#### MORAVIAN COLLEGE

# **HEALTH CARE | IN FOCUS**

#### THEMATIC PROGRAMMING 2013-14

COURSE NO: IDIS 190.2

**COURSE TITLE:** Healthcare Film Series

**SEMESTER:** Spring, 2014

# **INSTRUCTORS:**

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**CLASS MEETING TIMES:** Tuesday evenings, 7:00-10:00 P.M.

**CLASSROOM:** Dana Lecture Hall: HOSCI 204

**TEXTBOOKS:** None required

**PREREQUISITES:** None

## **COURSE DESCRIPTION:**

As part of the 2013-2014 IN FOCUS program on Healthcare, the IN FOCUS Center for Investigation is offering this for-academic-credit film series. The films highlight a variety of timely topics related to the structure, function and delivery of healthcare in the United States and abroad. Topics include the health insurance system, the broken aspects of modern healthcare systems, a comparison of the US system with Canada, responding to viral outbreaks, pursuing medical breakthroughs, the obesity epidemic and the dangers of over-diagnosis and treatment.

# **COURSE OBJECTIVES:**

By the conclusion of this course, students will:

- 1. Appreciate the complexity present in contemporary Western healthcare systems, particularly the American healthcare system.
- 2. Challenge preconceived notions about health, health care, and rights to health and health care.

3. Appreciate and respect different viewpoints of what constitutes health, risks to health, and strategies and remedies that may promote health.

## **TEACHING METHODS:**

Audiovisuals, seminar discussions/critique.

# **COURSE REQUIREMENTS:**

### Overview:

This is a half course unit. In order to earn 0.5 credits for this course, students will be required to attend seven of fourteen heathcare films. In addition to attending these films, students will be required to participate in post-film discussions, in online discussions, and to submit a series of short written reflections on the film topics.

# Film Viewing Requirements:

Students may elect to attend any of the seven films that are offered (see Film Viewing Schedule at the end of this syllabus). They need not advise the faculty which film viewing they plan on attending in advance of their showing. Students may simply show up to the class on time (i.e., - no later than 7 P.M.), sign the class sign-in sheet, watch the film for its entire running time, and engage in the post-viewing discussion. Students are welcome to attend additional film sessions but will not receive extra credit points for attendance at those films. Likewise, students will not receive extra credit nor be able to substitute better grades for poorer grades by engaging in additional on-line discussion boards or by submitting more than seven reflective journals.

Although each film may be available for viewing on venues such as NetFlix<sup>TM</sup>, students must be present on the night of each film to receive credit for viewing that film and in order for the film critique to count for credit. Students may be docked points for coming late to view a film, at the discretion of the course faculty. No student may be admitted to the film viewing ten minutes after class has begun (i.e., after 7:10 P.M.), as this may unfairly distract classmates.

#### Post-Film Seminar Discussion:

Each evening upon conclusion of the selected film, faculty will require students to engage in seminar discussion of the film. Each student must engage in the discussion in order to get full credit for being present the night of the film. In other words, if a student "shows up" for a given film but does not offer any oral feedback on a given night of filming, that student will receive a satisfactory grade for that evening, which is equivalent to a "C." Students who offer feedback subjectively considered by course faculty to be "generic" (e.g., "I liked this film. It reminded me of Forrest Gump," "I hated this film. The main character was so witchy" or "Who does Michael Moore think he is and why do the French love him?") will receive a "B." Students who offer critical analysis of the film, regardless of opinion of viewpoint taken (e.g., "I am having a difficult time reconciling how a physician may ethically prescribe a lethal dose of medication to a terminally ill patient. How may that physician know whether or not the patient is the one who will actually take the prescribed drug and it won't be administered by someone else? And

even if it is self-administered, what if the patient is administering it because he is clinically depressed?") will receive an "A."

## **On-Line Discussion Boards:**

Students will engage in on-line discussion boards on Blackboard the week after viewing a given film to "keep the conversation going" post-classroom discussions. Each student is expected to log-in at least once and make at least one comment of substance. The comments and critiques offered need not be particularly lengthy to be considered substantive. Similar criteria used for grading post-film seminar discussions will be used to gauge grading for this assignment. It is a faculty expectation that students will express themselves using language that is readily understandable, not using acronyms typical in social media vernacular (e.g., no "LOL" or "OMG") and not vulgar (i.e., obscene language is not acceptable). In order to receive credit for this assignment, students must post their discussion points no later than Monday at 4 P.M. on the week after a film is viewed. Late postings will result in docked points at the discretion of course faculty. Postings that are made over a week after a film is viewed will not be accepted.

## **Reflective Journals:**

Students must submit an electronic journal via the digital drop box on the course Blackboard site within the week post-viewing a given film. Each of these journals are due no later than Monday at 4 P.M. on the week after a film is viewed. Late submission will result in docked points at the discretion of course faculty. No journal will be accepted if it is submitted more than a week late.

