings:

- Judd RC: selected lecture notes

Speakers: Judd, Nunberg

UNIT II: THE BLACK DEATH – BUBONIC AND PNEUMONIC PLAGUE

Reading for the unit:

Albert Camus: The Plague

David Herlihy: The Black Death and the Transformation of the West

February 11: Plague: A Classical Disease

Quips and quotes:

There have been as many plagues as wars in history; yet always plagues and wars take people equally by surprise.

(Albert Camus: The Plague)

These words of mine are judged useful by those who want to understand clearly the events which happened in the past and which (human nature being what it is) will, at some time or other and in much the same ways, be repeated in the future.

(Thucydides: The Peloponnesian War)

Key concepts:

- Bubonic plague is a classic model for understanding other plagues, with regard to social, cultural and medical responses.
- Origins of plague in the ancient world
- How people respond to an unknown threat, such as an epidemic of a fatal disease whose cause is unknown and for which there is no effective therapy.

Required readings:

- Garrett L: Microbe magnets, pp. 234-239
- Homer: selections from The Iliad
- Thucydides: selections from The Peloponnesian War
- Tuchman B: “This is the end of the world”

Speakers: Gillison, Swick

February 13: Yersinia pestis and the Black Death

Quips and quotes:

The Plague is a cruel and contagious diseases, which everiewhere, like a common diseases invadeing Man and Beast, kill's verie manie, being attended, and as it were associated with a continual fever, botches, carbuncles, spots, nauseousness, vomitings, and other such malign accidents. This diseases is not so pernicious or hurtful, by anie elementairie qualitie, as from a certain poisonous and venenate malignite, the force whereof exceed's the condition of common putrefaction.

(Ambrose Pare: Of the Plague, 1644).

Clever doctors have three golden rules to keep us safe from pestilence: get out quickly, go a long way, and don't be in a hurry to come back.
(Fifteenth Century German manuscript)

Key concepts:

- Medical aspects of the plague: natural history, modes of transmission
- Historical and contemporary approaches to treating plague
- Plague as a model for animal vectors of disease
- Approaches to disease control: vector control vs. treatment of disease

Required readings:

- Wills C: Four tales from the New Decameron

Speakers: Foresman, Risi

February 18: Plague as a transforming agent – 1: Religious and cultural impacts

Quips and quotes:

This mortality devoured such a multitude of both sexes that no one could be found to carry the bodies of the dead to burial, but men and women carried the bodies of their own little ones to church on their shoulders and threw them into mass graves, from which arose such a stink that it was barely possible for anyone to go past a churchyard.
(*Historia Roffensis*, 1348)

In 1361, there was a great human mortality, particularly of men. Their widows, as if degenerate and not restrained by any shame, took as their husbands foreigners and other imbeciles or madmen.
(*Polychronicon* of Ralph Higden, 1364)

Priests who have survived the past pestilence display insatiable avarice, charging excessive fees, and neglecting the care of souls... Priests now desire voluptuous pleasures to such an extent that souls are neglected and churches and chapels are empty, to the horror and scandal of churchmen, and acting as an evil example to laymen.
(Simon Islip, Archbishop of Canterbury, 1350)

Key concepts:

- Major epidemics of plague that struck Europe over several centuries: the Black Death of 1348 and England in the 17th century
- Social and cultural responses to the Black Death of 1348
- Impact of bubonic plague on religious practices and beliefs
- The Jewish conspiracy

Required readings:

- Archives: Strassburg Germany (*Strassburg Urkundenbuch*, 1348)
- Herlihy D: The Black Death and the Transformation of the West, Chs. 1 and 3
- Wolstan de Bransford, Bishop of Worcester: letter of April 13, 1348

Speaker: Dietrich

February 20: Plague as a transforming agent – 2: art

Quips and Quotes:

We are a spectacle to the world. Let the great and humble, by our example, see well to what state they shall be inexorably reduced, whatever their condition, age or sex. Why then, miserable person, are you puffed with pride. Dust you are and unto dust you shall return, rotten corpse, morsel and meal for worms.

(Epitaph on the grave of Cardinal La Grange, Avignon, late 1300s)

Key Concepts:

- Iconography of the plague
- The role of religious art in sacramental healing
- Totendanz

Required reading:

None

Speaker: Chacon

February 25: Plague as a transforming agent – 3: literature and music

Quips and quotes:

Narrative, in medicine and out, cultivates the power of observation.

