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### PROJECT

## Global Circulation of Risk Interventions

Will the global circulation of risk-reducing practices and products exacerbate or reduce health inequalities? Will it waste limited resources or positively impact individual and population health? There is the potential for either scenario or both.

I plan to develop a few historical case studies of the exchange of risk-reducing products, practices, and ideas between rich and poor countries. I will focus on cancer screening and surveillance programs and drugs/vaccines to reduce cancer risk (e.g. HPV screening tests and HPV vaccines).

Many risk-reducing drugs are poised for export around the globe because they have low marginal production costs, are highly palatable, and are easily transported. There is also great demand - and potential to create more demand - for practices and products that promise to prevent disease, especially where the infrastructure, resources, and manpower to treat disease are inadequate.

At the same time, the socio-economic conditions in rich countries that have shaped the identity and meaning of risk interventions are profoundly different from those in poor countries. As a result, their export to poorer parts of the globe can result in a mismatch with local needs. Risk-reducing practices and products can also divert resources from more pressing social and medical problems as well as from non-medical means of promoting health. They can de-privilege the status of practitioners and local medical knowledge. Despite the promise of more effective prevention, the diffusion of many risk-reducing practices and products in resource-poor settings can lead to over-treatment and inefficiencies. There are also, of course, important potential upsides - preventing disease, thereby relieving suffering and saving lives.

I am interested in exploring the assumptions made about the health risks, bodies, and values of people in poor and rich countries. I want to understand the logic of the system by which risk interventions circulate. This includes economic relations among producers and consumers, but also the often unarticulated rules and influences that govern the diffusion and circulation of knowledge, products, and practices. I am particularly interested in how different groups understand and construct the efficacy of disease prevention practices and products.

### Recommended Reading

Aronowitz, Robert A. *Unnatural History: Breast Cancer and American Society*. New York and Cambridge, U.K.: Cambridge University Press, 2007.

- "The converged experience of risk and disease." *Milbank Quarterly* 87, 2 (2009): 417-442.

- *Making Sense of Illness: Science, Society, and Disease*. New York and Cambridge, U.K.: Cambridge University Press, 1998.

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PUBLICATIONS FROM THE FELLOWS' LIBRARY

Aronowitz, Robert A. (Cambridge [u.a.],2007)

Unnatural history : breast cancer and American society

<https://kxp.k10plus.de/DB=9.663/PPNSET?PPN=525102108>

Aronowitz, Robert A. (Cambridge,1998)

Making sense of illness : science, society, and disease

<https://kxp.k10plus.de/DB=9.663/PPNSET?PPN=243399456>

Cambridge history of medicine

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