

# HMS MESSENGER

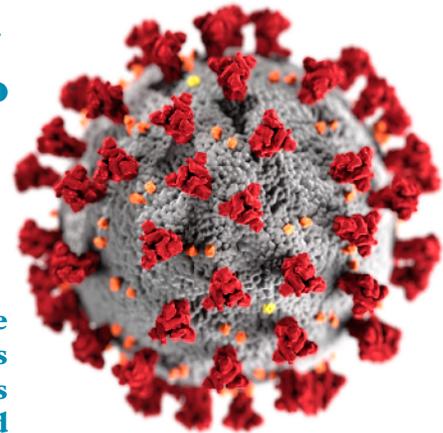
Health | Medicine | Society

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For information about the HMS program and much more, visit:  
[hms.cas2.lehigh.edu](https://hms.cas2.lehigh.edu)

## When Something So Small is Felt So Large: Reflections of HMS Faculty



**As a program, we prepare students to address complex health issues from social scientific and humanistic perspectives. The 2019 novel coronavirus is so far the most challenging acute health crisis in our history. So weird. Viruses are much smaller than bacteria. How can something so tiny, not even capable of surviving without a host, cause so much havoc? In this cover story, several HMS faculty share their thoughts about COVID-19, ranging from responses to the pandemic, to how it intersects with their research, to how it shapes their teaching.**

### *The Significance of History*

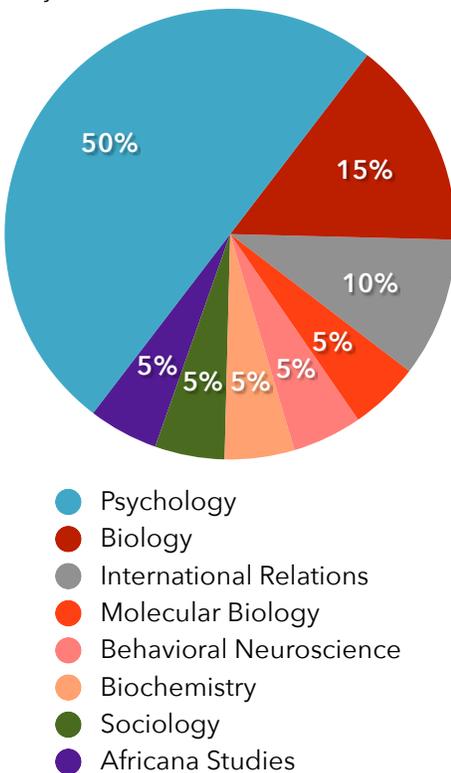
The history of epidemics and pandemics help us understand current responses to infectious diseases and to anticipate their impact.

**Dr. Lorenzo Servitje** studies the historical, cultural, and literary dimensions of medicine. This has been a strange time for him. “I spent the last half decade studying the 19<sup>th</sup> century history of how we frame medicine as war (e.g., ‘war’ with an ‘invisible enemy’). What I had spent years looking for in novels, archives of tropical medicine, the writing of sanitarians like Florence Nightingale, and had also tracked in popular discourse and news media suddenly exploded in circulation exponentially. In the past few weeks, I have seen more people than ever ‘see’ the metaphor that had for so long been naturalized. I have seen many critique, as I have, its

## By the Numbers

### What other majors do our students pair with the HMS major?

A new class of HMS majors will graduate in May. The following chart shows the distribution of second majors from our graduating HMS majors.



Data represents 20 HMS majors who declared the HMS major by 3/29/2020 and are expected to graduate in May 2020.

as the social production of policies, and unequal distribution of power and resources shape health. It is also about the web of causation – multiple interconnected factors that contribute to disease.

Interconnected social factors are now being shaped by COVID-19. For Dr. Alang, the pandemic highlights the complex bidirectional relationships between social factors and disease. “COVID-19 is shaping the environments in which people live and work. These include access to food, transportation, education, housing, income, travel, access to technology, and information. Like other social determinants of health, COVID-19 which is also a health outcome, influences the ways in which people die; in isolation, unable to be visited by their families and friends.”

problematics (the way it tends to promote xenophobia with respect to infectious disease; how it focuses on the microbe rather than the ecology of disease and the human social structures that shape it; the way it can justify a state of exception on governmental power).”