(Kathryn Montgomery Hunter: *Doctors' Stories*)

So nature killed many through corruptions,
Death came driving after her and dashed all to dust,
Kings and knights, emperors and popes;
He left no man standing, whether learned or ignorant;
Whatever he hit stirred never afterwards.
Many a lovely lady and their lover-knights
Swooned and died in sorrow of Death's blows....
For God is deaf nowadays and will not hear us,
And for our guilt he grinds good men to dust.
(William Langland: *Piers Ploughman*, 1380)

Key concepts:

- Literature of the plague from the 14th – 20th centuries
- Nursery rhymes and other music of the plague

Required readings:

- Boccaccio G: selections from the Decameron

- Pepys S: selections from The Diary

Speakers: Casey, Swick

February 27: Bubonic plague today

Quips and quotes:

The microbe is nothing; the terrain, everything.
(Louis Pasteur)

Key concepts:

- Plague is endemic in Western states, including Montana
- Animal hosts as reservoirs of disease
- Risk factors and public health implications of endemic plague

Required readings:

- Biggins DE, Kosoy MY: Influences of introduced plague on North American mammals: implications from ecology of plague in Asia.
- Ensore RE, Bigggerstaff BJ, Brown TL, et.al.: Modeling relationships between climate and the frequency of human plague cases in the southwestern United States, 1960-1997.

Speakers: Foresman, Risi

UNIT III: SMALLPOX – AN ANCIENT SCOURGE REVISITED

March 4: Smallpox: medical and scientific aspects

Quips and quotes:

The living organism, when it takes upon itself the production of curative agents, does this in such a manner as to form ideal aetiological remedies....Antitoxins and antibacterial substances are, so to speak, charmed bullets which strike only those objects for whose destruction they have been produced by the organism.

(Paul Ehrlich: On Immunity, 1908)

The small pox! The small pox! What shall we do with it?

(John Adams, 1776)

Key concepts:

- An historical overview of immunization: inoculation, Jenner and cowpox
- Basic principles of immunization
- Medical aspects of smallpox

Required readings:

- Jenner E: An Inquiry into the Causes and Effects of the Variolae Vaccinae, a Disease Discovered in some of the Western Counties of England, Particularly Gloucestershire, and Known by the Name of the Cow-Pox, 1798.
- Judd RC: selected lecture notes
- Macaulay TB: The death of Mary
- Montagu MW: Letter, 1779

Speakers: Judd, Swick

March 6: The impact of disease on naïve populations

Quips and quotes:

In 1869 a great epidemic of smallpox killed many Indians and afflicted many whites, after introduction by the steamboat *Utah*. On June 29, 1869, the *Helena Gazette* reported: “The captain of the *Utah* deserves the particular thanks of the Fort Benton people, and the citizens of Montana at large, for landing smallpox patients in the Territory. If he does not know that it is wrong to do so, and altogether against usage, he should politely be made to....We think it would be a good plan to establish some kind of quarantine; have a physician visit every steamer arriving, and make sure that none were allowed to land who are tainted with this plague.”

(Phillips PC: Medicine in the Making of Montana)

The Gros Ventres were terribly affected by this epidemic: “the disease raged with fearful results...The sufferers were given a physician, blankets, supplies, and medicines, but the

scourge had moved so fast that 741 Gros Ventre died, mostly the younger and best hunters”
(*Annual Report* from the Commissioner of Indian Affairs to the Secretary of the Interior, 1870)

Key concepts:

- Smallpox as a model for the devastating effects of disease in naïve populations, with a focus on Native American populations
- The implications of lack of a “natural” immune response

Required readings:

None

Speaker: Campbell

March 11: The conquest of smallpox – a triumph of public health

Quips and quotes:

We do oppose Vaccination by compulsion or a law which gives practically unlimited power to the Board of health, and restricts the liberty and rights of conscience to the citizens of our State, and compels them to comply with any or all orders issued by the Board regardless of what the order may be, and provides punishment for any failure to comply with it.

