

CENTER
FOR

Medicine Health & Society

Spring 2017 - No. 04



EMERGENCY
MEDICINE
Innovation and
Immersion

GLOBAL PSYCHE
Experiments in
Ethics, Politics,
and Technoscience



VANDERBILT.

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 Professor of Psychiatry

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Letter from the Director

It is our great pleasure to introduce the fourth newsletter of the Vanderbilt Center for Medicine, Health, and Society (MHS). The newsletter is a collaborative project of the faculty, staff, and students at our center, and represents an annual means of spreading the word about our accomplishments, goals, and future plans. We particularly want to thank Tara McKay and the editorial team for their tremendous efforts in crafting this fourth volume.

MHS began as a small faculty and student interest group in 2005, and between 2005 and 2010 the Center offered a relatively small number of courses. Over the past seven years, we have seen rapid expansion. We now offer over 60 MHS courses, and support nearly 550 undergraduate majors and a smaller number of minors. Our newly-revised undergraduate curriculum offers seven important concentration areas, driven by student interest and faculty expertise in areas such as global health, health policies and economics, intersectionality, race, inequality, and health, and medicine, humanities, and the arts. Each year, we welcome between 10-15 graduate students to our vibrant new master's degree program—the MA in Social Foundations of Health—and faculty collaborate with a number of other departments to help support PhD students.

The Center continues to evolve into a cutting-edge research and teaching center that boasts a growing cohort of world-class scholars, expanding and innovative undergraduate and graduate curricula, and a number of vital projects and initiatives that cumulatively and creatively address health, healthcare, and healthcare solutions. Our robust cohort of core faculty spans a continuum of expertise including mental health, global health, health policy and health economics, research ethics, military mental health, men's health and racial disparities, gender and disability studies, literature and medicine, and pre-med curricular innovation, to name but a few! With the added expertise of more than 90 jointly appointed and affiliated faculty members, the Center is truly a trans-institutional space bridging Vanderbilt's many intellectual strengths.

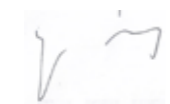
The past year has seen important and sustained growth at MHS. We welcomed three outstanding new faculty members. Dr. Marino Bruce, Research Associate Professor and Associate Director of the Center for Research on Men's Health, is an expert on the intersection of race, gender, and health as it related to health among African American men. Dr. Gabriel Mendes, an interdisciplinary scholar with training in American Studies and History, conducts research at the intersection of the racialization of mental illness and psychiatry. Dr. Celina Callahan-Kapoor, an anthropologist who comes to us after having completed her PhD at the University of California, Santa Cruz, conducts research on diabetes in the south Texas/Mexico borderlands. We are also happy to welcome our two new administrators: Elizabeth Fiss, MHS office manager, and Lisa Hawkins, who will be providing support for the undergraduate and graduate programs.

As this newsletter details, over the past year faculty published important articles and books, won major grants and awards, and appeared on a host of national media outlets. Of special note, Professor Metzl served as expert panelist at the Congressional Caucus on Black Women and Girls, Professor Lindsey received a National Endowment for the Arts-funded fellowship for completion of his second book, Professor Béhague was interviewed for a BBC World Service series on global mental health, Professor McKay's research on the social costs of lack of insurance has been picked up by a number of high-profile media outlets, and Professor Hamraie will celebrate the publication of their new book, *Building Access: Universal Design and the Politics of Disability*.

Our curricular and extra-curricular programming continues to evolve into exciting new frontiers. A new course, MHS 3890: Immersion in Emergency Care Research addressing the fundamentals of emergency care delivery and clinical research and taught by Dr Storrow at the Medical School, was a major success, as was a University Course, The Nation's Health, co-taught by Professors McKay (MHS) and Gonzalez (Health Policy) in which students engaged with the Tennessee state legislature. Providing a crucial evaluative umbrella for innovations such as these, Professors Metzl and Petty have developed new "structural competency" evaluation tool that has now been implemented with our very own MHS students and shows exciting results on the positive impacts of the MHS curriculum.

Finally, in March we hosted a major and wide-ranging conference that explored psychiatry's growing global reach and the various challenges, concerns and opportunities occasioned by recent changes in the fields of neuroscience, global public health, and psychiatry. Tapping into our expertise in global health, this conference brought together 15 scholars, mostly anthropologists, sociologists, and psychiatrists, from universities around the world to investigate debates surrounding the global rise of psychiatric approaches to mental experience in a range of countries, including Argentina, Brazil, Canada, France, Italy, Japan, Kosovo, Mexico, Russia, Senegal, the United Kingdom, and the United States.

These and other initiatives are continually updated on our website, vanderbilt.edu/mhs, and our doors are always open to students, parents, scholars, community members, and all others. We hope that you will visit often and stay tuned as we grow!



Dominique Béhague
 Acting Director (2016 -17)



Jonathan Metzl
 Director (on leave 2016 -17)



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MHS Welcomes Our New Staff!



Elizabeth Fiss

Elizabeth Fiss joined MHS in February of this year to take up the position of MHS Office Manager. She holds a BA in History and Spanish from Hartwick College and an MA in Teaching from Trevecca Nazarene University. After working for several years as a paralegal, Fiss moved to Vanderbilt University where she has worked as both a research and administrative assistant for the past 9 years. Elizabeth Fiss's expertise with multiple areas of academic work will be invaluable to MHS Faculty and the student body.

Lisa Hawkins

Lisa Hawkins joined MHS in March of this year and we are thrilled to welcome her. Hawkins holds a BA in International Relations from Samford University and comes to us after years of academic administrative experience at Belmont University and Samford University. She has a wealth of expertise in a range of areas, including student advising, academic program coordination, and admissions and financial aid counselling. At MHS, she will be primarily responsible for supporting the undergraduate and graduate programs.

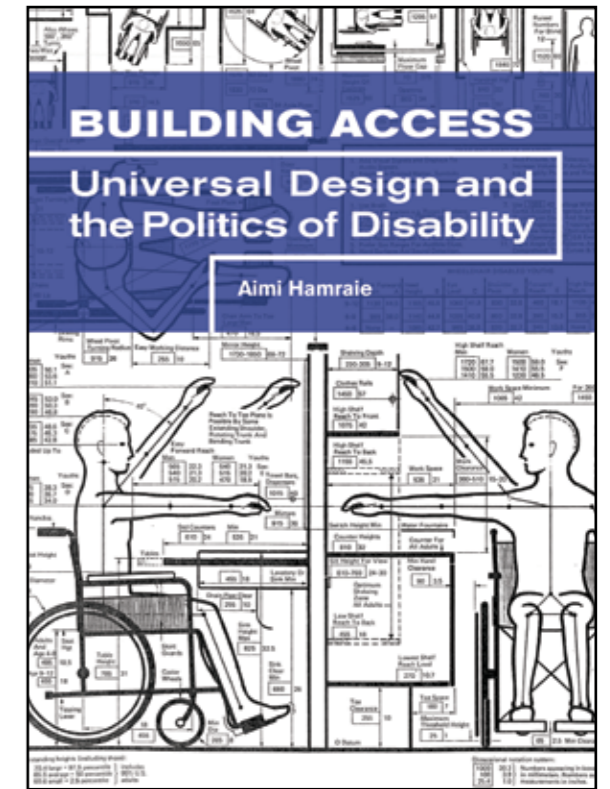


New Faculty Books

Building Access: Universal Design and the Politics of Disability

(University of Minnesota Press, Fall 2017)
by Aimi Hamraie

"All too often," wrote disabled architect Ronald Mace, "designers don't take the needs of disabled and elderly people into account when they are designing a building." In this groundbreaking interdisciplinary study, Hamraie places the claim that "designers do not design with disability in mind" into historical, theoretical, and cultural perspective. Typically understood in terms of wheelchair ramps, Braille signs, automatic toilets, curb cuts, and kitchens designed with aging in mind, the late-20th century Universal Design movement purports to create built environments that benefit everyone, not just the average user. But who counts as "everyone," Hamraie asks, and how can designers know? *Building Access* shows that as architects began to expand their focus from the average body to a range of users in the 20th century, they also came to rely upon value-laden scientific, medical, and industrial ways of defining citizenship. Consequently, inclusive design for disabled users was inseparable from Jim Crow-era racial segregation and gendered divisions of space. In response, the late-20th century Universal Design movement introduced new architectural features, but also challenged mainstream architects' ways of understanding human variation. Cracking open the archive of Universal Design and its founder, Ronald Mace, *Building Access* brings together histories of design, science, and inclusion in a deep engagement with the politics of knowing and making in the 20th-century United States.

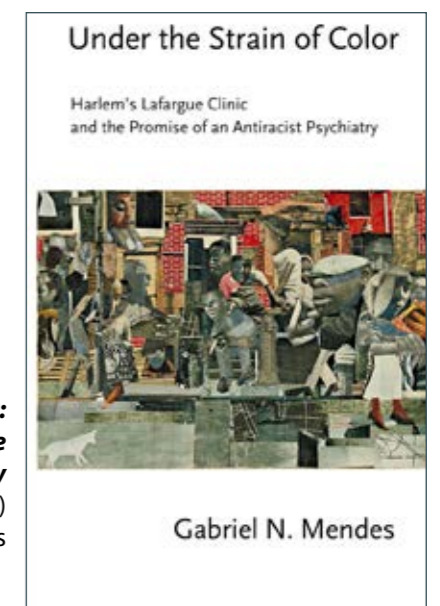


Recent Faculty Books



We Come to Our Senses: Stories
(W. W. Norton, 2016, pbk. 2017)
by Odie Lindsey

Under the Strain of Color: Harlem's Lafargue Clinic and the Promise of an Antiracist Psychiatry
(Cornell Studies Press, 2016)
by Gabriel N. Mendes



Visitors



Miracle Cures, Journeys of Hope, and Cutting Edge Science
Amit Prasad

Amit Prasad, Associate Professor of Sociology and Director of the South Asian Studies Program at University of Missouri gave the MHS Spring Hot Topics lecture, "Miracle Cures, Journeys of Hope, and a Cutting-Edge Science: Embryonic Stem Cell Research and Therapy in an Indian Clinic." Prasad is widely admired in the field of social-historical studies of medicine for connecting Postcolonial Studies to current research in science, technology, and medicine.