COVID-19 also takes us further back to the early history of epidemiology, the study of infectious diseases that spread ‘On Airs, Waters, and Places’. **Dr. Sirry Alang** has been contemplating the significance of the evolution of epidemiology’s focus and the availability of resources. “It has changed over centuries from acute infectious diseases in the 15th century, to diseases caused by nutritional deficiencies such as scurvy, to chronic diseases in the 19th and 20th centuries, and to those linked to social policy such as injury and violence in the 21st century. The current pandemic demonstrates the need for significant reinvestment in infectious disease epidemiology.”

### The Relevance of Theory

**Dr. Kelly Austin** highlights the relevance of theory in understanding events that have led to the current pandemic. “A political-economy take on COVID-19 would point out that most viruses come from human and environment interactions, or human and animal interactions. Think ebola or rabies. But it is not the creatures themselves that are to blame, but the humans that are degrading the environment and ruining habitats - forcing humans and animals to come into contact in new ways. Although viruses like COVID-19 come from foreign places, it is not those foreign populations that are to blame either. Us - the consumers in the Global North - drive massive environmental degradation and habitat destruction in poorer countries abroad.

The unfair use of environmental space in other places by people in nations like the United States is upheld through unfair trade and economic relationships that create and maintain global inequalities.”

What Dr. Austin talks about is what social epidemiologists refer to disease or the political economy of health – how capitalism, policies, and unequal distribution of power and resources shape health. It is also about the web of causation – multiple interconnected factors that contribute to disease.

### *Psychological and structural processes*

The COVID-19 pandemic is undoubtedly changing how we view the world, including our most basic interactions and activities. As a psychologist, **Dr. Jessecae Marsh** studies how people's beliefs about health and disease influence the way they reason and make decisions. "COVID-19 has brought up interesting questions about how people's general beliefs about disease influence the way they think about this pandemic."

Dr. Marsh reminds us that "psychological research has shown that people have almost magical beliefs about how contagion works. For example, people are unwilling to wear a sweater once owned by a serial killer, even if it has been washed and laundered since that killer last touched it. It is as if people think they can catch some element, some essence of that killer just by touching something the killer owned. Across studies, people have been shown to believe that it is easy to catch things from other people, even things, we don't think of as contagious, and that contagion is something for which we have to be constantly on the lookout."



*Self-Portrait with the Spanish Flu*  
by Edvard Munch

Therefore, it makes sense that you might not want to go anywhere, or when you leave your home, you wear masks and gloves, and then toss all your clothes outside as soon as you walk in the door. But psychological responses are complex. "People can also feel invincible! Young adults often underestimate how risky the behaviors they engage in actually are. More generally, we all know healthy behaviors we should do (exercising, eating more vegetables), yet often do not actually do (anyone want another cookie?). People are likely to believe that disease is something that happens to other people and not to themselves. Taken together, people's beliefs about contagion and their feelings of self invincibility may be at odds", adds Dr. Marsh.

Sociopolitical or structural processes are shaping national and global responses to the pandemic. For example, there are challenges to the delivery care in resource-rich countries like Spain, Italy, and the U.S. A glaring indicator of these challenges, according to Dr. Alang, is that most people with symptoms do not have access to testing, and clinicians and healthcare administrators must make difficult decisions about who would receive limited healthcare resources.

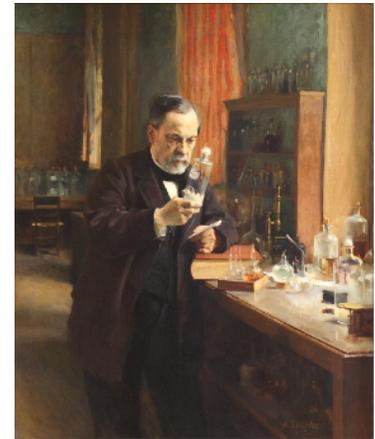
The political economy of health helps us anticipate responses to COVID-19 especially in the Global South where there are limited resources. Dr. Austin states that "under neoliberal approaches to development, which prioritize profit-making at the expense of people and the environment, less-developed nations have been forced to privatize healthcare systems." These measures have caused healthcare systems in these nations to be inadequate and costs of medical imports such as masks and medicines are constantly increasing. In addition, exposure to high levels of air pollution, the number of immunocompromised persons, and growing rates of other chronic conditions in poor nations may complicate COVID-19 cases. She concludes that "in seeing the havoc COVID-19 has had in developed nations, it is likely to be even more devastating in places like Sub-Saharan Africa."