Students should submit reflective journals using Microsoft Word. Each journal should address the following general points:

- 1. Why did you choose to view this particular film? (10 points)
- 2. What preconceived ideas did you have about the phenomenon that was the main focal point of this film? How might those have changed after you viewed the film, or not? (20 points)
- 3. Did you enjoy watching this film? Why or why not? (10 points)
- 4. Was there anything you think missing from this film that should have been addressed to further explain or describe the phenomenon that was the focal point of the film? (20 points)
- 5. Identify one main "take-away" message you learned from viewing this film. Has this changed your view of contemporary American healthcare? If so, how? If not, why not? (20 points)

Each journal should be approximately 500 to 1200 words in length and written to college standards in terms of use of grammar and overall readability (20 points).

#### **EVALUATION**:

The following are used to determine course grades:

Film viewing and class discussion	30%
On-line discussion board participation	30%
Reflective journals	40%

Course grades are based on the following numerical equivalencies:

A = 93-100 A- = 90-92.99 B+ = 87-89.99 B = 83-86.99 B- = 80-82.99 C+ = 77-79.99 C = 73-76.99 C- = 70-72.99 D+ = 67-69.99 D = 63-69.99 F = Below 60

## **DISABILITY ACCOMODATIONS**

Students who wish to request accommodations for a disability must contact the Moravian College Learning Services for Disability Support (ext. 1510). Accommodations will not be provided until authorization is received from this office. Accommodations for special needs will not be given retroactively (e.g., after a student has already completed an assignment without special provisions).

# **ACADEMIC HONESTY**

Academic honesty in all course-related assignments is an expectation of this course faculty. Plagiarism is the intentional use of another's words or ideas as your own. Please note that copying information from the Internet and presenting it as your own certainly constitutes plagiarism. Students who plagiarize will be prosecuted in accordance with policies outlined in the *Moravian College Student Handbook*.

This syllabus is subject to change at the discretion of the course professors.

#### FILM VIEWING SCHEDULE

Date:

Film:

January 14

*Sicko:* Sicko is a 2007 documentary film by American filmmaker Michael Moore. The film investigates health care in the United States, focusing on health insurance and the pharmaceutical industry.

January 21

Escape Fire: The Fight to Rescue American healthcare: tackles one of the most pressing issues of our time: how can we save our badly broken healthcare system? American healthcare costs are rising so rapidly that they could reach \$4.2 trillion annually, roughly 20% of our gross domestic product, within ten years. We spend \$300 billion a year on pharmaceutical drugs—almost as much as the rest of the world combined. We pay more, yet our health outcomes are worse. About 65% of Americans are overweight and almost 75% of healthcare costs are spent on preventable diseases that are the major causes of disability and death in our society.

January 28

**The Healthcare Movie:** This documentary provides the real story of how the health care systems in Canada and the United States evolved to be so completely different, when at one point they were essentially the same. Most people under the age of 50, in both countries, are not aware of the intensity of the political struggle that led to the universal medical care system in Canada. Nor are they aware of the public relations campaigns, still active today, that have been prevalent in the United States since the early 1900's to dissuade the public from supporting national health care. Produced by Canadian/American couple Laurie Simons and Terry Sterrenberg, The Healthcare Movie reveals the personal and emotional impact on Canadians who now have access to universal health care because of the heroism of people who took a stand nearly 50 years ago. It also reveals the continuing struggle in the United States between the fear of government intervention and the right to quality health care for all people.

February 4

How to Survive a Plague: Faced with their own mortality an improbable group of young people, many of them HIV-positive young men, broke the mold as radical warriors taking on Washington and the medical establishment. How to Survive a Plague is the story of two coalitions—ACT UP and TAG (Treatment Action Group)—whose activism and innovation turned AIDS from a death sentence into a manageable condition. Despite having no scientific training, these self-made activists infiltrated

the pharmaceutical industry and helped identify promising new drugs, moving them from experimental trials to patients in record time. With unfettered access to a treasure trove of never-before-seen archival footage from the 1980s and '90s, filmmaker David France puts the viewer smack in the middle of the controversial actions, the heated meetings, the heartbreaking failures, and the exultant breakthroughs of heroes in the making.

February 11

Contagion: Warner Bros. Pictures feature film, Contagion, fictionalizes the world's emergency response to a novel respiratory disease outbreak. The movie, partially filmed at the Centers for Disease Control and Prevention (CDC) Headquarters in Atlanta, follows the process to investigate and respond to the unfolding outbreak. CDC's work and professionals are prominently depicted by major actors in the film.