Laura Stark and Amit Prasad

Health Care Reform in Tennessee

In April, MHS, the Department of Health Policy, and the Office of the Provost welcomed Dr. Wendy Long, Director of TennCare, Craig Becker, President of the Tennessee Hospital Association, and Eric Harkness, Office of Health Policy, Tennessee Department of Health to campus to discuss healthcare reform in the state.



Tara McKay, Craig Becker, Wendy Long, Eric Harkness, and Gilbert Gonzales



Moises Serrano

Immigration Reform and Activism

MHS was pleased to present *Forbidden: Undocumented and Queer in Rural America*, a new, award-winning documentary, as part of the iLens International Film Series in collaboration with the Office of the Provost, Latino and Latina Studies, and the Center for LGBTQI Life. The activist followed in the film, Moises Serrano, was also present and received a warm welcome from Vanderbilt students and community members who attended the screening.

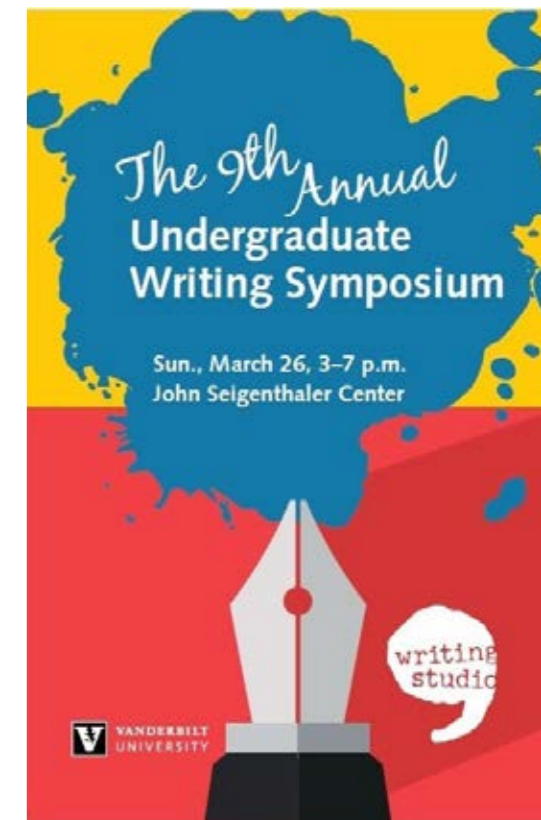
Student Awards and Accomplishments

Congratulations to Undergraduate Writing Symposium Participants Giovanna Pires and Lauryn Hardy



Lauryn Hardy, Tara McKay, and Giovanna Pires

MHS majors Giovanna Pires, '17, and Lauryn Hardy, '18, were honored at the 9th annual Undergraduate Writing Symposium on March 26th, 2017. The symposium showcases exemplary writing by Vanderbilt's undergraduates and honors their achievements as writers and scholars. Pires's paper considers the implications of the DREAM Act on the health of undocumented youth, their families, and communities, while Hardy's work examines the challenges that low-income Tennesseans face in trying to access public assistance programs. Both Pires and Hardy presented their papers in the Health, Care, and Society panel chaired by Professor Tara McKay.



MHS Majors Organize, Compete in Annual Global Health Case Competition



Participants in the university-wide Global Health Case Competition, hosted by the Vanderbilt Institute for Global Health, work in interdisciplinary teams to develop and present an innovative solution to a complex, real-life global health problem. The challenge posed this year was to reduce maternal mortality due to lack of access to surgical care by 7% in Haiti over a period of three years. The solution required a multi-disciplinary approach that addressed the delays of seeking care, reaching care, and receiving care. Our team (top left) placed 2nd in the competition with a proposal to form community-based maternal health committees, build birthing homes, and task-shifting to increase the number of skilled healthcare providers. The nature of the competition was very similar to the purpose behind the MHS curriculum, where we frequently discuss how political, cultural, and economic factors affect healthcare systems and individual illness narratives. Both the MHS curriculum and the Global Health Case Competition have enabled us to expand our perspective on what health involves and educate ourselves on how to be more well-rounded, thoughtful healthcare workers in the future.

ABOVE Priyanka Kadari, Parth Parikh, Susmita Chennareddy, Sumanth Chennareddy, Ayush Sangari

BELOW Marie Martin, Aiden Lee, Elizabeth Rose, Paige Kelley, Douglas Heimburger

New Faculty

MHS is growing. We were pleased to welcome Marino Bruce, Gabriel Mendes, and Celina Callahan-Kapoor in Fall 2016.



Marino Bruce
Associate Director, Center for Research on Men's Health
Research Associate Professor, MHS

"Since I joined Vanderbilt University over the summer, this year has been a whirlwind" says Marino Bruce, new faculty in MHS and Associate Director of the Center for Research on Men's Health. Bruce brings his unique interdisciplinary training to MHS, with a doctorate in Sociology and graduate degrees in Divinity and Rehabilitation Counseling. This training, Bruce explains, "gives me a unique set of lenses to examine the full range of determinants as they relate to health outcomes among African American males." Bruce's research involves identifying the race- and gender-specific ways through which social, economic, psychological, and behavioral factors influence chronic kidney disease (CKD) and its risk factors.

This past year, Bruce collaborated with colleagues to publish seven peer-reviewed manuscripts. Five of these were devoted to health outcomes among African American males. His other work focused on the intersection of health disparities and population health management. One of his coauthored articles, "Religiosity, Spirituality, and Obesity-related Behaviors among Adolescent African American Males: The Jackson Heart KIDS Pilot Study," received a favorable review in *Crossroads: Exploring Research on Religion, Spirituality, and Health*, a newsletter published by the Center for Spirituality, Theology, and Health at Duke University.

In addition to his many publications, Bruce's first months at Vanderbilt University have also been notable because of invitations to participate in projects integrating social and health science. He is currently a Co-Investigator on two individually-tailored interventions: (1) a randomized-controlled trial of the first individually tailored weight loss intervention for African American men, which was funded by the American Cancer Society; and (2) the first psychologically- and biologically-tailored weight loss intervention for African American and Latino men as part of a U54 center on precision medicine and health disparities. Bruce was also asked to serve as an Associate Editor for *Behavioral Medicine*, an Editorial Board Member for *Ethnicity and Disease*, and a regular guest editor for *Family and Community Health*.

"It has been said that 'time flies when you are having fun.' I can completely affirm this sentiment because I have never been busier and had so much fun at the same time." 🌀



Gabriel Mendes
Senior Lecturer, MHS

Dr. Gabriel N. Mendes joined MHS as a Senior Lecturer this past fall. He received his PhD from Brown University's Department of American Civilization. Prior to attending Brown, Mendes earned a bachelor's degree in African Studies and Religious Studies from Hobart College, and a Master of Theological Studies from Harvard Divinity School. Dr. Mendes's research and teaching center on the interlocking relationship among the thought and practice of the human sciences (biomedical, social, and behavioral), and the everyday lived experience of racialization, with particular attention to blackness and Afro-Diasporic populations. In September 2015, Cornell University Press published his first single-authored book, *Under the Strain of Color: Harlem's Lafargue Clinic and the Promise of an Antiracist Psychiatry* as part of its Studies in the History of Psychiatry series. Mendes is currently

writing his second book, *Through a Glass Darkly: Race and Madness in Modern America*, an historical study of the representation and reality of the racialized experience of mental illness, either through raced subjects' being diagnosed/ labeled as such, or by their own embrace of "craziness." 🌀



Celina Callahan-Kapoor
Senior Lecturer, MHS

Dr. Callahan-Kapoor joined MHS as a Senior Lecturer in the fall of 2016. She received her MA in Anthropology from Wayne State University and her PhD in Anthropology from the University of California, Santa Cruz. After receiving her bachelor's degree in Social Thought & Political Economy from the University of Massachusetts, Amherst, Callahan-Kapoor lived and worked in Guatemala, worked in sexual and reproductive healthcare in New Jersey, and worked on HIV prevention research in the North Lawndale neighborhood of Chicago. Her research considers how identity and belonging are formed through interactions with popular media and expert knowledge. Her dissertation, *Disidentification with Diabetes: Diabetic Publics in the US/Mexico Borderlands*, focused on the depiction of the "diabetes epidemic" in the south Texas/Mexico

borderlands, a region where the rates of diagnosed type-2 diabetes are estimated to be between 15% and 35% of the population. Specifically, she focused on how the local Mexican-American population responded to the depiction of their region as "the fattest" and the "the most obese" in the US. She traced people's responses to a documentary about their region, *Diabetesville, USA*; a reality television show *Supersize vs. Superskinny*; to Gallup Polls; and to epidemiological findings that pinned "fatness" and "obesity" to "Mexican culture." She found that although these multiple forms of media were circulated in attempts to help people recognize their risk of diabetes, they had the opposite effect: whether or not they were diagnosed with diabetes, people interpreted the media as depicting others.

Her most recent publication, "Chronic Subjunctivity, or, How Physicians Use Diabetes and Insomnia to Manage Futures in the United States," addresses the issue of prognostication, or predictions of the future, in allopathic medicine. She is beginning work on her book, tentatively entitled, *Humiliation of the Particular: Publicity and the Ever-Present Body as Text*.