### *How should people be thinking about the current pandemic?*

Given that many of us have not seen anything like COVID-19 in our lifetime, Dr. Marsh says the current pandemic poses us with a problem. "In most situations, we can apply some type of schema, or outline of how to interact in a given situation to help guide our behavior in a new environment. For example, when you

enter a new restaurant you can think about every other restaurant you have been in as a guide for what is about to happen in that dining experience and what your proper behavior should be. Your schema of a restaurant helps get you through the experience.”

“So what is our schema for a pandemic?” she asks. For Dr. Servitje, it has made him rethink many of his assumptions. He is rethinking “what the role of health humanistic work (which often takes years to research and just as long to publish) plays in the midst of how information circulates at a scale and speed that makes a comparison to epidemic growth no longer seem hyperbolic.”



Louis Pasteur by Albert Edelfelt

**Dr. Dena Davis** has been reflecting on how cultural and religious laws play out when health is at stake. “This semester I am team-teaching a class on Judaism, Medicine, and Bioethics. A theme has been the importance in which Jewish law, culture, and religion view the protection of life and health. If a person is a tiny bit ill, or even in danger of becoming ill, all other commandments fall by the wayside.” COVID-19 fits right into the class discussion, and Dr. Davis has incorporated the pandemic into prompts for student assignments.

Dr. Alang has also been thinking about the content of her courses. “Since I teach Social Epidemiology in the fall, I will expand the lesson on access to care as a determinant of health to include emergency preparedness. And, the chapter on public health emergency preparedness in my Introduction to Public Health class will be restructured, significantly.” That clinicians, grocery store attendants and many others with elevated exposure to the virus lack personal protective equipment indicates a lack of preparation. The lack of coordination of public health measures and responses between local, state, and federal governments, and across sectors is particularly problematic. “We need to train future public health practitioners, politicians, and policy-makers to do better.”



Copper engraving of Doctor Schnabel (i.e., Dr. Beak), a plague doctor in seventeenth-century Rome

Speaking of public health measures, Dr. Marsh encourages us to think about COVID-19, in some ways, similarly to the seasonal flu. “That helps us think about doing things like washing our hands, covering our mouths while we cough, and staying away from other people while we are sick.” She cautions, however, that “COVID-19 is different from the average flu. For every 1 person who gets COVID-19, they will infect on average 2 to 2.5 people, while every one person with the flu infects 1.3 people. So that is a lot more people that are getting sick. And while thousands of people die every year from the flu, COVID-19 is projected to be much more deadly.”

Not surprisingly, there is some variation in our schema of the seasonal flu versus COVID-19. Dr. Marsh uses the example of people “stocking up on things that seem to have nothing to do with normal flu preparation like toilet paper and guns. So maybe people are using something like a ‘zombie apocalypse’ schema to help them think about preparation for staying at home and away from other people. But that schema is not appropriate because we are not talking about the end of society, we are talking about the sweeping through of a disease. All in all, use a schema that helps you stay well and be helpful to others in that process.”

Part of taking care of yourself and others is staying connected with people you care about, people you are unable to physically spend time with because of COVID-19. One thing that Dr. Alang emphasizes is not to take for granted the time with friends and family. "If you have been practicing physical distancing, then you know that it is hard not to hang out with folks you care about. It will get worse when people become hospitalized with no visitors. So connect with people by text, phone, Facetime, WhatsApp, etc. as often as you can for their mental health and yours too, but also because they really might be a time when you can't."