(Petition to the Montana Legislature from citizens of Lewis and Clark County, 1901)

Key concepts:

- Importance of global approaches to the control of epidemics; smallpox is the only infectious epidemic disease that has been eradicated worldwide, and can serve as a model for the eradication of other diseases
- Political forces in determining health policy, and the political dimensions of public health: “Montana fever” and the Montana State Board of Health

Required readings:

- Kraut AM: “Proper precautions”: Searching for illness on Ellis island
- Leavitt JW: “Be safe. Be sure.” New York City’s experience with epidemic smallpox

Speakers: Leahy, Swick

March 13: Smallpox, vaccination and human rights

Quips and quotes:

I don’t know what they used us for. I ain’t never understood this study.

(Survivor of the Tuskegee Syphilis Study)

Key concepts:

- Jenner and cowpox: the aftermath
- Medical and moral issues posed by human experimentation
- Conflict of individual rights and the larger community good
- The Tuskegee experience: human experimentation gone awry

Required readings: None

Speakers: Hanson, Swick

March 18: Smallpox, terrorism and the public health

Quips and quotes:

Air can also be infected artificially, as when a certain confection is prepared in a glass flask, and when it is well fermented, the person who wishes to do that evil waits till there is a strong slow wind from some region of the world, then goes against the wind, and puts his flask against the rocks opposite the city or town he wishes to infect, and making a wide detour by going back against the wind lest the vapors infect him, pulls his flask violently over the rocks. When it breaks, the vapor pours out and is dispersed in the air, and whoever it touches will die as if from pestilential air, and more quickly.
(Alfonso of Cordovo, 1348)

In June 1763, the British army in the American colonies distributed smallpox-infested blankets to Shawnee and Delaware Indians. In July 1763, Sir Jeffrey Amherst, the British commander-in-chief, wrote: “Could it not be contrived to Send the Small Pox among those Disaffected Tribes of Indians?”
(Fenn EA: Biological warfare, circa 1750)

Key concepts:

- Public health and disease prevention
- Smallpox as a potential bioterrorism agent
- Anticipating, controlling and preventing future outbreaks of smallpox

Required readings:

Glass TA, Schoch-Spana M: Bioterrorism and the people: how to vaccinate a city against panic.

Speaker: Leahy

March 20: Mid-term examination

March 20-24: Spring Break

UNIT VI: THE WHITE DEATH – TUBERCULOSIS

April 1: Scientific and medical aspects of tuberculosis – 1

Quips and quotes:

The Captain of all these men of death that came against him to take him away, was the Consumption, for it was that that brought him down to the grave.
(John Bunyan: The Life and Death of Mr. Badman)

In 1995, more people died of TB than in any other year in history. At least thirty million people will die from tuberculosis in the next ten years if current trends continue. Millions more will watch helplessly as friends and family members waste away, racked with coughing and sweating with fever.

(World Health Organization Report, 1996)

Key concepts:

- Development of the germ theory of disease: Koch's postulates
- Basic biology of tuberculosis bacteria, and determinants of resistant strains
- Medical and social conditions that predispose to TB
- Public health and community measures to control TB

Epidemic ephemera: Pasteur and Koch: the politics of scientific discovery

Required readings:

- Dubos R, Dubos J: The White Plague. Tuberculosis, Man and Society, Chapters I and VIII
- Farmer P: Infections and Inequalities, Ch. 9
- Judd: selected lecture notes

Speakers: Risi, Samuels

April 3: Scientific and medical aspects of tuberculosis – 2

Quips and quotes:

Patients must not read. Patients must not write. Patients must not talk. Patients must not laugh. Patients must not sing. Patients must lie still. Patients must not reach. Patients must relax.

(Rules at The Pines tuberculosis sanitarium, 1938)

He said, "Taking the cure is going to be difficult for you. You have red hair – lots of energy, you're quick, active, impatient. All bad for tuberculosis. Discipline will be hard for you. The cure of tuberculosis is all discipline."

(Betty MacDonald: The Plague and I)

Key concepts:

- Tuberculosis is an ancient disease, endemic for many centuries in many cultures
- The Industrial Revolution and the rise of TB
- Role of immigrant populations in recrudescence of TB
- The development of antibiotic resistance and implications of drug-resistant organisms, with TB as a model

Required readings:

- Dubos R, Dubos J: The White Plague. Tuberculosis, Man and Society. Ch XV
- Farmer P: Infections and Inequalities, Ch. 7
- Garrett L: Microbe Magnets, pp 239-245 (material included in Unit II section of FacPac)
- Gillespie SH: Evolution of drug resistance in *Mycobacterium tuberculosis*: clinical and molecular perspective
- Holmes G, Holmes F, McMorrough J: The death of young King Edward VI.