At MHS, Callahan-Kapoor teaches Politics of Health, Theories of the Body, and one upper-level seminar per year. In all of her classes, students engage in collaborative knowledge production, such as online encyclopedias and non-traditional products, such as video papers. 🌀



News

Metzl Presents at Congressional Caucus on Black Women and Girls

In March 2017, Professor Jonathan Metzl served as a panelist on The Congressional Caucus on Black Women and Girls. The Caucus was co-chaired by Congresswoman Robin Kelly (IL-02) and provided a US Congressional-level conversation on the social, economic, cultural, and political elements

that contribute to, or detract from, the mental wellness of Black women and girls. Other panelists included some of the nation's mental health thought leaders, advocates, providers, researchers, everyday Black women, and allies. ↻

Mendes Receives the John P. McGovern, M.D. Annual Award Lectureship in the History and Philosophy of Medicine

In March 2017, Professor Gabriel Mendes was honored at Baylor College of Medicine and the McGovern Center for Humanities & Ethics and received the John P. McGovern, M.D. Annual Award Lectureship in the History and Philosophy of Medicine for his research on Harlem, NY's Lafargue Mental Hygiene Clinic. In this work, Mendes uses the Lafargue Mental Hygiene Clinic (1946–58) as a prism through which to consider novel ways of thinking about mental health, race, and the substance of citizenship that emerged on the

margins of American psychiatry in the early post-World War II era. The Lafargue Clinic represents both a practical response to the need for low-cost psychotherapy and counseling for black residents of New York City (many of whom were newly-arrived migrants), and a radical precursor to nationwide campaigns to address racialized disparities in mental healthcare access and treatment. Mendes links the historical lessons from the Lafargue Clinic to contemporary efforts to address mental health disparities. ↻

Béhague Interviewed for BBC Series *The Borders of Sanity*



Associate Professor Dominique Béhague was interviewed twice this year for a BBC series entitled *The Borders of Sanity* which has aired multiple times on BBC Radio 4 and the BBC World Service. Episodes in the series explored depression in Japan, adolescent mental health in Sweden, the change in how those who hear voices in the UK are treated, and the approaches to mental illness in Ghana.

The episode "Healing in Ghana" asked what options people in Ghana have when a person suffers mental illness. In Ghana, most people seek out spiritual interpretations or traditional methods of healing. Despite there being only 18 trained

psychiatrists in the whole of Ghana, advocates of Western style practices have been pushing for the use of medication and the human rights of the mentally ill.

The series ended with an expert panel on which Béhague participated, together with one of the key leaders of the Global Movement for Mental Health, Dr. Vikram Patel of the London School of Hygiene and Tropical Medicine. The panelists discussed the influence of culture on mental illness and mental health treatment, and whether spiritual and biological interpretations and treatments for mental illness can ever get along. ↻

Lindsey Receives NEA-Funded Fellowship



Professor Odie Lindsey will spend June 2017 at the Virginia Center for the Creative Arts, completing work on a new novel. His residency is funded by the National Endowment of the Arts, whose "Collateral Reparations" fellowship was awarded to five military veteran writers, artists, and composers. Lindsey's new book (forthcoming, W.W. Norton), follows the postwar experience of a female veteran, beckoning consideration of which bodies are associated with the term "veteran" and/or a war story itself; the legacy or definition of combat trauma; and the role of related cultural memorial and identity. The novel's protagonist first appeared in his story collection, *We Come to Our Senses* (2016), which was commended by the *New York Times Book Review*, *Los Angeles Review of Books*, *OUT*, the *Chicago Review of Books* and elsewhere, and named a Best Book of 2016 by *Military Times*.

Lindsey will also participate this summer in publication events for the *Mississippi Encyclopedia* (University Press of Mississippi), for which he served as Associate Editor. The volume features the contributions of nearly 600 scholars from around the country. Alongside bookstores and book festivals, a publication reception will be held at the Library of Congress.

Lindsey's teaching (Medicine and Literature, Medicine, Health and the Body) is influenced by his work on the encyclopedia. "The complicated, even contradictory narratives of bodies, social structures, policies, histories, and culture, demanded precision and mindfulness. This process—the concurrent examination of a subject from microscopic, thematic, and holistic viewpoints—is what I now ask of students. I am constantly inspired by their results." ↻

Bringing Visibility to Men's Health through Interdisciplinary Research

New Vanderbilt Center for Research on Men's Health aims to improve men's health and address men's health disparities.

by Derek Griffith



FRONT (L to R): Chelsea McQueen, Emily Cornish, Sydika McKissic
BACK (L to R): Marino Bruce, Derek Griffith, Erin Bergner, Bobby Wells, Jennifer Hartfield, Omair Khan

In the spring of 2016, I was honored to be among the few members of the American Psychological Association's Working Group on Health Disparities in Boys and Men to be invited to speak at a congressional briefing. During that semester, I also founded the Center for Research on Men's Health, which is one of the first university-wide centers to improve men's health and address men's health disparities. As the Founder and Director, I lead a team of staff and students who seek to improve men's health by understanding and addressing biological, psychological, and social factors that influence men's health. The Center is administratively located under the Office of the Vice Provost for

Research and we are housed in the Vanderbilt Medical Center's Institute for Medicine and Public Health to facilitate access to colleagues and resources in the Medical Center.

The Center has brought critical visibility to men's health and we have active projects with colleagues in seven US cities. For example, I was awarded a \$1.6 million dollar grant from the American Cancer Society. This project, *Mighty Men*, builds on other grants and publications that I have been working on since coming to Vanderbilt. The study is the first to individually-tailor SMS text messages to key psychosocial variables relevant to the way African

American men see themselves and are motivated to be healthier. A few months after this grant was funded, I successfully collaborated on the proposal to create a center for precision medicine and population health that includes faculty from Vanderbilt, Meharry Medical College, and the University of Miami. As part of this \$11 million dollar center grant, I was funded to lead a \$1.2 million dollar project that builds on the aforementioned research and extends this work to include consideration of individual genetic markers for obesity, and develop and implement a process for individualizing text messages and genetic interventions to Latino men. This, too, was the first of its kind: no previous study of men has sought to individualize a health improvement strategy for Latino men. This study also is the first to try to personalize genetic and psychosocial information, regardless of the race, ethnicity, or gender of the population. My team and I are working hard on these and several other projects in the US and across the globe. 🌐



Associate Professor Derek Griffith, Director of the Center for Research on Men's Health.

Metzl and Petty Develop the Structural Foundations of Health Survey, Evaluate Learning Among Vanderbilt Students



After rolling out a new MHS curriculum in 2015, MHS turned its attention to assessing the revised curriculum. With support from the MHS faculty, Jonathan Metzl and JuLeigh Petty developed the *Structural Foundations of Health Survey* ©2016. The *Structural Foundations of Health Survey* is designed to assess student mastery of Structural Competency. Structural Competency emphasizes diagnostic recognition of the economic and political conditions that produce health inequalities, and calls on healthcare providers and students to recognize how institutions, markets, or healthcare delivery systems shape symptom presentations, and to mobilize for correction of health inequalities in society. Between 2015 and 2016, Metzl and Petty surveyed MHS seniors,

premed seniors not majoring in MHS, and premed freshmen who had not yet declared a major. Initial results of the survey were published in the March 2017 issue of *Academic Medicine*; additional results are forthcoming in the *Journal of Medical Humanities*.

Metzl and Petty find that MHS students identified and analyzed relationships between structural factors and health outcomes at higher rates and in deeper ways than did premed science majors and first-term freshmen. MHS majors consistently demonstrated advanced skills that implied more nuanced understandings of structures underlying health outcomes. For instance, MHS students more frequently detailed structural or institutional racism as an explanatory factor for disparities and more commonly defined these disparities as arising from socioeconomic differences, discrimination, or policies that resulted in intended or unintended racial consequences. Perhaps most important, these types of analytic skills rose in all students in direct proportion to the number of MHS courses taken. 🌐

Emergency Immersion

by Lekha Reddy

Being a student in the MHS course Immersion in Emergency Medicine Research has been one of the most eye-opening and personally enabling experiences I have had during my time at Vanderbilt. The course combines weekly seminars by emergency medicine professionals with four-hour research shifts in the Vanderbilt Emergency Department (ED), during which I was able to independently consent, enroll, and administer an observational study of patients



developed specifically for our course. While it was initially nerve-wracking to approach patients, by the end of the course, I felt at ease navigating interactions and forming connections with patients of diverse backgrounds.

I had many noteworthy interactions with patients throughout the course, but one patient who shared their concerns with me inspired a personal interest in pursuing clinical research. The patient offered that one of their biggest concerns in the ED was being treated by residents-in-training instead of attending physicians. This preference was something I had never considered, and as more patients shared their opinions with me regarding a plethora of issues— long wait times, privacy in hallway beds, or

fear of judgement of their poor social history, for instance— I realized how important the patient perspective can be in improving an overall healthcare experience. As a result, I was inspired to continue working as an ED research assistant the following semester through MHS Independent Study, where I have continued to enroll patients and conduct retrospective analyses on data collected with my peers, in hopes of shedding light on the value of the patient perspective in healthcare. Both this course and the guidance of my dedicated mentors have been extremely formative in cementing my desire to pursue a career in medicine and clinical research, and I highly recommend this opportunity to anyone looking to have active and involved role in a clinical research setting. ☺



In Fall 2016, 10 undergraduate students participated in a new course, Immersion in Emergency Care Research. The course is a collaboration between Vanderbilt University faculty and Vanderbilt University Medical Center (VUMC) with the objective of engaging undergrads interested in medicine, nursing, or biomedical sciences with clinical research in the VUMC emergency department. Taught by Alan Storrow, MD, the course addressed the fundamentals of emergency care delivery, human subject research, clinical research design, data collection techniques, and database construction. Students learned through didactic lectures and extensive bedside, hands-on, clinical research experience. Students wrote and presented a mock clinical research proposal.