We need to appreciate the heroes around us, sung and unsung. Dr. Servitje reminds us that "without a doubt, nurses, doctors, and other practitioners on the 'front lines' are heroes. Their risk and efforts are, indeed, exceptional. However, much about this current 'war' does expose the exceptional in the quotidian. It has made very visible the everyday precarity that so many in our country and around the world live in; it has revealed other heroes: those who clean where we work, where we live, and where we convalesce (those who clean hospitals); those who make, stock, and deliver our food; those who pick up the garbage from our curbs."

As we try to make sense of COVID-19, **Dr. Elizabeth Dolan** draws our attention to some of the narratives and films about epidemics that she teaches and that she likes.

Reading these narratives and watching these films might just be what you need. Check out the list on this page.

**- Professor Sirry Alang and the rest of your HMS faculty**

## Dr. Dolan's picks for staying at home

### Novels & Plays

- Susan Barrett, *Ship Fever*
- Geraldine Brooks, *Year of Wonders*
- Albert Camus, *The Plague*
- Anton Chekhov, *Typhus*
- Daniel Defoe, *Journal of a Plague Year*
- Tony Kushner, *Angels in America, Parts I and II*
- Gabriel Garcia Marquez, *Love in the Time of Cholera*
- W. Somerset Maugham, *The Painted Veil*
- Thomas Mullen, *The Last Town on Earth*
- José Saramago, *Blindness*
- Mary Shelley, *The Last Man*
- Connie Willis, *Dooms Day Book*

### Films

- *How to Survive a Plague*
- *Contagion*
- *Angels in America*

## HMS Program Faculty

**Kelly Austin** | Associate Professor of Sociology | Director of Global Studies

**Sirry Alang** | Assistant Professor of Sociology & Health, Medicine, and Society

**Christopher Burke** | Director of Community Health Research Group | Associate Professor of Psychology

**Dena Davis** | Presidential Endowed Chair in Health, Humanities, and Social Sciences | Professor of Religion Studies

**Elizabeth Dolan** | Professor of English | Deputy Provost for Graduate Education

**Linda Lowe-Krentz** | Professor and Chair of Biological Sciences

**Jessecae Marsh** | Director of Health, Medicine, and Society Program | Associate Professor of Psychology

**Lucy Napper** | Assistant Professor of Psychology & Health, Medicine, and Society

**Lorenzo Servitje** | Assistant Professor of English & Health, Medicine, and Society

## Fiction and the Pandemic

In my HMS/ENGL Course “The Literature of Contagion” I’ve taught narratives about contagious disease from the 14th-century Bubonic Plague to the 2014 Ebola outbreak (see picks on previous page). As the current COVID-19 pandemic intensifies and moves closer to home, two novels in particular have been on my mind—Connie Willis’s *Dooms Day Book* (1993) and José Saramago’s *Blindness* (1995).

Willis’s science fiction novel *Dooms Day Book* depicts parallel epidemics: a viral pandemic in 2054 and the bubonic plague in 1348. As part of a historical research project using time travel at Oxford University a graduate student, Kivrin, slips through “the net” to study the early Medieval Period. But, because the person operating the net is one of the first to come down with an emerging viral pandemic in Oxford and is feverish, he gets the coordinates wrong and sends her into the middle of the bubonic plague in Medieval Oxford.



**Beth Dolan**

**Professor of English and  
Deputy Provost for  
Graduate Education**

The story resonates with our current moment in both small and profound ways. Willis wrote the novel in 1993, before cell phones, so there are infuriating moments when people can’t get in touch because they can’t get to a landline. While she didn’t imagine that cell phones would exist, she did imagine a videophone. These “vids” in 2054 Oxford have spotty connections during the epidemic due to high use. Given my experience using Zoom from my house in a rural area these last few weeks, Willis’s depiction of the frustration with this form of communication seems downright prophetic.

While 2054 Oxford struggles with videophones, getting people to follow quarantine instructions, and yes, even a shortage of toilet paper, 1348 Oxford begins to witness gruesome deaths from bubonic plague. Spread by fleas, the bubonic plague is recognizable by swollen and bruised lymph glands and black spots from infected flea bites (thus the name “Black Death”). In a time before antibiotics, the bubonic plague was deadly. Those infected became septicemic or died from respiratory complications, often experiencing neurological collapse as they neared death.