Speakers: Samuels

April 8: Tuberculosis and the American west

Quips and quotes:

Unfortunately the time has not yet arrived when all our citizens realize the necessity of sanitary regulations, though some advancement is being made. But among a mixed population like we have, there are some who cherish a constitutional antipathy for cleanliness and apparently have a sincere affection for dirt and filth.

(Dr. J.W. Gunn, Butte health officer, in an 1893 report to the mayor)

Key concepts:

- Early approaches to treating TB
- Health seekers and westward migration
- Butte miners: tuberculosis in Montana

Required readings:

- Jones DS: The health care experiments at Many Farms: the Navaho, tuberculosis, and the limits of modern medicine
- Staudohar C: "Food, Rest, and Happiness." Limitations and possibilities in the early treatment of tuberculosis in Montana

Speakers: Leahy, Swick

April 10: Disease as a social construct - 1

Quips and quotes:

Once medicine is established as anthropology, and once the interests of the privileged no longer determine the course of public events, the physiologists and the practitioner will be counted among the elder statesmen who support the social structures. Medicine is a social science in its very bone and marrow.

(Rudolf Virchow, 1849)

Key concepts:

- The "social ecology" of disease
- Illness and creativity: sustaining a myth
- Literary responses to TB (with focus on 19th century German Romanticism)
- Social and cultural determinants that foster TB
- Approaches to treatment, and their relationship to cultural beliefs

Required readings:

- Dubos R, Dubos J: The White Plague. Tuberculosis, Man and Society, Ch V
- Keats J: Ode to Melancholy
- Keats J: Ode to a Nightingale
- Lawlor C, Suzuki A: The disease of the self: representing consumption, 1700-1830
- Mann T: selections from The Magic Mountain

Speakers: Bigley, Fetz

April 15: Disease as a social construct – 2

Quips and quotes:

Medicine is an exquisitely sensitive indicator of the dominant cultural characteristics of any era, for man's behavior before the threats and realities of illness is necessarily rooted in the conception he has constructed of himself and his universe. Every culture has developed a system of medicine which bears an indissoluble and reciprocal relationship to the prevailing world view.

(Edmund Pellegrino: Medicine, History and the Idea of Man, 1963)

Key concepts:

- Literary responses to TB (cont'd)
- Musical responses to TB: Traviata and La Boheme

Epidemic ephemera: Kuru and cannibalism

Required readings:

- Mann T: selections from The Magic Mountain

Speakers: Bigley, Fetz

April 17: Group project reports

April 22: Group project reports

Quips and quotes:

How wonderful is the human brain. It starts working before we are born, it continues, waking or sleeping, until the day we die, and the only time it stops is when someone asks us to stand up and say a few words.

(P Kenny: A Handbook of Public Speaking for Scientists and Engineers)

UNIT V: A CONTEMPORARY PLAGUE – AIDS

Reading for the unit:

Benatar SR: The HIV/AIDS pandemic: a sign of instability in a complex global system

Farmer P: Infections and Inequalities, Chs. 5 and 6

Gottlieb MS: AIDS – past and future

Koppelman LM: If HIV/AIDS is punishment, who is bad?

Sepkowitz KA: AIDS – The first twenty years

UNAIDS: Report of the Global HIV/AIDS Epidemic, 2002

April 24: The biology of AIDS

Quips and quotes:

Human immunodeficiency virus-1 is a 52-nm, enveloped single-stranded RNA retrovirus of the lentivirus subgroup; the virus particles contain a truncated cone nucleoid and two copies of the genome with three structural genes.

(Frank Rhame in Hoeprich PD, Jordan MC, Ronald AR (eds.): Infectious Diseases)

The interactions between the human immunodeficiency virus (HIV) and the human immune system are extraordinarily complex.

(Orn Cohen in Mandell GL, Bennett JE, Dolin R (eds.): Principles and Practice of Infectious Diseases)

Key concepts:

- Basic retrovirus biology
- Basic principles of immunosuppression, and impact of HIV on the immune system
- Overview of sexually transmitted diseases, and modes of infection with HIV
- Approaches to treatment of HIV/AIDS

Required readings:

- Garrett L: Distant thunder: sexually transmitted diseases and injecting drug users.
- Judd RC: selected lecture notes
- Stine GJ: Biological characteristics: genes and genotypes of HIV.

