Warning!

12 times as many babies died of intestinal diseases in Baltimore last year as all the persons killed by railroad accidents—and yet the danger signs are just as plain.
Course outline

This course examines the historical development of public health and medicine in Baltimore—‘Charm City’—from the earliest beginnings of the city to the present. It is not meant to be a course about ‘success’ or ‘failure’ in public health policy (though there are some of these!), but a case study in how public health is managed in a city that has faced multiple social and economic challenges. Some of the stories are quite unique to US urban health history, some are more commonplace. Although focus is on Baltimore, the issues discussed have wider national and international contexts and take into account broad historical developments in the theory and practice of public health.

Learning objectives

After successful completion of this course, students will be able to:
(1) Describe a variety of key public health issues in Baltimore between 1750 and the present.
(2) Understand and appreciate the historical origins of some of Baltimore’s current public health challenges.
(3) Assess the impact of policy interventions on the health of Baltimore’s population.
(4) Critically discuss the changing relationship between local, state and federal agencies (governmental and non-governmental) in the formation, implementation and evaluation of public health interventions in Baltimore.
(5) Locate, analyze and interpret qualitative and quantitative primary source materials (such as published and unpublished government documents, newspaper reports, maps and images).

Times and location

First term, 10.30am-11.45am Mondays and Wednesdays. Wolfe St, Rm 4019.

Faculty

Graham Mooney PhD, Institute of the History of Medicine, Johns Hopkins University, Rm 326 Welch Medical Library, 1900 E Monument St; 443-287-6147; gmooney3@jhmi.edu
## Timetable

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**Bold = class discussion.** See Assignments and Grading below.

## Course materials

Course materials will be posted on the CoursePlus website. I aim to post PDF copies of lecture slides on CoursePlus no less than 24 hours before each class.

## Assignments and grading

There are **three** requirements:

1. **Mid-term paper** (30%). Due no later than **Weds 02 October 2013, 11.59pm**.
2. **Final assignment** (50%) Completed group wiki page and presentation in class. Due no later than **Weds 25 October, 2013, 11.59pm**.
3. **Discussion classes** (20%). At least 24 hours prior to a discussion class, you must submit three discussion questions to the CoursePlus website BBS.

**Discussion questions, attendance and participation at discussion classes are mandatory.**

Further details on assignments are available on CoursePlus and will be discussed in class on **Monday 16 September, 2013**. At the end of the course you will be assigned a letter grade. **Full details of the grading policy are on CoursePlus.**
You are strongly advised to consult the JHSPH policy on academic plagiarism, available in the JHSPH Policy and Procedure Manual. Turnitin.com is used to detect plagiarism in course assignments.

### Recommended book purchases


### Reading

There is no single book about the history of public health in Baltimore over the long term. So for now, we have to content ourselves with books on Baltimore history about particular topics and time periods (e.g. tuberculosis; urban growth; social welfare), edited collections, journal articles and newspaper reports. Case studies of other US cities or states, such as Milwaukee, Las Vegas, San Francisco and Massachusetts provide supplemental comparisons.

Most of the books listed below are available to check out from the historical collection of the Welch Library. Books on the general history of Baltimore can be found in the Eisenhower library on the Homewood campus.

What appears for each class is mostly a selection of Baltimore-centric readings. Readings marked with * are recommended. You are not expected to read every item on the list, but you are expected to have read at least a couple of the references before each session and raise questions about them during the course of the lecture or on the BBS.

### General readings in US public health history

Case studies of US urban public health history


Lecture outlines

1 Baltimore history: monuments, mobs and charm

10.30-11.50am Wednesday 04 Sept 2013

It’s the City that Reads and the city that Believes. It has been Monumental City, MobTown and Charm City. Now it’s blogged as Harm City. This lecture reviews the changing history, geography and political development of Baltimore from its earliest beginnings. Emphasis is on immigration, physical growth, residential segregation and the city’s economic rise and decline over 250 years.