OPPOSITE Laura Keel

TOP LEFT Dustin Cai and Lekha Reddy

TOP William Steele Fisher and Kelsi Knapp on the roof at the Medical Center

On the Road After War

by Kenneth MacLeish

The words and ideas that we use to describe the impacts of war are powerful: psychiatric labels like posttraumatic stress disorder (PTSD), depression, or addiction can help give a name to veterans' experiences and facilitate their access to healthcare and disability compensation. These same labels can also box out non-medical understandings of war experience or feed into stereotypes of veterans as broken, doomed, or dangerously unhinged. The labels we use to explain life after war have their own social lives, and it is these lives, along with the lives of veterans themselves, that I study.

In my current research, I look at how ideas about war-related mental illness are expressed in a veteran treatment court (VTC), where veteran offenders charged with minor crimes are spared a jail sentence in exchange for undergoing an intensive, year-long therapeutic program and receiving access to support services. In this setting, offenses like drunk driving are understood not just as criminal acts, but also as symptoms



that merit help and attention. The court staff, attorneys, caseworkers, and veteran participants must balance and make meaning out of this combination of punishment and care, thinking all the while about how the civilian public perceives the court and the people it serves. In the process, the dangers to self and others entailed by drunk driving also resonate with popular understandings of veterans as both victims and perpetrators of war.

Drunk driving is a practical problem, but it also helps us imagine how the effects of war extend into ordinary activities and spaces of everyday civilian life—like the front seat of a car. I was excited this year to link up with photographer Matt Casteel and write about his work documenting the interiors of veterans' cars. These pictures are stark and often un-aesthetic, and there is very little about them that looks military or war-related. But precisely for this reason, they are also powerful reminders of the way that war and the military extend into familiar spaces and don't always look the way we expect. ↻



ABOVE Untitled, from *American Interiors*, by M L Casteel

Bringing a Social Science Perspective to Precision Medicine

Tara McKay talks with Hector Myers about The Southeastern Collaborative for Precision Medicine and Health Equity (U54).

TM: Can you tell us a bit about the U54 for precision medicine? What is it trying to accomplish?

Myers: The Southeastern Collaborative for Precision Medicine and Health Equity (U54) is a multi-institutional collaboration between the Vanderbilt University School of Medicine, the University of Miami, Meharry Medical College, and Jackson State University. This collaborative includes a multidisciplinary team of investigators from “institutions committed to advancing health equity and precision medicine.” Important goals of the collaborative include: to “Develop novel methods to integrate individual, contextual, and environmental data (including genomic, social, cultural, environmental, and person-reported data) to accurately identify groups at risk for (health) disparities”; “Study genomic variations

that impact the specificity and response of drugs in persons from racial/ethnic populations and evaluate other factors (including social, cultural, and environmental) that may contribute to variability in responses”; and to “Identify and address barriers and facilitators to implementation and adoption of precision medicine approaches among racial and ethnic minorities; specifically, to study issues related to culture, language, trust/distrust, and concerns about privacy.”

TM: And what is your role on the project?

Myers: I am one of the co-investigators with expertise in racial/ethnic health disparities that brings a broader, non-biomedical perspective to conversation about how we think about health and health interventions across racial/ethnic, cultural,

and socio-economic lines in the development and implementation of precision medicine. My specific role is to serve on the Training & Mentoring Core that is responsible for identifying and filling the cross-training gaps between genomics research and disparities research. Our tasks include: (1) developing and pilot testing an assessment tool to identify gaps in the knowledge of genomics and psychosocial factors implicated in the development and persistence of health disparities in diverse populations; (2) developing a cross-disciplinary program to fill the knowledge gaps among investigators; (3) convening cross-disciplinary mini-retreats to foster new collaborations across precision medicine and health disparities researchers; (4) providing expertise, strategic advice, and practical support to consortium members who are developing and implementing specific projects; and (5) developing innovative ways (i.e. individualized development plans, peer learning programs) to provide experiential learning and mentoring for genomic and disparities investigators.

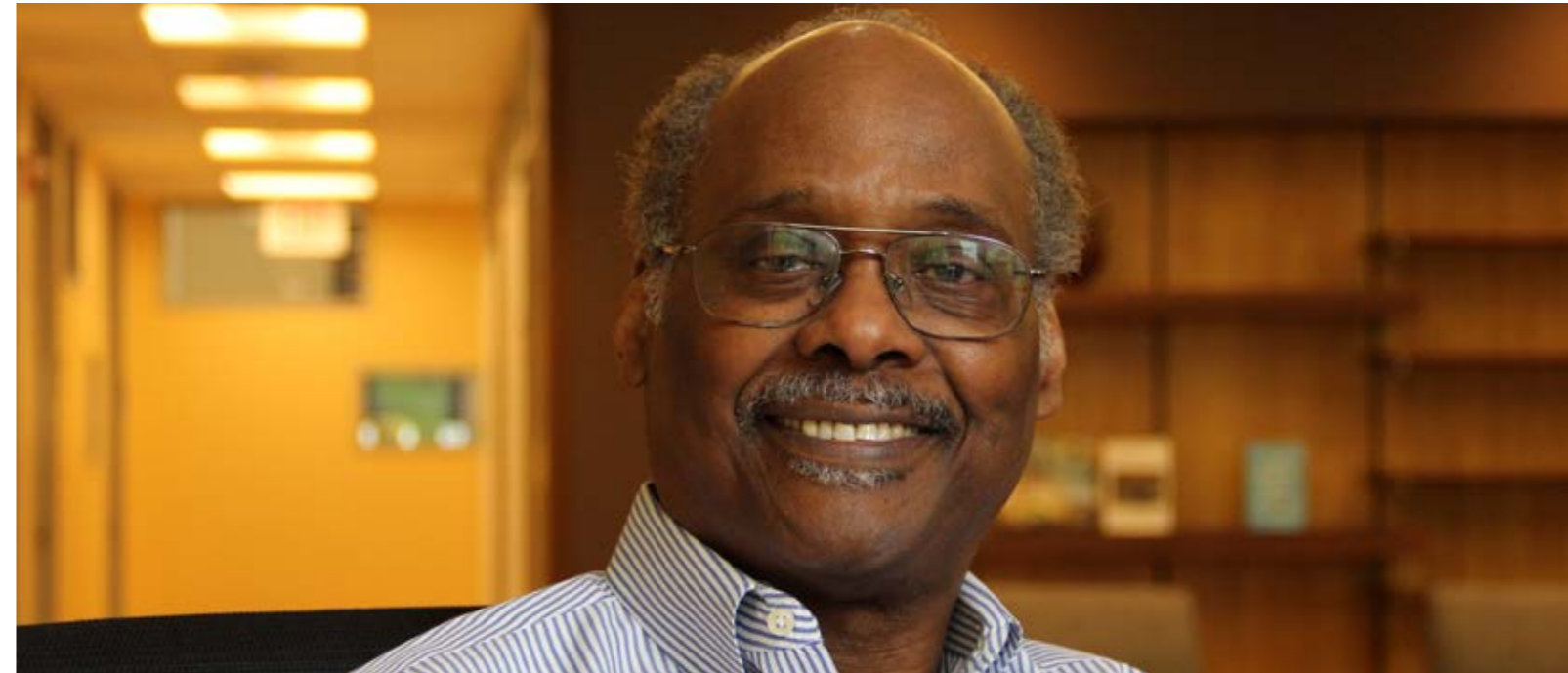
TM: Why is your perspective important in this phase of developing precision medicine?

Myers: A major challenge in applying precision medicine approaches across diverse racial/ethnic groups is the almost exclusive biomedical (i.e. genomic) perspective and evidence on which it is based, and the virtual exclusion of the evidence of the significant contributions of socio-structural

determinants in the development and persistence of health disparities. This limitation is evident even in the way we think about races as biologically distinct groups despite the genetic heterogeneity within the populations that are socially classified as distinct. There is also the fundamental question of how precision medicine, with its emphasis on tailoring/personalizing treatment, continues the focus exclusively on individuals, but doesn't address social contexts or the systems of healthcare.

TM: How have you seen the work evolve as a result of this transdisciplinary conversation?

Myers: We are in the early stages of the conversation, and the key challenge is to establish meaningful working collaborations within an interdisciplinary space. Transdisciplinarity is a very distant possibility. We are encouraged by the fact that several senior genomic scholars on the team recognize the importance of focusing on the gaps in knowledge between biomedical and psychosocial perspectives as we address the issue of health disparities. This has made it possible for us to develop the initial assessment tool that includes equal numbers of items that reflect both perspectives, which will guide the development of an integrated knowledge base to guide the research. So we are hopeful that our perspective is on the table and we have the opportunity to broaden the thinking of current and future genomic scholars, and include consideration of socio-structural issues in the implementation of precision/personalized medicine in ethnoculturally diverse populations. ☺



Social Networks, Gender, and Health

Education among network members linked to body weight but with differential effects for men and women
by Lijun Song



As an old axiom states, it is not what you know, but who you know. Does your *body* know who you know? If so, how? The major research theme I investigate is whether and how social networks (i.e., sets of people and their interrelationships) generate differences and inequalities in health and well-being across society and culture. The network properties or network-based concepts I have analyzed include accessed SES (network members' socioeconomic status), social capital, social support, social integration, reference group, and social comparison. The health and wellbeing outcomes I have examined include physical health, mental health, health information search, life satisfaction, lifestyle, and body weight. Interestingly, my studies suggest that depending on

their properties, outcomes, and cultural contexts, social networks can be protective, detrimental, or both, and can exert diverse roles—direct, indirect, mediating, and moderating—in the social dynamics of health and well-being.

In new research co-authored with two graduate students, and forthcoming in *Sociological Perspectives*, we analyze nationally-representative data from the US and find that network members' education is negatively associated with body weight ratings indirectly through athletic identity. More importantly, among women, the more educated network members are, the lower body weight ratings; but among men, it is the opposite pattern. These results suggest that network members' education

helps reproduce gendered body weight norms: slender femininity for women, and breadwinner masculinity for men. In summary, social networks matter to body weight but work in the opposite directions for women and men. Our findings have been covered in different media outlets.

