

<http://somatosphere.net/2017/03/socomplicatedsyllabus.html>

#SoComplicatedSyllabus - Check it out and please contribute!

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By Deborah Levine

“I have to tell you, it’s an unbelievably complex subject...Nobody knew that health care could be so complicated,” [said Donald J. Trump](#) on Monday, February 27, at a press conference. This was his answer to a question about the then-seemingly stalled, but as of now [reinvigorated](#), plans to repeal the Affordable Care Act, the 2010 health care law that is—both derisively and affectionately, depending on your political affiliations—known as Obamacare.

Pundits and journalists weighed in quickly with snarky jokes; it seemed they couldn’t help themselves. “Nobody? Nobody! Of course, *everybody* knows that health care reform is complicated,” [said Jordan Weissman](#) at Slate.com. On Twitter, thousands tried their hands at memes and quips, many of which paired pictures of [Hillary Clinton](#) or Bernie Sanders [laughing next to Donald Trump’s quote](#). Others remarked that they themselves must be “nobodies,” since they knew well that health care was complicated.

Perhaps unintentionally, the President actually made a really important point. If you aren’t someone who spends much time thinking about or studying the U.S. health care system, it can be stunning just how complex every aspect of the system is. I trained as a historian of medicine, and I teach undergraduate courses on the workings of the American health care system in a policy program. My students are continually surprised by the contradictory inequalities and complexities of our so-called “system.” In the fall of 2015, after participating at a conference with an international audience of scholars in Dublin, Ireland, the overarching question I got over dinner, from a highly educated audience of peer academics, was one of incredulous dismay, and amounted to: *Is this really how* the health care system in the US works? And perhaps like many of you, every time I start a new research project, I am bewildered afresh by the nuances of the injustice and contorted logics of the system I thought I had already confronted.

Over the last few years, scholars have been taking to twitter to compile and disseminate important academic works with valuable contributions to make to our most pressing political, social, and cultural debates. I have

been following the fantastic [#ImmigrationSyllabus](#), which began as a collaborative syllabus project on twitter, and that I have been using for my own teaching and research over the last several months. The [Ferguson Syllabus](#), organized by Sociologists for Justice, first introduced many of us to the power of collaborative syllabus design and is a phenomenal resource. The [#PulseOrlandoSyllabus](#) “compiled by librarians and teachers,” intends to be a “living document [which] exists as a resource to understand our pain and grief, sadness and healing in the wake of the shooting at Pulse Night Club on June 12, 2016.”

Following Trump’s remarks, and thinking of these efforts, I tweeted, “Colleagues, perhaps it is time for a [#SoComplicatedSyllabus?](#)”

We who study medicine and health care in the US from humanities or social science standpoints have an opportunity, and a responsibility, to expose and challenge the complexities of our health care system among wide audiences. We are more familiar than most with the deep problems that have plagued the American approach to health care since the first years of colonization and slavery.

Tracking the submissions on twitter has been inspiring, and exciting. Bloggers and editors from vitally important group blogs like [Nursing Clio](#) and [Remedia](#) contributed their favorites. Friends and colleagues from within the history of medicine and health policy added their own go-to authors and scholarships for working through the complexity of the US healthcare system, and a number of practitioners weighed in as well. The result is a growing list of works, ranging in subjects from across the social studies of medicine.

Some works have come up repeatedly, like Alondra Nelson’s brilliant 2013 book [Body and Soul: The Black Panther Party and the Fight against Medical Discrimination](#), Seth Holmes’ 2013 [Fresh Fruit, Broken Bodies: Migrant Farmworkers in the United States](#) and Beatrix Hoffman’s excellent 2012 history, [Health Care for Some: Rights and Rationing in the United States since 1930](#). Others, like Cornelia Dayton’s 1991 article, “[Taking the Trade: Abortion and Gender Relations in an Eighteenth Century New England Village](#),” were only suggested once but with the note that they were particularly useful for reaching students and engaging with difficult but essential materials. Forthcoming works suggested by eager future readers, like Deirdre Cooper Owens’ *Mothers of Gynecology: Slavery, Race, and the Birth of American Women’s Professional Medicine* and Andrew Ruis’ [Eating to Learn, Learning to Eat: The Origins of School Lunch in the United States](#) show that there is much good reading to look forward to on our [#SoComplicatedSyllabus](#).

The list is growing thanks to dedicated contributors, but it is much too light

in many areas—especially anthropology, drug policy, sociology, and literature—I hope you will contribute to.

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