Speakers: Nunberg, Risi

April 29: The ecology of AIDS

Quips and quotes:

In the period October 1980-May 1981, 5 young men, all active homosexuals, were treated for biopsy-confirmed *Pneumocystis carinii* pneumonia at 3 different hospitals in Los Angeles, California. Two of the patients died...*Pneumocystis* pneumonia in the United States is almost exclusively limited to severely immunosuppressed patients. The

occurrence of *Pneumocystis* in these 5 previously healthy individuals without a clinically apparent underlying immunodeficiency is unusual. The fact that these patients were all homosexuals suggests an association between some aspect of a homosexual lifestyle or disease acquired through sexual contact and *Pneumocystis* pneumonia in this population. (*Morbidity and Mortality Weekly Report*, June 5, 1981)

Key concepts:

- The origin and ecology of AIDS
- Mechanisms of viral replication and implications for disease
- History of the worldwide epidemic

Required readings:

- Hahn BH, Shaw GM, DeCock KM, Sharp PM: AIDS as zoonosis: scientific and public health implications.

Speakers: Poss, Swick

May 1: The politics of AIDS

Quips and quotes:

No duty of society, acting through its governmental agencies, is paramount to this obligation to attack the removable causes of disease.

(Dr. Herman Biggs, 1913)

Reagan never fully understood that a true pandemic of an incurable disease was unfolding on his watch. And though many of his aides did appreciate the scale of the epidemic, they agreed with the assessment of the Moral Majority's Reverend Jerry Falwell that the disease was God's retribution for immoral, sinful, homosexual behavior. Some members of Congress shared that view and openly opposed virtually every piece of public health AIDS legislation that reached the House or Senate.

(Laurie Garrett: Betrayal of Trust)

One does not ask of one who suffers: What is your country and what is your religion? One merely says, you suffer, this is enough for me. You belong to me and I shall help you.

(Louis Pasteur)

Key concepts:

- Social constructs of AIDS: the emergence of AIDS as a political and civil rights issue
- Disease as a driver of public policy
- Consequences of legal and civil rights dimensions on medical management of AIDS
- The social stigma of sexually transmitted disease
- "You deserve it": blaming the victim of disease
- Consequences of behavioral choices

Required readings:

- Cook TE, Colby DC: The mass-mediated epidemic: the politics of AIDS on the nightly network news.
- Fox DM: The politics of HIV infection: 1989-1990 as years of change.

Speakers: Tompkins

May 6: The art and literature of AIDS

Quips and quotes:

This wasn't the music of pain. Pain has no music, pain is a story.
(Ellen Bryant Voight: Song and Story)

Key concepts:

- Disease and stigmatization as wellsprings of creativity
- Artistic expression in patients with AIDS
- Humanistic endeavors as a foil for the "coldness" of science and technology
- The literature of AIDS

Epidemic ephemera: The Wound Dresser

Required readings:

- Campo R: The 10,000th AIDS Death in San Francisco
- Campo R: What the Body Told
- Lasdun J: Plague Years
- Monette P: No Goodbyes
- Selzer R: Imagine a Woman

Speakers: Casey, Swick

May 8: AIDS today: a global epidemic

Quips and quotes:

For any understanding of the relationship between culture and science, the problem of causation is critically important because it reflects directly on the fundamental moral issue of responsibility for disease.

(Allan Brandt, 1997)

One learns, I would hope, to discover what is right, what needs to be righted – through work, through action.

(Daniel Berrigan, 1971)

Key concepts:

- The current status of the AIDS epidemic, especially in Africa and Asia
- Social and economic implications of AIDS: a generation destroyed
- Post-colonial attitudes: social and ethical perspectives
- The moral consequences of political and business decisions
- Implications for the future

Required readings:

- Schuklenk U, Ashcroft RE: Affordable access to essential medicine in developing countries: conflicts between ethical and economic imperatives
- Tangwa GB: The HIV/AIDS pandemic, African traditional values and the search for a vaccine in Africa
- van Niekerk AA: Moral and social complexities of AIDS in Africa

Speakers: Nunberg, Poss, Swick