February 18

The Waiting Room: is a 2012 documentary film and social media project directed by Peter Nicks that follows the life and times of patients, doctors, and staff at Highland Hospital, a safety-net hospital in Oakland, California. The project includes a blog which features stories and conversations from the waiting room as well as behind-the-scenes information about the project. Frequent video updates from the project are posted on the blog. These videos examine what life is like in an American public hospital caring for a community of largely uninsured patients. The project involves placing interactive storytelling booths in hospital waiting rooms. These kiosks will include the live-blogged reports from people living without health insurance, and a unique online portal that will distribute these stories and become an archive for the testimonials that will highlight the urgency of the national dialogue around health care.

February 25

Terra Incognita: The Perils and Promise of Stem Cell Research: also known as Terra Incognita: Mapping Stem Cell Research, is a documentary film released by Kartemquin Films in 2007. The film follows Dr. Jack Kessler of Northwestern University in his search for a cure for spinal cord injuries using embryonic stem cells. When Kessler was invited to head up the Neurology Department at Northwestern, his focus was on using stem cells to help cure diabetes. However, soon after his move to Chicago, his daughter Allison – then age 15, was injured in a skiing accident and paralyzed from the waist down. In the moments following the accident, Dr. Kessler made the decision to change the focus of his research to begin looking for a cure for spinal cord injuries using embryonic stem cells. Through Kessler's story, we bring the stem cell debate to the public for discussion. The film follows the constantly evolving interplay between the promise of new

discoveries, the controversy of modern science and the resilience and courage of people living every day with devastating disease and injury.

March 11

Living in Emergency: Stories of Doctors Without Borders was among the 15 documentaries shortlisted for the Best Documentary Oscar by the Academy of Motion Picture Arts and Sciences for the 82nd Academy Awards. It is the first uncensored film about Doctors Without Borders and seeks to viscerally portray the real life of western doctors in the field as they confront the many difficulties and dilemmas of working in extreme conditions with limited resources.

March 18

Killer at Large: Why Obesity is America's Greatest Threat: Obesity causes 110,000 American deaths each year and plays a role in one-third of all cancer deaths. Yet, despite ballooning concerns, little is being done on the public policy level, as this probing documentary explains. Exploring the issue from individual, political, scientific, and cultural perspectives, the film features appearances/interviews by Bill Clinton, Ralph Nader, Arnold Schwarzenegger, Richard Carmona, Michael Pollan, and others.

March 25

*Triage: Dr. James Orbinski's Humanitarian Dilemma*: Nobel Peace Prize recipient and former head of Doctors Without Borders, Dr. Orbinski travels to Somalia, Rwanda, and the Congo, where he confronts disturbing truths. The documentary follows Orbinski's incredible journey as he recalls troubling memories of violence and despair, but, after posing the question "How can one make rage useful?" finds signs of solidarity, compassion, and true humanitarianism.

April 1

Money and Medicine: investigates the dangers the nation faces from runaway health care spending as well as the dangers patients face from over-diagnosis and over-treatment. In addition to illuminating the waste and overtreatment that pervade our medical system, Money & Medicine explores promising ways to reduce health care expenditures and improve the overall quality of medical care.

April 8

*How To Die in Oregon*: is a 2011 documentary film produced and directed by Peter Richardson. The film is set in the state of Oregon and covers the state's Death with Dignity Act that allows terminally ill patients to end their own life with medication prescribed by their physician (a form of assisted suicide). The film was the winner of the 2011 Sundance Grand Jury Prize for Documentaries.

April 15

Unnatural Causes: Is Inequality Making Us Sick?: examines the role of social determinants of health in creating health inequalities/health disparities (which the film considers health inequities) in the United States. Based on extensive research by a wide variety of academics, public health experts, and medical practitioners, the seven-part series explores how class and racism can have greater impacts on one's health outcomes than genetics or personal behavior.

# PART I:

*In Sickness and in Wealth:* How does the distribution of power, wealth and resources shape opportunities for health?

When the Bough Breaks: Can racism become embedded in the body and affect birth outcomes?

**Becoming American**: Latino immigrants arrive healthy, so why don't they stay that way?

April 22

Unnatural Causes: Is Inequality Making Us Sick?: examines the role of social determinants of health in creating health inequalities/health disparities (which the film considers health inequities) in the United States. Based on extensive research by a wide variety of academics, public health experts, and medical practitioners, the seven-part series explores how class and racism can have greater impacts on one's health outcomes than genetics or personal behavior.

## PART II:

**Bad Sugar**: What are the connections between diabetes, oppression, and empowerment in two Native American communities?

**Place Matters**: Why is your street address such a strong predictor of your health?

**Collateral Damage**: How do Marshall Islanders pay for globalization and U.S. military policy with their health?

*Not Just a Paycheck*: Why do layoffs take such a huge toll in Michigan but cause hardly a ripple in Sweden?