References


2 Disease, public health and medical care, 1750-present

10.30-11.50am Monday 09 September 2013

What have been the major disease threats to Baltimore over the course of 250 years? Baltimore has one of the oldest, if not the oldest, city health department in the United States, dating back to 1797: so how has Baltimore city government organized itself in response to these threats? As major epidemic and infectious diseases declined, what health problems arose in the twentieth century and how did Baltimore deal with them?

References


3 **Infection and intervention: yellow fever and smallpox**

10.30-11.50am Wednesday 11 September 2013

Two very different diseases that stimulated different responses. Yellow fever struck Baltimore intermittently in the late eighteenth and early nineteenth centuries. It prompted maritime quarantine and shipping inspections, but also generated debate about the cleanliness of the harbor district and Fells Point. Smallpox visited the city most forcefully in the 1870s and 1880s, which proved an important test for the city health department. Physicians were employed to carry out a rigorous program of notification, vaccination, and the removal or isolation of patients. The outbreak in 1882-3 in particular revealed tensions between the city and state health departments over the funding of public health activities.

**References**


4 **Using archives in Baltimore**

10.30-11.50am Monday 16 September 2013

Introduction to the various archival sources that will help you complete your assignments.

5 **Tuberculosis: dots (on a map) to DOTS**

10.30-11.50am Wednesday 18 September 2013

Tuberculosis was the biggest killer in the nineteenth and early twentieth centuries, in Baltimore and elsewhere. Discourse and policy in the city was framed by race, residential segregation and housing provision. This class explores the history of tuberculosis intervention, from the reporting and mapping of cases in the late nineteenth century (dots on a map), through sanatoria provision, to the development of a home chemotherapy program in the 1950s that laid a strong foundation for the subsequent implementation of Directly Observed Treatment Short-course (DOTS).
6 Sewers, pollution and environmental justice

10.30-11.50am Monday 23 September 2013

The sanitation of Baltimore has vexed city authorities for more than two centuries. On the one hand, major municipal works provided the city with plentiful supplies of water that, thanks to innovative techniques of chlorination and fluoridation, eventually were safe to drink. On the other hand, Baltimore was lax in providing intercepting sewers and it was one of the last major cities to implement a comprehensive sewer system in the early twentieth century. When a new sewer treatment facility opened in 1911, it was estimated that it would be able to cope with the human waste of a city population of 1 million. However, in the 1960s, when Baltimore’s population peaked at 0.96 million, the sewer system was buckling under the strain leading to water pollution problems and environmental degradation. By the 1980s, along with other cities on the north-east coast, Baltimore began to export its treated human waste, leading to the infamous episode of the ‘Baltimore Poo-Poo Choo-Choo’.

References


Boone, Christopher. 2003. ‘Obstacles to infrastructure provision: the struggle to build comprehensive sewer works in Baltimore’, Historical Geography, 31, 151-68.


Boone, Christopher. 2003. ‘Obstacles to infrastructure provision: the struggle to build comprehensive sewer works in Baltimore’, Historical Geography, 31, 151-68.

7 Medical care before 1948: poverty and charity

10.30-11.50am Wednesday 25 September 2013

Baltimore’s poor and working people negotiated a complex amalgam of charities, almshouses, dispensaries and hospitals. This lecture considers how the divide between ‘public’ and ‘private’ medicine played out in Baltimore; how this divide was blurred by welfare provision that had a medical component; and the incursion of the state into primary health care services.