Currently, I am working on two projects. The first project examines how network members' occupational status affects mental health across three societies: the United States, urban China, and Taiwan. The second project aims to explore how social networks affect people's understanding and perception of genetic privacy. I am working together with scholars across seven disciplines on campus, and we plan to conduct a national survey on genetic privacy. 🔄



The Social Costs of Uninsurance

Uninsurance strains social relationships in communities
by Tara McKay

As we reflect on the possibility of a repeal or at least substantial dismantling of the Affordable Care Act, much of the debate has and will likely continue to center on costs and access to insurance. Indeed, controlling costs and expanding access to health insurance are the two primary aims of the Affordable Care Act, and these aims are important.

We know that access to insurance affects people's health outcomes, access to care, quality of care received, and financial stability. We also know that a concentrated uninsured population negatively impacts healthcare costs, access, quality, and even some health outcomes—like heart attack mortality—for the insured.

But there is also a less visible and ultimately consequential *social cost* of uninsurance for Americans. The individuals and communities that have been excluded from insurance are not random. Even after the ACA expanded access to insurance, people with lower incomes, and African Americans and Latinos, remained disproportionately more likely to be uninsured. Uninsurance places a strain on individuals, providers, and healthcare markets, and the consequences go beyond health and healthcare. They impact the social lives of individuals and

Research on the social effects of uninsurance is scant, but recent work showing that increasing access to insurance improves communities deserves our attention.

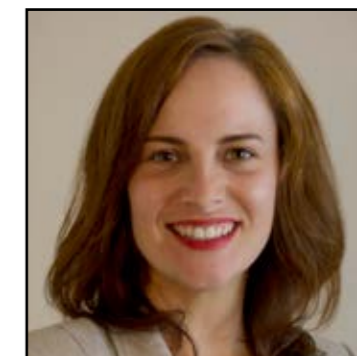
communities as well. A 2003 report from the Institute of Medicine proposed as much: in addition to thinking about the economic effects of uninsurance, researchers need to consider how uninsurance might “strain social relationships among community members and local institutions.” Research on the social effects of uninsurance and health policies designed to expand access to insurance is scant, but recent work deserves our attention.

My recent work with Stefan Timmermans examines the social costs of high community levels of uninsurance. Using data from Los Angeles collected in 2000–02 and 2007–08, we find that residents report lower levels of social cohesion and trust net of other individual and neighborhood factors when they live in communities with higher burdens of uninsurance. Since our data are from before the implementation of ACA, we also estimate how expanding health insurance benefits under ACA-like conditions would have affected communities. We find that an

ACA-type expansion in access to insurance would have significantly improved social cohesion and trust in these same communities.

This research suggests that uninsurance strains social relationships in communities, and that insurance expansion may improve social cohesion and trust. Thus, as the country considers what do with the Affordable Care Act or its replacement, we ought to be attentive not only to the immediate effects that the law has had on health and costs, but also ways that more inclusive health policies can strengthen social ties in our communities. 🔄

Read more on this issue at healthaffairs.com





Using Workers' Compensation Claims Data to Improve Safety and Health in the Workplace

Most states don't collect the data necessary to estimate injury and illness rates by industry and employer

by Martha Jones



For prevention and intervention activities, many states would like to calculate injury and illness incidence rates by industry and by employer using their own administrative workers' compensation claims data in the numerator. In some cases, states would also like to calculate these rates for particular injury causation categories or for sub-state geographies. Although the US Bureau of Labor

Statistics (BLS) publishes incidence rates by industry at the state level in the Survey of Occupational Illness and Injury (SOII) program, rates by employer and at lower levels of geography are not available. Moreover, concerns have been raised about a SOII undercount of injuries and illnesses. The ideal denominator for illness and injury incidence rates is full-time equivalent (FTE) employee counts, which

control for hours worked. Most states, however, do not collect hours worked data from employers. FTE employee estimates can be calculated using several survey data sources for hours worked data by industry that are: (1) reported by households to the Current Population Survey (CPS) and the American Community Survey (ACS); (2) reported by employers to the Current Employment Statistics (CES) program; and (3) from the BLS Labor Productivity and Cost (LPC) program, which combines data from various sources, including the CES and the CPS. Each of these data sources has advantages and disadvantages. Questions addressed include whether national or state-level data should be used, how to obtain the most reliable estimates, and how to obtain FTEs for detailed industry categories.

Various methodologies are being explored. For example, FTEs can be directly calculated using survey data for hours worked by industry. Alternatively, FTEs can be calculated indirectly by combining survey data on hours worked per employee by industry with employee count data at the industry or employer level from the Quarterly Census of Employment and Wages (QCEW), which is based on unemployment insurance data.

I have been working with researchers at the National Institute for Occupational Safety and Health (NIOSH) as well as researchers in California, Ohio, Tennessee, Washington, and Massachusetts on estimating FTEs.

In 2013, NIOSH founded the Center for Workers' Compensation Studies (CWCS), which began a broad initiative to help states use workers' compensation data and systems to improve workplace safety and health: <https://www.cdc.gov/niosh/topics/workercomp/cwcs/>.

One of the NIOSH/CWCS goals is to analyze existing, state-level workers' compensation data and use results to identify research and intervention priorities. To that end, NIOSH is making workers' compensation surveillance funding opportunities available. The agreements intend to foster collaborations between state health departments, state workers' compensation agencies, other eligible organizations and businesses, and provide the resources to initiate or expand state-based workers' compensation surveillance and intervention activities.

The State of Tennessee was awarded one of these grants by NIOSH in July 2016. I have been working on this project in collaboration with researchers from the University of Tennessee, the Tennessee Bureau of Workers' Compensation, and the Tennessee Department of Health. NIOSH intends to commit approximately up to \$5.4 million in new money over a period of six years to fund up to nine states/grantees for three consecutive years (project period) per state. Other states that have received awards so far include California, Massachusetts, Ohio, and Michigan. ☺



Designing Healthy Spaces

by Aimi Hamraie

When Nashville Mayor Megan Barry took office in 2015, her first initiative involved rebuilding sidewalks throughout the city to improve pedestrian safety and walkability. Barry's directive followed the legacy of New York City urbanist Jane Jacobs, whose 1961 book, *The Death and Life of Great American Cities*, discusses sidewalks as the circulatory system of urban social life. Today, as in 1961, city governments, urban planners, and community advocates look to sidewalks as measures of urban vitality on the whole. In many mid-sized cities, new urban planning and design projects seek to enhance urban livability through new real estate development, parks and greenways, and transportation infrastructure. Together, these new design projects comprise the field of "healthy places" design, which brings together architects, planners, public health researchers, city and regional governments, and urban citizens to design more livable cities. As a critical health scholar and design historian, I am very interested in questions such as, what makes a city "livable," "healthy," and "vital"? Who benefits from "healthy places"? And how do public, private, and non-profit actors define the ideal health of the population?

During my research sabbatical over the 2016–17 school year, I have been investigating the "healthy places" design phenomenon through ethnographic and historical research in cities across North America, including Guadalajara, Mexico; Montreal and Toronto, Canada; San Francisco, CA; Atlanta, GA; Columbus, OH; Boston, MA; New York, NY; Portland, OR; and Nashville, TN, my primary research site. My research has given me an opportunity to observe Nashville and other cities from the street-

level, in greenways and parks, in neighborhood and government meetings, and at farmer's markets and urban gardens. Whereas my first book, *Building Access: Universal Design and the Politics of Disability* (forthcoming, University of Minnesota Press, 2017) investigated the rise of accessible design for disabled users in the 20th century, my second book, *Public Bodies/Healthy Spaces*, will focus on "healthy places" design initiatives and their connections to the demography, health, and politics of contemporary cities.

Upon returning to Vanderbilt in Fall 2017, I look forward to continuing to explore health and urban design with my students in MHS 3040: Designing Healthy Publics, as well as continuing work on the Mapping Access initiative, a participatory accessibility-mapping project that I direct here in Nashville. Through generous support from the Vanderbilt Institute on Digital Learning I will be developing pedagogical materials in the coming year directed at using mapping and urban observation as classroom tools. ☞



RIGHT Walking paths at Bicentennial Capitol Mall State Park



Changing Rules of Research

by Laura Stark



The past can be a resource in the present day to think beyond our own current ethical orthodoxies.

Dr. Henry K. Beecher was a powerbroker of the American medical establishment in the decades after World War II. He was head of anesthesiology at Harvard and well-connected at the US National Institutes of Health, but Beecher is perhaps best remembered as the father of modern bioethics. In 1966, he published an article that exposed research he deemed unethical that had been done by his medical colleagues across the country. What is surprising in retrospect, in addition to the studies themselves, is that a fixture of the scientific establishment could think beyond the ethical orthodoxies he had learned in school. How did he shuffle out of lockstep with his postwar colleagues and mentors? And why would he jeopardize his own secure position, not to mention his friendships, by challenging postwar paternalism—in ways that reshaped how medicine is practiced in the present day?

I spent the summer of 2016 digging up answers to these and other questions in Beecher's

personal papers in Boston, Massachusetts. In May 2016, I had given a plenary talk to the American Association for the History of Medicine in honor of the 50th anniversary of Beecher's landmark article, pulling together clues from Beecher's published commentary. The same month, I was awarded a summer Research Scholar Grant from Vanderbilt that supported my trek to Boston. There, I was able to hunt down the backstory of Beecher's ethics through his own private papers, and finish research on my additional projects—all of which explore the history of ethics as it is practiced, rather than ethics as it is preached. The story I found buried in Beecher's private papers was quite a surprise, and was published in *The Lancet* at the end of June 2016. You can read about it there.

