Health, risk and history

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This seminar reviews modernist notions of ‘risk society’ and how and why they have come to pervade public health discourse and practice. We begin with interpretations of modernity and how risk society emerged from these. We then move on to consider the ways in which health is intimately connected to the formulation of risk, before tackling specific issues on a weekly basis.

This is a reading seminar and the full participation of students is essential. You will be expected to come to each class at the very least having read the required readings and be prepared to discuss them. Study questions are provided and these will give us a starting point for discussion. Additional materials such as data, policy documents, government publications and images, will be introduced during classes to stimulate and inform our debates.

Times and location
2.00pm-4.50pm Tuesdays, Seminar Room 3505 Charles St

Timetable

Week 1  Introduction
Week 2  Exploring modernity
Week 3  Student prep
Week 4  Risk society
Week 5  Modernity, risk and health
Week 6  Contagion
Week 7  Occupational health and risk
Week 8  Genetics and risk (Dr Nathaniel Comfort)
Week 9  Student presentations on occupational health
Week 10  Environment and health
Week 11  Risky food
Week 12  Inventing teenage motherhood
Week 13  Sexually transmitted diseases
Assessment schedule

There are three components to the assessment for this course:

1. **Group presentation Week 9: 25 per cent.** Attendance and participation in student presentations on occupational health, industrial processes and risk is a course requirement (Week 9, 05 April 2005). Students will work in small groups towards a presentation on a topic decided in class during Week 7. While some additional readings on each topic will be distributed in class, this presentation is primarily an exercise to hone your research, team-work and presentational skills. You will be notified of the assessment criteria for presentations in week 7.

2. **Class participation: 5 per cent.** Participation in the weekly meetings is an assessed part of the course. You are expected to: contribute to small group discussions; to ask questions of the instructor and your fellow students; and make comments about the weekly readings.

3. **Written paper: 70 per cent.** Your individual paper (no more than 10 typed pages) will be based on the group presentation on occupational health in Week 9. The title will be agreed with me by the end of Week 9. Individual appointments will be made with me to discuss drafts before the final submission. Final submission will be to me in class on **03 May 2005**.

Core texts

It is recommended that you purchase the following books:


The journal *Health, Risk and Society* is available online via the JHU library catalog and is well worth browsing. While it rarely carries historical articles, a number of papers deal with theoretical aspects of ‘risk society’ (such as trust, expertise) as they relate to health, and a number of papers touch on the specific topics dealt with in this course.
Introduction

This class will encourage you to begin to think about the notion of risk and how contemporary society deploys it. It will introduce you briefly to the theoretical foundations from which ideas about ‘risk society’ have developed. By using examples from contemporary health issues, we will begin to consider how risk might be considered from an historical perspective.

There are no required readings this week. Students will be asked to assess and discuss documents and images in small groups.

Exploring modernity

The concept of modernity is central to the notion of risk society. This session explores the complex and multiple meanings of modernity, from its origins in the scientific rationality of the Enlightenment to the emergence of post-modernism. The purpose here is not for you to arrive at a concrete definition of ‘modernity’, but to understand the historical sociological underpinnings of how the idea of a ‘risk society’ could emerge.

Required readings


Background reading

Study questions
What criteria define the society in which we live? (or, what makes a ‘traditional’ society and what makes a ‘modern’ one?) Do these criteria change over time? What do you understand by the Enlightenment? How are time and place inter-related and how might this relationship be modified?

No class
Preparation for brief presentation in Week 4.
Risk society
For most commentators, the notion of risk society is inseparable from that of modernity. This week we move from considering modernity in general to assessing specific aspects of it that gave rise to risk society.

Required readings
Reith Lectures 1999 - Giddens on Risk

Background reading

Study questions
So, what exactly is the ‘risk society’? In what sense is the notion of risk society a ‘new’ modernity? What does the notion of reflexive modernity add to our comprehension of the risk society? How and why has ‘risk’ been differentiated from ‘fear’, ‘danger’, ‘uncertainty’ and ‘hazard’? Are the ideals of the Enlightenment compatible with the defining themes of the ‘risk society’?
Modernity, risk and health

According to Petersen and Lupton (1996), ‘an elaborate body of theory, based upon the science of epidemiology, has been developed to explain associations between health outcomes and predisposing (that is, “risk”) factors’. (p. 19). This session will consider one particular aspect of public health, namely health promotion, to illustrate the importance of risk to the regulation of health in contemporary society.

Required readings

Background reading

Study questions
Why is health so central to ideas about risk society? How has the concept of risk influenced research into health issues? Where does authority lie in assessing health risks? How is risk bound up with the regulation of populations for health purposes?
Contagion

In addition to exacting an individual toll in terms of illness and death, infectious diseases represent a threat to the political and economic functioning of society. There are both continuities and shifts in the ways in which society protects itself from the ravages of disease over time. This session will explore whether organized attempts at securing public health can be evaluated in ‘traditional’ or ‘modern’ terms and whether the idea of risk society is useful to an understanding of how responses to infection are shaped.

Required readings

Background reading

Study questions
What forms of disease prevention might you consider to be ‘traditional’ and what forms might you consider to be ‘modern’? Do policies of disease prevention serve to marginalize specific groups in the population? How exactly can/does this marginalization take place, and how is it related to risk?
Occupational health and risk

It is now well-known that certain occupations, some industrial processes, and the handling of some industrial materials, carry specific health risks. While the rise of urban industrial society is one obvious feature of modernization that is associated with the emergence of such risks, it is important to understand how and why these risks become ‘knowable’ and what conflicts of interest arise when they do. Identifying and quantifying occupational and industrial health risks was, and is, an important component of modern industrial society. In this particular class, we consider gender, employment and occupation in Victorian Britain.

Required readings

Background reading
Study questions
What sets of conflicts arise when the risks of occupational and industrial health are revealed? What is the role of professional expertise in defining and quantifying occupational health risks? What common and unique features emerge when you compare the development of occupational health across time and space?

Genetics and risk
This class will be taken by Dr. Nathaniel Comfort, Institute of the History of Medicine

The central theme in our discussion will be the differences between testing or screening for simple (single-gene, highly penetrant) genetic diseases and genomic profiling for complex diseases, which involve several to many genes and multiple environmental influences.

Required readings
The first three readings (Harper et al., Holtzman et al. and Paul) focus on issues surrounding simple genetic diseases. Diane Paul writes about genetic screening for phenylketonuria and parental consent. Harper et al. write on testing for Huntington disease. The Holtzman et al. article discusses general issues in genetic screening. Please read these three first.

Harper, Peter S.; Gevers,Sjef; de Wert,Guido; Creighton,Susan; Bombard,Yvonne; Hayden,Michael R. Genetic testing and Huntington’s disease: issues of employment. The Lancet: Neurology, 2004, 3, 249-252


The second set (Burke et al., Press et al., and Kenna et al.) considers issues surrounding complex, multigenic diseases and genomic screening. Two articles discuss particular diseases—breast cancer and alcoholism, in this case—and one (the Burke article) discusses general issues. The Burke piece lays out a framework for
how to think about different types of genetic tests.


**Study questions**
What are the notions of risk attached to simple and complex genetic diseases? How much difference does it make whether a single gene confers a near-100% chance of getting a disease or a much smaller chance? Is this a difference of degree or of kind? What issues arise when discussing medical risk versus psychological risk?

**Student presentations**
Oral and visual presentations in small groups on a selected issue in occupational health and risk. Details and supplemental references will be announced in Week 6.
Environment and health

Not only do the twin processes of urbanization and industrialization compromise the natural environment, industrial processes and modern technologies commonly produce waste products that result in specific health threats and hazards. But the nature and scale of environmental risks are not uniform and are subject to debate. Historical examples of regulation serve to illustrate tensions between government, business and professional expertise.

Required readings

Background reading

Study questions
What conflicts arise over the setting of standards in environmental quality? What criteria should be used in setting such standards, and who should be responsible for setting them? What level of environmental risk should society be prepared to accept
Risky foods
From salmonella to BSE (mad cow disease), almost daily in the 1980s and 1990s, the popular press bombarded its readers with one food hygiene scare after another. Some of these stories had basis in 'scientific' fact, some didn’t. This class considers how and why food safety came to be an important issue in modern society.

Required readings

Background reading

Study questions
What are the characteristics of industrial society that render the eating of food a potentially dangerous activity? What is the role of scientific authority and expertise in defining health risks from food? How is scientific authority legitimated (institutions, organizations, bodies of knowledge)? How do animals mediate health risks?
Inventing teenage motherhood

The risks that have been formulated for teenage pregnancy and motherhood have many dimensions. For example, much sociological research has sought to identify which teenage women are at high risk of becoming pregnant. Alternatively, medical studies have researched the links between teenage pregnancy and birth outcomes: that is, whether teenage pregnancies are ‘riskier’ for the health of the infant and the mother than pregnancies at other ages. However, the category ‘teenage pregnancy’ is a relatively new term that has been interpreted as a scientific wording to replace moralistic and prejudicial labels such as ‘single parent’, ‘lone mother’ and ‘unwed mother’ that were more commonly used in the post World War II era.

Required readings

Background reading
**Study questions**
What are the specific health risks of teenage pregnancy? Should teenage pregnancy be considered a public health problem? How and why did teenage pregnancy become a term favored over and above other labels?

**Sexually transmitted diseases**
The links between personal behavior and exposure to risk are no better illuminated than through studies of sexual health. This class considers how control of the exposure to a particular form of health risk—sexually transmitted diseases—has been approached through the attempted regulation of prostitution. Depending on the time and place under consideration, we can observe that the regulation of risk can have both racial and gendered dimensions.

**Required readings**


**Background reading**


Study questions
What were the British Contagious Diseases Acts? How far is the study of prostitution and sexually transmitted disease a useful way of considering the moral dimensions to risk? What was organized medicine’s role in the regulation of prostitution and how is this role crucial to understanding the formulation of health risks in modern society?

HEART DISEASE AND RISK FACTORS