References


8 Welfare and medicine after WWII: The Baltimore Plan

10.30-11.50am Monday 30 September 2013

Class discussion/seminar format

In 1948 Baltimore introduced a medical care plan for people on the welfare rolls. The plan was separate from Maryland’s innovative 1945 state scheme that provided services not only for welfare recipients, but also for poor people who were unable to afford medical care (known as the medically indigent). We will examine the circumstances leading up to the formulation of these schemes and the differences between them. To understand them, we need to think about the wider context of the Depression, the New Deal and national debates about health insurance and social medicine. We explore how payment for primary health care services was configured and the impact on access to health care for Baltimore’s poor up to the introduction of Medicare and Medicaid in 1965.
Mandatory reading


Additional reading


9 ‘Better Babies for Baltimore’

10.30-11.50am Wednesday 02 October 2013

Pregnancy, childbirth and parenthood have been significant inter-related public health issues in Baltimore. The city provided racially-demarcated maternity services from the early twentieth century and racial inequalities in birth outcomes and infant welfare have been high on the agenda, before and since. Particular attention is paid to the practices and innovations of the Maternal and Infant Care Project 501 from the mid-1960s.

References


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## 10 Mental health: asylum to community

10.30-11.50am Monday 07 October 2013

Class discussion/seminar format

For a long period of time, responsibility for Baltimore’s mentally ill devolved to the state. However, as with many other state mental health institutions across the country in the mid-twentieth century, Maryland’s asylums were exposed as scandalously overcrowded, poorly managed, understaffed and unfit for purpose. Conditions were particularly bad for African-American patients. This class concentrates on media revelations about the state mental asylums in the 1940s and 1950s and explores the impact of deinstitutionalization and community care initiatives in the city from the mid-1960s.

**Mandatory reading**


There were a series of damning articles on the state mental health asylums in the *Baltimore Sun* in 1949 and the *Washington Post* in Nov-Dec 1958. You will be allocated some of these readings which will be available on CoursePlus.

**Additional reading**


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## 11 The ‘silent epidemic’: lead paint poisoning

10.30-11.50am Wednesday 09 October 2013

This class recounts the Baltimore experience with child lead paint poisoning, a struggle that continues up to the present day. Inextricably associated with poor housing quality, recalcitrant landlords and socio-economic and racial inequality, Baltimore health authorities and the city’s public health profession took a national lead in promoting awareness and formulating legislation.
References


12 STDs: sexual morality between the wars

10.30-11.50am Monday 14 October 2013

Class discussion/seminar format

Baltimore presently has very high rates of sexually transmitted infections. This discussion considers the era between the wars, when treatment and control was the subject of heated debate. Baltimore’s health department began to treat syphilitic patients in clinics in 1922. There were 13,000 patient visits in that first year. Services were hampered during the depression, but during the World War II a multi-agency Venereal Disease Council was convened in Baltimore. We examine the recommendations of the Council, the subsequent policy of ‘constructive repression’ of prostitution and particularly the Protective Service for Promiscuous Girls, which was operated through the Department of Public Welfare. Following the discovery of penicillin, the DPW opened Rapid Treatment Centers in the mid-1940s, which brought about the possibility of compulsory treatment for all VD patients.

Mandatory reading


Additional reading


13 Rub out the rat? A century of rodent ‘control’

10.30-11.50am Wednesday 16 October 2013
Another perennial urban issue, rodent control has been a long-standing problem in the city of Baltimore. Various—and ultimately doomed—attempts to ‘rub out’ the rat have been undertaken by the city, from residential block control measures in the 1940s to a more integrated approach in the 1990s. Rodent control provides an interesting case of the interaction between lab and field in public health practice. Policy-wise, a key recurrent question is the balance to be struck between the role of local residents and the responsibility of the city to maintain a hygienic public environment.

References

14 Harm city? The substance abuse problem

10.30-11.50am Monday 21 October 2013
Class discussion/seminar format
Substance abuse and homicide are, arguably, the two most pressing social problems facing Baltimore today. In this session, we examine the reported increase in the use of heroin in Baltimore in the early 1960s, due to shifts in production and distribution and the movement of young African-Americans into a situation of ‘open marginality’. In what ways was this trend conceptualized as a public health problem, and how were links made between the market for drugs and violent crime in the city?

Mandatory reading

**Additional reading**

**15 Wiki presentations and open discussion**

10.30-11.50am Wednesday 23 October 2013