What moves me most about this novel is that in 1348 Oxford one small village priest does not give up on affording people dignity in death. He buries the body of each person that dies and rings the church bell to send their souls to heaven, even when he is sick himself. Willis is careful to contrast this village’s care for one another with a nearby village in which bodies are strewn all over. At this moment in the United States and around the world people are dying alone because their loved ones cannot reach them. If they are in the hospital, the doctors, physician assistants, and especially the nurses are the ones who act in the priest’s role—offering them the dignity of care and witnessing their deaths. In a time of pandemic, governmental policy definitely matters, but how we treat one another in our local communities provides our most profound opportunity to express our humanity.

I’m an administrator now in the Provost office at Lehigh, focused on our graduate programs. My daily activities for the last few weeks have been crisis-management driven, which involves determining policies with other administrators, faculty, and staff to deal with the challenges of our moment, and then communicating those policies—primarily through email. Although I know they are written from a place of compassion and care for the campus, and I do think they are the best we can do right now, these emails make me think about the government’s callous communication in Saramago’s *Blindness*.

In *Blindness*, an imagined epidemic in an unnamed country causes sudden blindness to spread from person to person through proximity. As people begin to fall blind, the government acts quickly to quarantine them in a former insane asylum (really it's more imprisonment than quarantine as there are armed guards preventing the ill from leaving). A recording system makes daily pronouncements to the blind, giving them instructions to keep the facility clean and share food that is delivered to the front door. The recorded instructions play each morning as more blind people arrive, resources become scarce, the building gets filthy, and social relations rapidly and disastrously deteriorate.

The disconnection between the recorded pronouncements and what is actually happening to people haunts me as I work on campus communications about our current moment. I felt that when I read an account yesterday of what our international students who have returned to their home countries are experiencing. How must our emails about Zoom instruction read to the student confined to a "quarantine hotel" in China with very spotty internet? The intent is positive—to keep offering a good education at Lehigh—and we're certainly more responsive to what is actually happening with students than is the government in *Blindness*, but still the potential for radical disconnect is there.

Like *Dooms Day Book* the novel *Blindness* suggests that while governmental, administrative, or other responses to epidemics do have a powerful effect on social outcomes, ultimately it is on the local level that people find both the means to survive and meaning itself. When nearly everyone in the society Saramago depicts has gone blind and the asylum has burned down, small groups of blind people start traveling around together to seek food and take care of one another. This radically local focus begins to restructure society in positive ways. Because people who venture out can't find their way home, empty property becomes collectively used by traveling groups until they decide to move on. What seemed important before the epidemic—home ownership, for example—shifts to enable collective survival.

I wonder if the current pandemic will help more Americans to shift priorities in this way, for example balancing our commitment to corporate profits and a rising stock market with a dedication to universal access to health care. I hope so. In the meantime, we can all focus on taking care of the people we love most and reaching out to strangers we may not know yet, recognizing that we are all imperfect and vulnerable humans.

**- Professor Beth Dolan**

## Health Fact Corner

Did you know the "Spanish Flu" did not come from Spain? The 1918 Influenza pandemic, known as the Spanish Flu, was a massive worldwide health crisis. One-third of the world's population was infected. Death rates in countries across the world were frighteningly high. In 1918 the world was in the throes of World War I. Soldiers were fighting on fronts in Europe and then traveling back to their homes across the world. Where exactly the flu strain first started is not well known. We believe the first reported case of the so called Spanish flu was in Kansas. The movement of fighting forces meant wherever it started, it spread quickly. So why did Spain get stuck with this flu? Countries that were fighting in WWI had a motivation to downplay the effects of the flu to keep troops' morale high. Coverage of the spreading flu outbreak was censored by countries at war. Spain had remained neutral in WWI. As such, reporters in Spain were free to cover the growing pandemic in as much detail as they liked. By being the people who covered what was happening, the Spanish people became the owners of the flu.



## From the Director's Desk

This is an unusual and hectic time. We are all living in a new environment one way or another. From moving back in with mom, to becoming a full-time professor and an elementary school homeschool teacher, the challenges are real. But here is the message I want all of you to hear. To the students of HMS: we got you. Let your faculty know what you need. We are here for you. If it is help with a class, help in your transition, or just figuring out what you are taking next semester, your HMS faculty are here to help. Reach out, and keep reaching out. While this virus makes us stay inside, nothing can take away our sense of HMS community. Stay strong, stay well, and HMS will be here when we can all be together again!

- Professor Jessecae Marsh



**Jessecae Marsh**  
Director of HMS

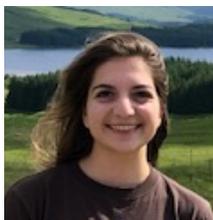
## Learning More about Public Health

**Lehigh's American Public Health Association (APHA) campus liaisons work to educate Lehigh about public health issues. Here is what they have to share about public health.**

We are currently living through a global pandemic that has stirred up a significant amount of panic and uncertainty. Everyday we are overwhelmed with the rising number of confirmed cases of COVID-19 and deaths on global and national scale. Information floods our screens as we struggle to differentiate facts from rumors. Unfortunately not all of the media is covering COVID-19 in an appropriate manner; make sure you follow reliable sources, like APHA, the *New York Times*, and the CDC. Nonetheless, it is important that we equip ourselves with the knowledge that will enable us to take safe, smart actions during this unprecedented time.

The American Public Health Association is working to ensure that the public is consuming accurate, science-based information on COVID-19. They have prepared fact sheets in multiple languages about the virus, which include its symptoms, how it is spread, and how we can protect ourselves from it. The APHA has also started a webinar series on COVID-19, featuring experts in public health, infectious disease, and risk communication. Furthermore, they have created a platform on which individuals can voice their questions and concerns while pushing lawmakers to prioritize public health during this pandemic.

During this time, it is critical that each of us practices proper hygiene and follow the CDC's recommended guidelines, to help slow the rate at which people are getting infected. For more information about COVID-19 visit, [APHA COVID-19](#). Finally, while we will not be able to host in person events for National Public Health Week, there will be passive online and social media-based events that we encourage you to check out! To learn more about these please see the [NPHW Website](#) and the APHA-SA [Facebook](#) and [Twitter](#) pages. We encourage everyone to practice social distancing during these uncertain times. If you have any questions, please feel free to contact us!



**Ashley Pen**  
Major: Biology  
Minor: HMS



**Holly Guinan**  
Major: Behavioral  
Neuroscience  
Minor: HMS



**Charlotte Murphy**  
Major: Psychology  
& HMS



**Katie Murabito**  
Major: Psychology  
& HMS

## A View From Medical School

**Jenna Pastorini ('17) started her health career journey in the HMS classroom. Now, she is finishing her first year of medical school. Here is her story of what it is like to be a medical student this semester.**

Being a first-year medical student is a lot like being a pre-medical college student except with knowledge of a few more big words, some awkward moments with a scalpel, and a vague idea of how to use your stethoscope. So when COVID-19 put the United States on lock down, my first-year peers and I found ourselves in the uncomfortable situation of wanting to be of service but not yet having the skills we need.

Like all higher education programs, my medical school, Sidney Kimmel Medical College in Philadelphia, has resorted to being completely remote and online. In many ways, we are fortunate to be in medical school in 2020 with technology already exceptionally integrated into our curriculum. Similar to many medical schools across the U.S., we were given (by our tuition) iPads to access all of our notes, textbooks, and resources. Our Monday, Wednesday, and Friday lectures are always recorded and attendance in person is optional. The transition to making all of our lectures strictly remote was simpler, the administration using recordings from the year prior as not to make our professors risk their health either. An important part of our curriculum is case-based learning (CBL) where in small groups, students work their way through a medical case with a faculty facilitator. These mandatory Tuesday and Thursday morning get-togethers are now the only time of the week we see our classmates' faces, thanks to streaming video-chat platforms like Zoom.



Although we have been fortunate in our ability to transition and keep our learning going, it has been at the cost of vital parts of our training. For example, in sessions like Clinical Skills, paid actors trained in medical conditions called Standardized Patients are brought in to aid us in learning clinical exams and maneuvers. There is no way to benefit as thoroughly, make the mistakes, and ask the questions needed to hone these skills "online". Anatomy dissection labs will now be virtual as well. We are so fortunate the technology exists, that we can use our computer mouse to click through layers of muscle and learn innervation and blood supply. But the numerous individuals who donated their lives to science now sit stored within our institution, their gift being wasted.

The COVID-19 pandemic has cultivated many unideal situations, the adjustments to my medical education certainly being one of them. In times like this it is easy to feel helpless and immobilized. But I am so proud to be a part of the Jefferson and Philadelphia community during this time. I have been astounded by the creative initiatives I have seen my peers taking. Rather than harping on our lack of adequate medical skills to help in the fight against this virus, we are harnessing what makes each of us unique in ways we can contribute. I have been added to Facebook groups where medical students from all of Philadelphia's institutions have been rallying together to identify needs, compile resources and contribute: some are running PPE donations, others offering up their services as babysitters to healthcare families, or sign-up sheets to help teach patients how to utilize tele-medicine technology before logging on to their appointment with their physician.

These are difficult times, and it is taxing to stay motivated and optimistic. But helping in the ways I can right now makes it easier to continue to study and work hard for the ways I'll be able to help in the future.

## Summer 2020 Courses

\*HU = A course that counts for the Humanities Core Course for the HMS major and as a core course for the HMS minor.

\*SS = A course that counts for the Social Science Core Course for the HMS major and as a core course for the HMS minor.

\*RM = A course that counts for the Research Methods Core Course for the HMS major.

### Summer 1

HMS/FILM 097	<b>Health &amp; Illness in Film and TV</b> (HU) 4 credits	Professor Kramp	online
HMS/SOC 160 *SS	<b>Medicine and Society</b> (SS) 4 credits	Professor Noble	online
HMS/SOC 162	<b>AIDS and Society</b> (SS) 4 credits	Professor Alang	online
HMS 170 *HU	<b>Medical Humanities</b> (HU) 4 credits	Professor Servitje	online
HMS/GS/AAS/HIST 176	<b>Keeping Africa and Africans Healthy</b> (HU) 4 credits	Professor Essien	online
HMS/REL/PHIL 196	<b>Bioethics in the Family</b> (HU) 4 credits	Professor Davis	online
HMS/WGSS 197	<b>Gender, Sexuality, and Body Image in American Culture</b> (HU) 4 credits	Professor Jones	online
HMS/SOC/GS 322	<b>Global Health Issues</b> (SS) 4 credits	Professor Austin	online
HMS/SOC 341	<b>Gender and Health</b> (SS) 4 credits	Professor Alang	online

### Summer 2

HMS/REL/PHIL 116 *HU	<b>Bioethics</b> (HU) 4 credits	Professor Schmidt	online
HMS/SOAN 120 *RM	<b>Values and Ethics of Community-Engaged Research</b> (SS) 4 credits	Professor Stanlick	online
HMS/AAS/GS/SOC 314	<b>Infections and Inequalities</b> (SS) 4 credits	Professor Austin	online
HMS/PSYC 319	<b>The Psychology of Trauma</b> (SS) 4 credits	Professor Lomauro	M 5:00 - 7:50 p.m. W 7:00 - 9:50 p.m.

*Note, this course may move online if remote learning is implemented for Session 2.*

### Additional Coursework Requiring Director or Instructor Permission for Registration

HMS 291	<b>Independent Study</b> (HU/SS) 1-4 credits	Available with multiple faculty	TBD
HMS 292	<b>Supervised Research</b> (HU/SS) 1-8 credits	Available with multiple faculty	TBD
HMS 293	<b>Internship</b> (HU/SS) 1-8 credits	Professor Marsh	TBD

## Fall 2020 Courses

\*HU = A course that counts for the Humanities Core Course for the HMS major and as a core course for the HMS minor.

\*SS = A course that counts for the Social Science Core Course for the HMS major and as a core course for the HMS minor.

HMS/REL/ASIA/ETH 090	<b>Buddhism, Psychology, Medicine</b> (HU) 4 credits	Professor Pitkin	T/R 12:10 - 1:25 p.m.
HMS/REL/PHIL 116 *HU	<b>Bioethics</b> (HU) 4 credits	Professor Schmidt	M/W 3:00 - 4:15 p.m.
HMS/PSYC 130 *SS	<b>Introduction to Health Psychology</b> (SS) 4 credits	Professor Napper	T/R 10:45 a.m. - 12:00 p.m.
HMS 150	<b>Health Communication</b> (SS) 4 credits	Professor Jia	T/R 10:45 a.m. - 12:00 p.m.
HMS 180 *SS	<b>Introduction to Public Health</b> (SS) 4 credits	Professor Alang	T/R 9:20 - 10:35 a.m.
HMS/CLSS 196	<b>The Greek and Latin Roots of Medical Terminology</b> (HU) 4 credits	Professor Pavlock	M/W 12:10 - 1:25 p.m.
HMS/SPAN/LAS 270	<b>Spanish for the Health Professions</b> (HU) 4 credits	Professor Prieto	M/W 1:35 - 2:50 p.m.
HMS/SOC 316	<b>Social Epidemiology</b> (SS) 4 credits	Professor Alang	T/R 3:00 - 4:15 p.m.
HMS/SOC/GS 322	<b>Global Health Issues</b> (SS) 4 credits	Professor Austin	T/R 9:20 - 10:35 a.m.
HMS/PSYC 334	<b>Psychology of Body Image and Eating Disorders</b> (SS) 4 credits	Professor Lomauro	W 7:15 - 9:55 p.m.
HMS/PSYC 344	<b>Health Care Reasoning and Decision Making</b> (SS) 4 credits	Professor Marsh	M/W 9:20 - 10:35 a.m.

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HMS 292	<b>Supervised Research</b> (HU/SS) 1-8 credits	Available with multiple faculty	TBD
HMS 293	<b>Internship</b> (HU/SS) 1-8 credits	Professor Marsh	TBD

### Want to earn HMS credits for being a research assistant in an HMS faculty member's lab?

Many HMS faculty members rely on undergraduates to help conduct their research. Students can gain course credit for helping faculty with their research through HMS 292, *Supervised Research*. Email a faculty member you are interested in working with and ask if they are taking students for next semester. Discuss with that faculty member whether receiving credit through HMS 292 is right for you.

## Well-being and Wellness in Art

The mission of Lehigh University Art Galleries, or LUAG for short, is to “advance critical thinking, cultural understanding, and well-being for campus and community through transformative experiences with art.” Well-being sounds just like what we need! Below are some pieces from LUAG’s collection, curated to inspire thoughts of wellness. Want to see more? Check out the upcoming events you can virtually participate in with LUAG.



*Ta Ta Ta* by Edmund Blampied



*She Kept On Growing* by  
Graham Ovenden



*Pop Shop Quad II* by Keith Haring



*Domino Park* by Mario Algaze



*Enfants Dans La Première Neige (Children  
in the First Snow)* by Edouard Boubat

### Looking for creative inspiration and opportunities to ignite your curiosity while stuck at home?

Lehigh University Art Galleries features a dynamic website full of art resources and a searchable digital collection through [ArtStor](https://www.artstor.org). Virtual *Art in Dialogue* programs will engage participants in a discussion about how art is an essential element to other dynamic fields of inquiry and research; and *Family Workshops* are great opportunities for individuals of all ages to learn more about contemporary and historic works of art and artists, and discover ways to create your own masterpieces using materials found at home. Visit [www.luag.org](http://www.luag.org) for more information and follow LUAG (@luartgalleries) on social media.

#### Upcoming events:

- 4/7 (TUES, 5:30-6:30 pm): [Art In Dialogue](#): Stories that Pictures Tell with Nicholas Sawicki & Michael Kramp
- 4/14 (TUES, 4-5 pm): [Art in Dialogue](#): Art Journaling with Jason Travers and Ian Birky.
- 4/18 (SAT, 10 am): [Art in Dialogue](#): Artist Talk & Family Workshop with Deirdre Murphy

Thank you for reading the *HMS Messenger*, the official newsletter of the Health, Medicine, and Society Program of Lehigh University. To see your content in the *HMS Messenger* email [jessecae.marsh@lehigh.edu](mailto:jessecae.marsh@lehigh.edu).