My time in Boston was important for a second reason. Beecher's personal papers are housed at Harvard's Countway Library for the History of Medicine, and the Countway Library is also archiving, with the help of the Vanderbilt Library System, a unique collection of historical resources that I created over the past six years. My original historical collection includes old letters, pictures, diaries, and other materials with people who served as "human subjects" of government medical experiments at NIH during Beecher's time. The collection also includes oral history interviews with those former research participants, as well as the scientists and administrators who knew them, including interviews I completed for the collection while in Boston. During the summer, I was able to work with the team of archivists at Harvard

building the digital repository. At Vanderbilt, the archive team continued to prepare my materials for the collection, and to build a showcase of the collection now on view at Heard Library. The Library Dean's Fellows Program gave generous support—of funding, time, expertise, and good humor!—and I extend special thanks to Dr. Jenifer Dodd, the project's Dean's Fellow in 2015–16 and recent graduate of the History Department's PhD program (who now holds a prestigious, Mellon visiting professor appointment at Berea College).

History lives with us in the present. Since 2011, the federal government has been in the process of updating the 1974 National Research Act, which was the first US law for the treatment of human-subjects, and which over the past 40 years has seen no substantial revisions. In the fall, I accepted an invitation to speak about my research at a national Town Hall meeting, sponsored by NIH, designed to get public input on how to revise regulations. My research on Beecher and on the people whose stories are seldom told—those who served in medical experiments—showed how perspectives from the past can be a resource in the present day, to think beyond our own current ethical orthodoxies.

»



The Global Psyche

Experiments in Ethics, Politics, and Technoscience

Conference brings together social science faculty to explore how the global psyche takes shape at the intersection of technology, politics, and ethics.

by **Dominique Béhague** and **Kenneth MacLeish**

On March 16 and 17, 2017, MHS hosted a conference and workshop titled “The Global Psyche: Experiments in Ethics, Politics, and Technoscience.” Organized by professors Dominique Béhague, Kenneth MacLeish, and Jonathan Metz, the event was co-sponsored with the Department of Psychiatry, Department of Anthropology, The Bishop Joseph Johnson Black Cultural Center, and the Office of Active Citizenship and Engagement, and funded by a Research Scholars Grant, a grant from the Vanderbilt International Office, and the Vanderbilt Trans-Institutional Programs (TIPs) initiative.

The conference brought together 15 anthropologists, sociologists, historians, and psychiatrists from universities around the world to investigate debates and dilemmas surrounding the spread of psychiatric approaches to mental experience across the globe.

Drawing on research conducted in countries including Argentina, Brazil, Canada, France, Italy, Japan, Kosovo, Mexico, Russia, Senegal, and the United States, participants delved into the local, political, and cultural contexts that make the medicalization of emotions and mental life both so relevant and so volatile for experts, patients, and families and communities alike. “As anthropologists, we approach emotions and mental distress as experiences that reflect and express social and political values,” says Béhague, Associate Professor

cultural, and economic forces. In fact, this is why a range of stakeholders—psychiatrists, patient groups, and social scientists—are so concerned about both the positive and negative results of Western psychiatry going global. At the conference, we showed that what’s happening on the ground is quite complex—people do different things with psychiatry in different places—and there’s more to it than terms like ‘Westernization’ or globalization suggest on their own.”

Psychiatry and neuroscience...are not value-free domains of practice; they are deeply influenced by social, cultural, and economic forces.

of MHS at Vanderbilt. “The same can be said about psychiatry and neuroscience; these are not value-free domains of practice; they are deeply influenced by social,

The conference also explored critiques of psychiatry over issues like the aggressive distribution of psychopharmaceutical drugs worldwide, the insensitivity of



RIGHT Allan Young presenting in Alumni Hall
LEFT Conference attendees
Back (L to R): Zoe Wool, Jocelyn Chua, Dominique Behague, Miriam Tickin, Kenneth MacLeish.
Front (L to R): Joe Masco, Francisco Ortega, Lawrence Kirmayer, Margaret Lock, Junko Kitanaka, Sean Brotherton, Hannah Kienzler, Eugene Raikhel, Christiana Giordano
Not pictured: Allan Young, Beth Conklin, Jonathan Metzl

“universal” psychiatric research to local cultural perspectives, and potential watershed developments in neuroscience and psychiatric research which are radically changing the way we understand the relationships between brain, body, culture, and environment.

Putting scholarly and medical perspectives together is important for understanding mental illness, according to MacLeish, Assistant Professor at MHS. “Everything from innovations in genetics and brain science, to the ways that communities of people mobilize around diagnoses like PTSD or depression, shows us that the meanings of mental illness are diverse and dynamic—and political. That’s what makes this an exciting topic for anthropology, and it’s what makes anthropology so relevant for people who care about

mental health.”

Papers presented at the conference focused on a range of topics: the politics and effects of the rise of right-wing nationalism; the diagnosis and medication of war trauma in American military veterans; the rise of psychiatric metrics in Senegal; dilemmas of preventative psychiatry for dementia care in Japan; the role of mental health in current migration and refugee crises; the ethics of addiction treatment in Russia; the science of addiction and psychosis in Russia; the formation of self and memory in Argentina’s psychoanalytic cultures; and poor Brazilian youths’ creative uses of psychotherapy to voice resistance to discrimination. 80



LEFT Margaret Lock



Allan Young, Marjorie Bronfman Professor in Social Studies of Medicine at McGill University, gave his keynote lecture on Thursday, March 16. The talk was entitled “Virtuous Not-Knowing” and Professor Stephan Heckers, chair of the Department of Psychiatry and Behavioral Sciences served as discussant. Young challenged the widespread concern that large numbers of war veterans may be falsely claiming to have endured traumatic war experiences in order to access disability benefits. Drawing on recent developments in neuroscience, Young suggested that the interweaving of the brain’s predictive and probabilistic functions with its memory functions make the distinction between “true” and “false” memories in such circumstances essentially possible from a psychiatric perspective.

“The concept presented of memory being malleable and how it is not restricted to a linear time was fascinating. We are so stuck on what we think of as ‘facts’... It is quite difficult to think of memory as being able to predict the future, because the idea that memories are recollections of the past is so deeply engrained.”
Phoebe Ahn

“I learned so much from Professor Young’s discussion of the puzzling epidemic of “long-delayed onset PTSD.” He attributed the swell in diagnoses in part to veterans seeking government disability. I found this particularly interesting as it relates to my own project and the overall topic of the social and political context of diagnosis. I could see many links to the way psychiatry plays out on college campuses too.”
Josie Roth



Dominique Béhague

“Young discussed the idea emerging in neuroscience at the moment that memory is not restricted to one direction. Rather, memory is an active process that occurs when sights, sounds, and ‘mnemonic traces’ are brought into consciousness. He describes traumatic memory as ‘a distinctively indelible object.’ Both factitious and fictitious memories can metamorphose into the vulnerable traumatic memory, making it difficult to distinguish truth from reality. Young’s critique of PTSD was quite surprising; while he did not trivialize the experiences of those with PTSD, he did present a very different perspective on the illness.”
Stephanie DeZarranga



Francisco Ortega, Junko Kitanaka, and Lawrence Kirmayer



Allan Young and Lawrence Kirmayer

Margaret Lock, Marjorie Bronfman Professor Emerita in Social Studies of Medicine at McGill University, delivered the keynote lecture on Friday, March 17, “The Embedded Psyche: The Anthropocene, Postgenomics and the Microbiome” – with discussant Beth Conklin, Associate Professor and Chair of the Department of Anthropology, Vanderbilt. Professor Lock’s lecture explored how science is changing the way we think about the relationship between environment and human development, health, and illness. The human genome, she argued, “is no longer thought of as the origin of life but, rather, as ‘reactive’ to environments external and internal to the body.” Though this body of research is exciting in its ability to collapse the nature/nurture divide, Professor Lock questioned epigeneticists’ and neuroscientists’ excessive focus on the immediate environments of gestation and early childhood, and urged scientists to more systematically consider how the destruction of the environment through large-scale human interventions—everything from colonization, forced migration, war, famine, and other major traumas—have lasting effects on human health.

“It was enlightening to see data that demonstrably showed how the Anthropocene can modify our gene expression. It is further evidence that unnatural modifications to our environment have ill effects on human health. The research done by these teams is increasingly important as our global economy continues to emphasize profit over people.”
Brittany Correia

“I found Lock’s presentation very intriguing. The role of epigenetics and how these mechanisms can really change human physiology was a major focus of her presentation. The question and answer session at the end was very enlightening as well. She spoke about how researchers, including anthropologists, often tend to focus on the negative, ‘we even thrive on it,’ she stated. Her lecture changed the direction my own research will take.”
Chad Erickson

“What’s so fascinating about this work is that it seems to get closer than ever to solving the age-old nature vs. nurture debate. I have always been interested in this topic, and it’s amazing to see how advances in epigenetics can improve our understanding of the relationship.”
Jordan Phelan



Margaret Lock



Kenneth MacLeish



students at conference

MHS Master's Students

MHS graduate students study health disparities and partner with community organizations to address barriers to healthcare access



Trixie Yabut

If there were a program that allowed you to receive free healthcare, would you sign up for it? Would your answer change if I told you the service was provided via telemedicine? While your response may seem obvious, for some it is not. In the US, political debates often equate health insurance with healthcare access, yet it is not always that simple. Language barriers, transportation, or general mistrust are just a few of the additional barriers that many in this country face when it comes to receiving quality healthcare.

With research interests in global health, health disparities, and barriers to healthcare access, I am completing a practicum at Catholic Charities in their Refugee Resettlement Department. I am researching how these additional barriers impact recently arrived refugees' access to healthcare. By implementing Teledoc, a free telemedicine program, and conducting interviews with clients and staff, I have learned the vast implications these barriers have on refugee

health and healthcare access. At a time when the rights of refugees are being threatened, it is important to maintain and strengthen the policies in place that aim to combat these additional barriers. In the future, I hope to use this experience to provide quality healthcare globally. 🌀

Yemi Olubowale

Yemi has partnered with the Vanderbilt Emergency Department to conduct research on ST-Elevation Myocardial Infarction (STEMI)—or, colloquially, specific types of heart attacks. Apart from his purely clinical work collecting data from patient histories and charts, Yemi has relished bringing his newly-minted, social dimensions of illness lens to his work. Over the past year, he has undergone two separate projects: partnering with Nashville General Hospital at Meharry, and another with two private practices. Yemi worked with Nashville General Hospital, officially dubbed Nashville's "safety-net" hospital for indigent populations, to refine the collaborative care model used in psychiatry in an attempt to map it onto emergency medicine, to alleviate some of the burden should the Affordable Care Act be replaced. The private practice research is working to understand how a local physician, well-known for his anti-vaccination stance, navigates the tension of respecting parents' assumption of autonomy for their children and his possession of expert, or authoritative at minimum, knowledge. 🌀



Muhammad 'Zain' Chauhan

Zain is a Master's candidate in MHS and is on track to receive a Certificate in Global Health from the VIGH. Before joining MHS, Zain received his BA in MHS with a minor in Neuroscience at Vanderbilt. As an undergraduate, Zain received the Student Undergraduate Research Fellowship from the Arkansas Department of Higher Education for his research on the effects of wastewater discharge on rural creeks. Zain's thesis research is exploring the institutional and economic factors that contribute to the adoption of electronic medical record (EMR) systems in rural and urban dental clinics. Increasing health IT adoption has been recognized as an important goal to improve healthcare through health system strengthening. In the US, there has been an increasing effort to integrate medical and dental care data to support a more integrated healthcare delivery system. However, there

are few empirical studies exploring the adoption rates of EMRs in the dental field. With the national and global trend in wanting to improve the use of electronic medical record systems, it is vitally important that researchers understand the barriers to adoption of health IT in dentistry, in order to combat potential disparities. 🌀



Safiah Hassan

I am mainly interested in researching how discrimination affects health. More specifically, I have conducted this research throughout the semester by studying how discrimination, namely Islamophobia, affects the health of Muslims in countries like the United States and the United Kingdom. Since 9/11, and, recently, since the Brexit and Donald Trump campaigns (which ran simultaneously), hate crimes against Muslims have increased. These hate crimes and other instances of abuse, as well as the increase in Islamophobic rhetoric, have led Muslims to feel otherized and has contributed to their health outcomes.

I am doing this research by using both quantitative and qualitative methods. Through literature review, interviews, and analyzing datasets, I aim to show that discrimination

against Muslims can have profound effects on health. Through this, I also intend to show that more research on this topic is needed, and that quantitative datasets that take information on other factors that can contribute to health disparities, such as race and ethnicity, should also take data on religion. Furthermore, I aim to show that because the field of public health is meant to prolong life and promote human health, and because discrimination like Islamophobia affects health, Islamophobia is a public health issue. 🌀

Alexandra Blair

For my Master's thesis research, I'm examining the federal government's current approach towards HIV/AIDS prevention efforts in the US. In 2010, President Obama released the National HIV/AIDS Strategy (NHAS) to direct and align the nation's collective HIV/AIDS efforts through 2020. The NHAS serves as a comprehensive roadmap for the country's HIV/AIDS strategy and aims for a United States without new HIV infections and HIV/AIDS-related disparities. While the NHAS vision emphasizes the role that structural factors play in contributing to our nation's HIV/AIDS burden, the government's strategies to realize the NHAS goals and to eliminate HIV/AIDS revolve around individual-level interventions, like behavior modification programs, rather than structural interventions, like policy advocacy. Using fieldwork interviews and original statistical data analyses, my findings point to the importance of structural factors, like poverty and education, in reducing HIV incidence rates in general, and especially in the US South where HIV incidence is currently highest. Specifically, my evidence supports the importance of high school education in reducing HIV rates. Thus, my research concludes with a call to action with recommendations detailing the importance of education policy as health policy, and more specifically, education policy as HIV prevention policy. Prior to joining this program, I received my BA at Vanderbilt, where I majored in MHS and Managerial Studies. ☞



Elizabeth Manning

My thesis research is about how transgender people interact with healthcare providers. There has been a recent push for more awareness of transgender issues in healthcare, but this has mostly focused on transgender people who identify as male and female and are transitioning between those two genders, or binary transgender people. There are many transgender people who do not identify as either male or female,, called non-binary transgender people, and my work centers on how they navigate relationships with healthcare providers. I am specifically interested in how non-binary transgender people choose whether to come out to their healthcare providers, and what the consequences of coming out or not coming out may be.

I plan to address my questions by interviewing binary and non-binary transgender people individually, and then holding a focus group where transgender people can discuss their experiences with each other. I am currently preparing to submit my IRB application for this project and hope to start recruiting participants as soon as my project is approved. I am excited to begin, and I hope my work helps people who work with transgender issues to build a better healthcare system for all transgender people, regardless of gender identity. ☞



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Spotlight on Undergraduate Research



Lausanne Miller, '17 United Nations Relief Works Agency, Amman, Jordan

During Spring 2017, Lausanne Miller, '17, has been conducting research on humanitarian medical and development work with the Health Department at the United Nations Relief Works Agency (UNRWA) in Amman, Jordan. UNRWA is a semi-permanent healthcare provider for Palestinian refugees living in Jordan and is often their only source of healthcare. As part of her research, Lausanne is conducting interviews with staff at UNRWA Headquarters in Amman and other refugee camps along the Jordan-Israel border and in Lebanon. "In Professor McKay's Global Health class," Miller explained, "I studied how expat and national staff working with

Doctors without Borders/Medecins sans Frontieres (MSF) manage the complexities of humanitarian medical assistance and take a more human-rights based approach to crises. My goal in this research in Jordan is to collect new data on the personal experiences, motives, and ethical and ideological dilemmas faced by humanitarian expat and national staff working for a very different organization like UNRWA." In Jordan, Miller is working with Dr. Ali Khader to execute the study. After completing her research in Jordan, Miller will be joining the Peace Corps in Togo where she will be working on infectious disease prevention and improving maternal health outcomes. ☞

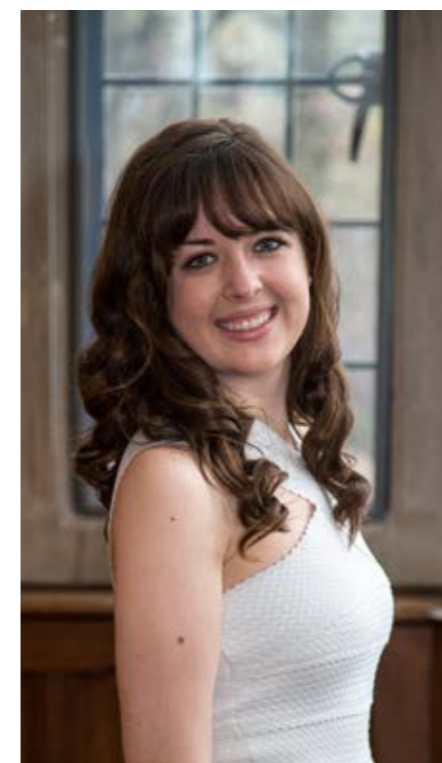


ABOVE Miller with Dr. Seita, Director of UNRWA Health Department, Jordan

Laura Farris, '17 The Social Life of the DD-214: Discharge Status and the Veteran Experience

For her independent study with Professor Kenneth MacLeish this semester, MHS student Laura Farris, '17, is exploring how the military complex itself—through the use of discharge statuses and other bureaucratic measurements—plays a role in the health and wellness of American veterans. In her research, Farris follows the case of one military sexual assault survivor, whose missing discharge paperwork has led to difficulties seeking adequate health services. By dissecting the meaning and

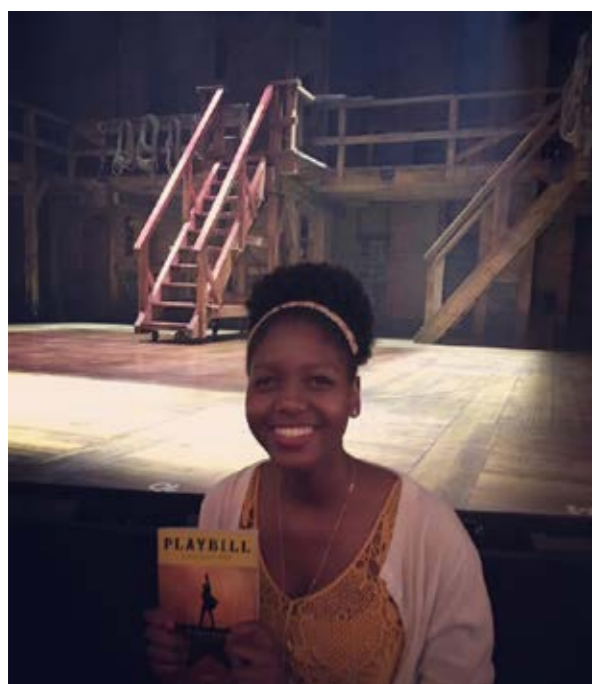
value of military documents like the DD-214, she finds that the use of codes and paperwork is an influential but often unseen barrier for bargaining one's healthcare. These forms become emblematic of a larger military "bartering" process, wherein the veteran exchanges her military experience for her discharge status and her discharge status for her right to seek health services. Throughout these processes, however, Farris finds that the politics of power, status, and identity inherent in the military establishment have profound social and physical consequences for soldiers and veterans alike. ☞





TOP Bradley (center) with Jaime Gutierrez (left), Padmore John (right) of NYC DOHMH, 2016

BELOW Bradley at *Hamilton*, 2016



Deanna Bradley, '18
Center for Health Equity, New York City Department of Health and Mental Hygiene

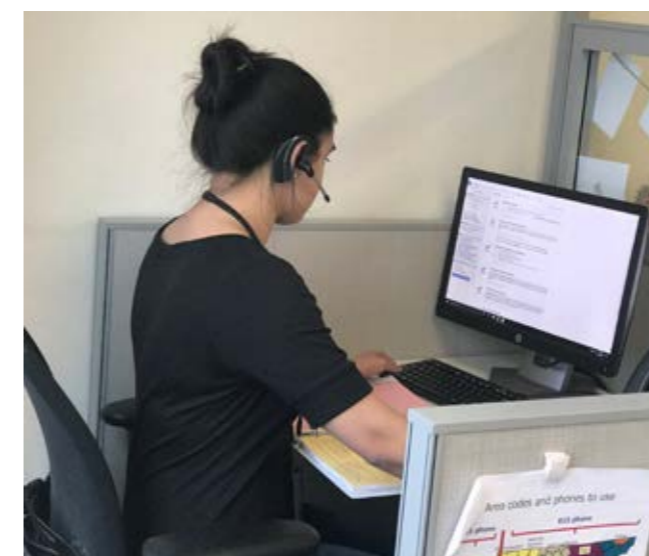
Over Summer 2016, Deanna Bradley, '18, interned with the New York City Department of Health and Mental Hygiene (DOHMH). Bradley participated in the Health Research Training Program (H RTP), a program that provides the opportunity for undergraduate, graduate, and professional school students to experience some of the "real life" challenges of public health by working on current relevant public health issues under the close supervision and mentorship of experienced professionals, while attending seminars and sessions facilitated by DOMHM employees. She was posted in East Harlem and worked closely with staff at the Center for Health Equity. The purpose of these centers is to increase access to healthcare in high areas of premature death and chronic disease. Bradley contributed to the development of a framework for forming a community advisory board for the newly-opened center in Harlem. She also worked on objectives related to DOHMH's community engagement framework, researched and made recommendations for ways to engage community members in data collection on local community needs and perceptions for inclusion in Neighborhood Health Planning, developed a set of best practices for Research Community Advisory Boards (CAB), recommended a framework for development and implementation of a Neighborhood Health Action Center CAB, and worked to engage East Harlem residents in support of Harlem Neighborhood Health Action Center community engagement efforts.

At the end of the summer, Bradley presented these findings to Neighborhood Health Action Center Leadership and community partners. Reflecting on her experience, Bradley noted that she learned a lot and, "it actually motivated me to plan to apply for the 4+1 MHS program next year before Medical School, and to seriously consider applying to Medical Schools in New York. Jaime and his colleague, Padmore, were great mentors during my time there and I had a lot of fun working with them." She even found a bit of free time to see Shakespeare in the Park, go to the top of the Empire State Building, kayak on the Hudson, and see *Hamilton*!



Caitlyn Ko, '17
Stress and Coping Lab, Peabody

Caitlyn Ko is currently working on two separate research projects here at Vanderbilt University with the Stress and Coping Lab: the Thinking and Learning in Children with Sickle Cell Disease project, and the Cognitive Remediation for Pediatric Brain Tumor Patients. With the sickle cell disease project, her team is researching how the social-environmental and biological predispositions of children with sickle cell disease affects their neurocognitive development. Because sickle cell disease has shown to cause significant problems in neurocognitive development, it can cause defects in major executive functions, such as working memory and attention. The lab is developing a parenting intervention for these families to help parents learn specific coping and parenting skills due to the stressors of having a child with sickle cell. The second project Ko works on is a pilot study designed to assess the efficacy of a neuroplasticity-based cognitive training program in remediation of deficits in executive functioning that pediatric brain tumor patients are shown to demonstrate after treatments of surgery, radiation, and chemotherapy. These deficits in frontal lobe functions demonstrate significant declines over time, even after removal of the brain tumor. Due to the neuroplasticity of the brain and critical maturation periods in childhood and adolescence, the team hopes to create a feasible, cognitive intervention for these children in the future. ☞



Niharika Dar, '18
FoodCORE, Tennessee Department of Health

As an MHS major, Niharika Dar has learned a great deal about healthcare and infectious disease. For Dar, the intersection between government and health, particularly in terms of surveillance and data collection, is especially fascinating. In an effort to learn more about this nexus (and apply this knowledge in a practical way), she has been working as a FoodCORE Intern at the Tennessee Department of Health over the past academic year. As an intern in the Communicable and Environmental Diseases and Emergency Preparedness Division, Dar performs centralized surveillance telephone interviews for Salmonella and STEC cases in Tennessee, and compiles epidemiological data when infectious disease clusters or outbreaks are identified. Over the past few months, she has been a part of a few outbreak investigations, and has seen the value that surveillance data, in conjunction with epidemiological analysis, can offer in containing the spread of disease. However, a more unexpected outcome of speaking with people from varying socioeconomic backgrounds about their experience with an illness, has been a profound realization that even something as biologically simple as a foodborne illness, can highlight the serious disparities that continue to exist in Tennessee in areas such as health literacy, affordability, and access to care. ☞



DEGREES
NOW
ATURE

University Course Takes to the Hill

by Christian Anderson

When Tara McKay (MHS) and Gilbert Gonzales (Health Policy) designed their University Course, *The Nation's Health: From Policy to Practice*, they knew a trip to the Tennessee state legislature would be a key component of the curriculum. That vision became a reality on Feb. 22, 2017, when the two took their students to the Tennessee State Capitol in downtown Nashville for an immersive "day on the hill" experience.

TENNESSEE



Taught by Gonzales, an Assistant Professor of Health Policy in the School of Medicine, and McKay, Assistant Professor of Medicine, Health, and Society in the College of Arts and Science, The Nation's Health prepares Vanderbilt students to be effective participants in debates over health policy by engaging them in the health policy environment and teaching them how to critically address preconceived ideas about health. University Courses, an initiative of the Academic Strategic Plan, provides Vanderbilt students with the opportunity to engage in innovative and impactful courses focused on some of society's grand challenges. The courses are taught by faculty members with divergent viewpoints.

The trip to the state legislature is the most recent example of



PREVIOUS Students at Legislative Plaza. by Joe Howell
 top Class photo at Legislative Plaza. by Joe Howell
 MIDDLE Students meet with Senator Briggs. by Joe Howell
 BOTTOM Professor McKay asks a question. by Joe Howell

immersion for students in The Nation's Health course. In January, Gonzales and a group of students made an impromptu visit to observe a demonstration during Gov. Bill Haslam's State of the State speech to the members of

the Tennessee General Assembly. The course has also included discussions with guest lecturers, drafting policy briefs, writing and effectively pitching opinion pieces to the media, and collecting, analyzing, and interpreting real data to make informed recommendations.

"Our visit to the state legislature gave students a hands-on experience for learning healthcare policy and politics," Gonzales said. "We met with several state legislators to discuss current issues in healthcare policy—from repealing and replacing the Affordable Care Act to medical marijuana laws. Watching students interact with state legislators proved to me that they're ready to enter this arena more confidently and are better able to discuss complex healthcare issues."

During their trip to Legislative Plaza, students met with eight legislators, observed a committee meeting, and ate lunch with legislative aides during

a fast-paced four hours. The legislators were: Sen. Richard Briggs of Knoxville, Rep. John Ray Clemmons of Nashville, Rep. Sabi Kumar of Springfield, Sen. Becky Duncan Massey of Knoxville, Rep. Joe Pitts of Clarksville, Rep. Eddie Smith of Knoxville, Rep. Johnnie Turner of Memphis, and Sen. Jeff Yarbrow of Nashville.

"I was impressed with the way the students researched their issues, connected their concerns to particular pieces of legislation and went into meetings with legislators as experts with evidence for and against current proposals in committee," McKay said. "Having a real audience here made the difference."

Prior to the trip, students prepared briefs that were circulated by legislators to their committees. They also provided new information and opportunities for legislators to use to strengthen support of their own legislation. For example, Chelsea Edwards, a graduate student in Peabody's Community Development and Action program, researched proposed legislation restricting

voting rights of previously incarcerated adults in Tennessee. During the trip, she discussed this bill directly with Sen. Jeff Yarbrow of Nashville, including sharing a study that showed voting

my group, who seemed very receptive to our ideas." Students also met with Rep. Johnnie Turner of Memphis to share their research and views on proposed legislation pertaining to housing,

"Our interests as students and constituents are just as important."

rights restrictions had negatively affected health policy decisions in minority communities. "Being able to connect one-on-one with a legislator who is just as passionate on a particular issue as I am was rewarding and satisfying," Edwards said. "It goes to show that our interests as students and constituents are just as important."

"Visiting the State Capitol really highlighted for me the accessibility of our legislators and the importance of giving your input in the policymaking process," said Télyse Masaoay, a sophomore double-majoring in Sociology and Medicine, Health, and Society. "Laws that affect us are made right in our backyard, and I was encouraged by the representatives that met with

same-sex marriage, food stamps, and noncitizen driver's licenses. Turner, a civil rights advocate, encouraged students to come back and help draft new, well-researched bills during the next cycle.

Gonzales termed the visit a success for the students. "In class, we have discussed the role of political institutions and stakeholders in the health policy process, but sometimes discussing and testing central themes in class may not be enough to instill lifelong lessons," he said. "Taking the students out of the classroom and into committee rooms with legislators who are debating these issues was an eye-opening experience for all involved."

BELOW Jason Fromal with Rep. John Ray Clemmons. by Joe Howell
 RIGHT Megan Lee (right) and Marguerite Zabriskie (left). by Joe Howell



2016–2017 Active Grants

Griffith, Derek. Co-I, “Trust and Privacy in underrepresented groups,” Minority Supplement funded by the National Center for Advancing Translational Sciences, National Institutes of Health. PI: Consuelo Wilkins, MD.

Griffith, Derek. PI, “Mighty Men: A Faith-Based Weight Loss Program to Reduce Cancer Disparities,” Research Scholar Grant, Cancer Control and Prevention, American Cancer Society.

Griffith, