

Viruses Don't Discriminate, But People Do: Teaching Writing for Health Professionals in the  
Context of Covid-19 and Black Lives Matter

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Teachers of writing are not therapists. This much I know. That *seems* obvious, but it's not so obvious in times like these. Nor was it obvious when I co-wrote an article on teaching in times of trauma in 2016. I wrote about teaching writing at the University of California, Santa Barbara (UCSB) during the remaining two weeks of the 2014 spring quarter after Elliot Rodger murdered six students before killing himself. My co-author wrote about teaching in New Orleans during Hurricane Katrina. Both of these events, though caused by different forces, revealed underlying issues of misogyny and racism. Both events caused major crises for teachers and students alike; after all, “[t]raumatic events that threaten life, health, body integrity, and the lives of others are ubiquitous and have life-altering impacts for a substantial portion of individuals” (Gerhart, Canetti, Hobfall, 2015, p. 4). We concluded that, while we are not therapists, we felt a responsibility to address challenges and inequalities in our classes when unforeseen traumatic events were happening in our communities, and to give students agency in that process.

At the time that we wrote the article, we didn't imagine horrific catastrophes like mass murder and deadly hurricanes happening directly around us again during our teaching careers. Then the unthinkable happened in March of 2020 for *all* instructors and students across the globe. At UCSB, classes were canceled two days before the end of winter quarter. It was official: spring quarter was to be taught online due to a global pandemic called Covid-19. I was assigned to teach two sections of the upper-division course, Writing for Health Professionals, online that spring (along with two sections in the summer) and had two weeks to plan.

I had taught Writing for Health Professionals many times before, but had never taught it when it seemed so exigent. Nor had I ever taught a class online. When speaking with colleagues, I referred to it as a “hall of mirrors”; that is, I was forced to teach a class online because of and during a pandemic to students who, as health workers, will be dealing directly with challenges like pandemics. Moreover, the pandemic was only one of several national challenges. The Black Lives Matter movement was not new, but the murder of George Floyd at the hands of police occurred mid-quarter and prompted national outcry. People were marching and protesting, and in certain places, violence erupted. Medical aides stood by, trying to help protestors who were injured, and many aides were injured in the process themselves. Some medics have since launched lawsuits with the backing of the ACLU (Mansoor & Most, 2020).

During the three weeks or so before the class began, Covid-19 dominated the headlines and caused unprecedented anxiety in the masses. Former president Donald Trump and major political figures referred to it as the “Chinese virus” as soon as the news became public, which many identified as xenophobic (Vazquez, 2020). Soon after the class began, the issue of racial inequality due to police brutality dominated headlines along with the pandemic. Many students were fully aware that Covid-19 was disproportionately affecting people of color, with far more minoritized patients dying than their white counterparts. Referencing the Center for Disease Control and Prevention, Gary Kreps (2006) describes this problem in his article on racial inequalities in medicine:

Health disparities cross a range of different health risks and diseases. The two major known causes of mortality for African Americans are heart disease and cancer, followed by stroke, the same as for non-Hispanic Whites, although the risk factors and incidence, morbidity, and mortality rates for these diseases are generally far greater among African Americans than for non-Hispanic Whites (pp. 760-761).

In other words, health inequity wasn't a new phenomenon in the context of Covid-19. If these challenges weren't enough, the Trump administration appeared increasingly anti-science. I was struggling once again, as I had back in 2014, to figure out how much to include already overwhelming and media-saturated topics in class, and whether I should encourage students to talk and write about them knowing that it could be triggering.

