Teaching a course on the HIV/AIDS epidemic in the middle of another viral pandemic is a daunting prospect, but that is precisely the scenario that confronted Professor Laurie Marhoefer at the start of spring quarter. HSTCMP 248: The AIDS Epidemic: A Global History usually begins with the earliest AIDS patients in the 1980s before moving back in time in order to explain the context within which the epidemic emerged. This year, however, such an approach seemed impossible, and Marhoefer is not the only member of the history department who has felt it necessary to rewrite her course even beyond the adjustments for emergency remote teaching.

The decision of whether or not to incorporate the pandemic into courses—to “teach the virus”—is one with which educators around the world have been grappling since March. The Social Science Research Council, an international organization to advance social science research, including history, published a crowdsourced #coronavirussyllabus of relevant scholarship and resources for instructors in April.

Some history instructors made the deliberate choice not to teach the virus. Such a decision could be made for a range of reasons, not least being that they see their class time as a potential refuge for students who may be otherwise preoccupied with the global lockdown. Even so, the pandemic has a way of butting into the conversation. Professor Arbella Bet-Shlimon has been teaching a course on the history of the modern Persian Gulf and explained, “I decided early on that I didn’t want to teach the virus, at least not directly—but today I recorded a lecture that, in part, explains how oil prices work and their link to U.S. relations with Persian Gulf countries, and there was no way I couldn’t mention what’s currently going on with oil prices.”

When it came to teaching the HIV/AIDS epidemic, there seemed to be no way around confronting the context in which students are living. In fact, Marhoefer and Taylor Soja, UW history PhD student and teaching assistant for the course, see teaching the virus as a responsibility. “It would have been impossible to teach the history of HIV/AIDS without confronting the reason we were all meeting..."
Prof. Marhoefer totally re-tooled the whole first week of the class to discuss COVID-19 and the way different countries have responded to and dealt with the pandemic. While things have changed so much even since just the beginning of this quarter, having those discussions early on about our current public health responses—quarantines, stay-at-home [guidelines], contact tracing, the search for a miracle drug—and their effects on us all have really affected the way our whole class has confronted the history of those same debates in regard to HIV/AIDS. . . . But this background isn’t just the context for the HIV/AIDS pandemic, it’s context for our pandemic too. We can’t not talk about that.

Students in the class seem to agree, as Soja notes that nearly all their research paper proposals referenced the current pandemic.

Teaching the virus is not just the purview of medical history courses. UW history PhD graduate and lecturer Roneva Keel began her Topics in American History course on migrant worker histories with a Washington Post article about how the suspension of visa processing for seasonal workers during the outbreak is affecting U.S. farms and fisheries. She asked students to read the news article alongside another from weeks prior to the outbreak about how Trump immigration policies affected farm industries. “It turned out to be a really effective way to start the class and has come up in a number of our conversations since,” shared Keel.

Environmental history has always been intertwined with the history of disease as evidenced by some of the earliest books in the field. Even in prior quarters, Professor Purnima Dhavan’s course on global environmental history had a focus on diseases, whether plant, animal, or human. Right now, says Dhavan, her students are working on an assignment on pandemic diseases in the nineteenth century. “In previous years,” she reflected, “students often needed help thinking about how cholera, yellow fever, etc., had very different impacts on poor and colonized populations versus elite ones, but also how a sense of vulnerability by elite groups would force governments to think about sanitation, quarantines, and investments in public health they had been reluctant to spend money on for much of the nineteenth century.”

The pandemic and global lockdown has led students to reflect more on this past history and their own lived experience, Dhavan elaborated, and even past students seem to have returned to the course material in order to understand the context in which they live. Shared Dhavan: “I actually had a student who took the class last year who wrote to thank me for the experience. It did not make him any happier about the situation, but he said he was trying hard to learn more and read different news sources to understand the current moment from perspectives other than his own.” “I was really touched by that,” she concluded.

In the midst of all this, Professor Adam Warren has been rethinking his autumn 2020 course HSTCMP 247: Global Health Histories: Colonial Medicine, Public Health, and International Health in the Global South. “The course I teach on history of medicine is a course on global health and the end point has always been to understand the way in which global health politics works today and the reasons why there are huge inequities,” he began. This fall, he wants to rewrite the first few weeks of the course so that it can be about how a historical perspective can help make sense of the global health response to COVID-19 and the experience of living in a pandemic.

The lessons a historical perspective can grant are many, explained Warren:

Part of what we’re seeing is the failure of governments and international agencies to coordinate an effective response. There have been moments like this before, such as the responses to Ebola in 2014. The last lecture I usually give in this class is on Ebola and how the World Health Organization dropped the ball on predicting and scaling its response to the emergency. We’re living through something similar now. Organizing the course to help us understand the current moment means understanding how
these international and non-governmental organizations are tasked with addressing things like the moment we're in and why they work the way they do—what the hindrances are as a result of the structures in place.

According to Warren, the history of health and epidemics reveals “all these latent things we don't talk about in society—the panic, the selfishness, and the fear of the other.” He wants to equip his students to confront and understand what they see around them now and what they will continue to live with in the fall, summarizing, “A lot of the course is about understanding inequality, which is fundamental to what we are seeing now.”

Warren always includes a lecture on the Black Death, and in the past it was always necessary to introduce the concept of a pandemic as something foreign to most students. The course has always been structured with the knowledge that some students will have experienced chronic health issues or even lived through an epidemic, disclosed Warren, but now, pandemics will be a known and shared experience for everyone in the class.

For Soja, teaching the virus has been a privilege. “Personally, I feel so lucky to be [a teaching assistant] for this class right now,” stated Soja. “It's really given me, and I hope our students, a historically grounded understanding of what's happening today.” Marhoefer herself shared: “It's very intense to teach the history of another recent pandemic that's still shaping our lives right now, with a new pandemic shaping our lives in historically unprecedented ways. We couldn't not talk about it,” she said in an echo of Soja's observations, and added, “We've been lucky to be able to talk a lot about it.”

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