Much of the news media was bleak and overwhelming. Just as some populations were disproportionately affected by Covid-19, my experience teaching in the aftermath of a mass shooting revealed a wide variety of student responses and coping mechanisms to the traumatic event. As James Gerhart, Daphna Canetti, and Stevan E. Hobfoll (2015) point out, "Although trauma is ubiquitous, the long-term response to trauma is complex and ideographic, with individuals showing unique reactions to the traumatic event based on the unique ecology in which they live" (p. 4). Some of the students expressed their anxieties about the health profession during the quarter, while others were trying eagerly to find ways to get more involved in medical opportunities despite the quarantine. As an instructor of aspiring health professionals, I felt that shielding them from these difficult topics in the midst of a pandemic would be a disservice not only to their preparation in the field but to the integrity of their writing, especially since I address medical ethics in the class. I tried to take advantage of this kairotic moment and create a space for students to explore these topics if they desired and felt comfortable doing so. Throughout the medical ethics and professionalization units, I gave students the opportunity to think about inequalities in health and medicine, and other challenges in the field, more broadly.

### **Writing for Health Professionals Curriculum**

Writing for Health Professionals is an upper-division course meant for students who are likely to apply to medical school or other medical training, and it focuses on analytical and professional writing related to health professions. UCSB does not have a medical school and the resources that would come with it, so this is a very popular class among pre-med students and students wanting to work in health professions. Many of them desire more volunteering or professional experience in health contexts, as well as more health-related writing practice that they do not receive in their science-heavy undergraduate courses. In “Writing-Skills Development in the Health Professions,” Rawson et al. (2005) argue for the need for more undergraduate exposure to writing in the health professions since many medical students come unprepared: “The same principle—that students need to learn to communicate in ways that are specific to a profession or discipline—can be applied to graduate health professions education. Students who wrote well in their undergraduate classes may produce inadequate writing in the new domain of medicine” (p. 234). While a ten-week class on Writing for Health Professionals is probably not ultimately adequate practice for undergraduates, it certainly helps students think about health topics and focus on writing as a means of health communication before they enter their future studies or careers.

In a normal ten-week quarter, my course consists of two major components through writing: medical ethics and professionalization. Within the first major unit on medical ethics, I give students a choice of a medical humanities analysis or a medical issue analysis (see Appendix). For the medical humanities essay option, they can analyze a fictional or non-fictional text dealing with medical themes. For the medical issue analysis option, they are to approach a controversial topic and research it, arguing a position as a medical professional. During the second part of the quarter, we work on professionalization in the field through writing a resume and personal statement (for medical school or other health professions). I also conduct a mock interview with each student, in front of the class or a group, for their chosen school or profession.

In these early weeks of the pandemic, I could find nothing but broad opinion pieces, news stories, and social media posts available to include in the class readings in terms of Covid-19. Moreover, I was learning how to teach an online class as effectively as possible for the first time. I decided that rather than completely reinvent the class, I would include even more options for assignment topics, while offering a space for students to discuss what was happening on the national level and abroad. We would continue with my normally assigned readings, which dealt with universal medical themes, but would approach them with Covid-19 and the Black Lives Matter movement as current reference points. I integrated questions about the pandemic and Black Lives Matter movement (as related to medical ethics) into forum prompts, asking students to engage with current events on a weekly basis. We would also proceed with the professionalization unit, thinking of these challenges as integral to potential medical professionals entering the field.

I did this, of course, with knowledge that some students entering the medical field might be more hesitant and overwhelmed than normal as they embarked on their future medical paths. I found that this compromise—framing readings in a current context, and discussing Covid-19 and racial inequalities when relevant—helped temper some students’ anxiety while engaging traumatic medical and political realities. In Atul Gawande’s own words about medical writing and all its controversies: “What is the alternative to understanding the complexity of the world? It’s denying it. There’s no way that’s a successful strategy” (qtd. in Gudrais, 2009). It was in this spirit that I began teaching the medical ethics unit.

### **Writing and Medical Ethics**

In his *Institutio Oratoria*, Quintilian (1920) famously claimed, “For my part, I have undertaken the task of moulding the ideal orator, and as my first desire is that he should be a good man...” (p. 317). When it comes to teaching writing in the health professions, one cannot ignore the importance of ethics and professional ethos. Whether students are writing about medical issues or

crafting a personal statement for medical school, they are writing as future medical professionals who will have to treat patients under the Hippocratic Oath.

The first essay, for which I offer the humanities analysis or medical issue options, is inspired and supported by the class readings, which are meant to challenge students regarding ethical questions in medicine. The unit spans over five weeks of a ten-week quarter, and the readings move from fictional medically themed stories to non-fictional essays. They range from those written in the perspective of and by patients to those written by doctors. Most of the initial classes comprised of class discussions about the readings, often framed in a contemporary context when applicable. This was certainly the case with Covid-19 and the national racial tension looming over the class, so every text marked an attempt to make sense of what was happening around us.

Exposing students to medical humanities texts and assignments can prompt discussions about empathy and other themes, and may help foster identification between students and their future patients. For example, what could Ernest Hemingway's "Indian Camp" (1924) teach us about racial inequality in medicine? What does Nathaniel Hawthorne's *The Birthmark* (1843) reveal about perfectionism and scientific advancement? In the beginning of the quarter, I assign older texts by writers like Hemingway, Hawthorne, poet Philip Larkin, and Charlotte Perkins Gilman to inspire the Medical Humanities Essay option, showing students that despite the antiquity of the texts, the themes persist today. Hemingway's story in particular is about—among the many interpretations—discrimination between a white doctor (accompanied by his brother and son) and the Indians he is treating in a camp. The doctor performs a gruesome C-section on a screaming Indian woman while her husband proceeds to slit his own throat. The importance of communication in medicine is represented brutally here. The Indian man hears the screams of his wife at the hands of foreign men who do not speak his language. The reader imagines he feels helpless and likely tortured by the

situation. The doctor's lack of care and obvious disdain for the woman—the uncle even calls her a “damn squaw bitch”—highlights the inequalities in medicine along cultural and class lines.

When I teach these older fictional texts, several students find their timeliness and relevance striking given their historical status; that is, they are struck by how some phenomena in medicine change very little, and how fictional representations can capture persisting realities. Obsession with perfection like that described in Hawthorne's *The Birthmark* certainly persists today with the rise in cosmetic surgery procedures. Medical discrimination and unequal treatment among minorities undoubtedly exist today, despite whatever progress we have made. During that spring quarter, we discussed how inequalities are compounded in the now economically strained context of the epidemic, and how privilege becomes more obvious in the context of scarce resources. Readings like this—and excerpts from contemporary texts like *The Immortal Life of Henrietta Lacks* by Rebecca Skloot—prompted us to discuss the grim reality that patients from minoritized populations are more likely to die of Covid-19 due to a history of systemic racism and unequal access to healthcare.

While students generally express great interest in engaging with literature and the humanities, which their own science majors do not offer, more students choose the Medical Issue Analysis essay option when I teach this course. See appendix. The objective of the essay is to encourage students to engage in recent debates or issues in medicine, research the topic thoroughly, and take a position within the debate. It is not strictly a research paper, but instead asks students to analyze positions in the debate and add their own persuasive arguments. Therefore, I prepare students for the essay by teaching basic rhetorical strategies and asking them to read articles about difficult medical debates and issues.

The readings deal with a wide array of medical themes and challenges, including the reliance by the West on “triumph narratives” to overcome illness, the difficulty in diagnosing risky cases, doctors helping in lethal injections for prisoners, physician assisted suicide, doctor-patient

interactions, medical research, and more. Given the emphasis on recent debates for this assignment, we draw connections between these readings and current events, and I ask students to read recent medical debates in the news as well.

Our conversations often gravitate to notions of privilege, both in terms of patient care and the privilege of doctors. Atul Gawande's "The Case of the Red Leg" (2002) details his experience trying to diagnose a young woman with Necrotizing Fasciitis when she came to the hospital with a red, irritated leg. All the odds pointed to a common infection, but Gawande had recently witnessed a patient dying from flesh-eating bacteria, and couldn't shake the feeling that this young woman might have it too. As a class, we discussed how much of making these decisions are based on medical odds, luck, or doctor consensus. Gawande consulted with multiple doctors on her behalf, and her leg was biopsied in order to determine the diagnosis. Once Necrotizing Fasciitis was confirmed, she underwent multiple surgeries and was placed in a barometric pressure chamber between surgeries. In this case, the young woman was white, middle- to upper-class, and fortunately had access to options after what must have been a terrifying diagnosis. Both the patient and doctor in this case had very difficult decisions to make and faced significant risks, even in their relatively privileged positions. As the class discovered, this essay related easily to the question of diagnosing and treating Covid-19, and the question of access and privilege. How do doctors make difficult life and death decisions? More importantly, how can they make these decisions when access to treatments and resources are limited? Do patients get agency in their care and *how much* agency in a dire situation like this?

In this medically challenging time of a global pandemic, we discussed ways in which different governments and countries were handling the crisis. I asked students to read chapter one from Kathlyn Conway's *Beyond Words: Illness and the Limits of Expression* (2013), which places cancer diagnoses in the context of what she calls "the triumph narrative"; that is, the tendency in the West to emphasize overcoming illness rather than suffering with it. We talked about the ways in which the

Trump administration was downplaying the virus and its implications, largely in an attempt to make the U.S. and its economy seem strong and unaffected. Yet Covid-19 has nearly killed as many people as other lead causes of death like cancer and heart disease (Jacobson, 2021).

Every week, students would write a forum post in response to the reading based on a set of questions. In the week leading up to the proposal due date for essay one, I asked students to find recent news stories about medical issues—not confined only to Covid-19, but also in relation to the Black Lives Matter events—and to respond to them in a forum. I was hoping that it would push students to choose timely issues for their own essays. Students ultimately chose an array of topics to research for their final essays, but I was surprised by how many students chose to write about the pandemic and racial inequality. Among the topics were the following: hypotheses about the virus's origin; xenophobia against China; health inequities in medicine, especially for women of color; best practices for allocating resources during the pandemic, including a lottery system; quarantine measures and their efficacy; the science behind mask wearing; anti-mask rhetoric and resistance; and comparison of pandemic measures by country.

I found that fostering conversations about these very difficult topics offered students a safe space without triggering students who were already handling more than any of us should. I was pleased by how many students wanted to discuss these issues in their papers, and I encouraged them to continually engage with recent medical events and controversies as we transitioned into the professional development unit.

### **Reflecting on Writing, Ethics, and Professionalization**

For the personal statements, some students discussed how their volunteering experience and conception of medicine had changed as a result of Covid-19. Some students had taken on virtual roles as volunteers, while a few still braved going into clinics in person. I hoped that the ethics unit,

including the reading and research students completed, would help with the personal statements and mock interviews.

Before the experience teaching online, I had conducted brief interviews with each student in front of the whole class to prepare them for medical school or other professional opportunities. In order to facilitate these interviews on Zoom, I put students in groups of four or five to conduct the interviews synchronously. Students in those groups served as audience members to each other's interviews. Generally, I have a set group of questions that I pick randomly from an envelope, but I shape the questions for each student's career or school goals. During spring quarter, I added questions about Covid-19 and inequalities in medicine. Many students handled the questions with sensitivity, careful thought, and confidence, at times drawing from readings that I offered in class or from their research on a medical controversy.

Teaching Writing for Health Professionals in the context of the pandemic and the racial tensions that signified so deeply within the curriculum left us all with one certainty: illness and medicine are political, even when we've been taught that the medical field should be rational and objective. The pandemic revealed as much about us as people and a society as it did about our medical preparedness. Albert Camus' *The Plague* (1947) captures this reality well: "We can't stir a finger in this world without the risk of bringing death to somebody. Yes, I've been ashamed ever since; I have realized that we all have plague, and I have lost my peace" (p. 252). Medicine is not somehow removed from the realities and struggles of the outside world, including large social and political movements, once students leave the classroom. For many students entering the field, that realization was eye opening, but it made their convictions even more exhilarating and satisfying. They felt as ready as they would ever be.

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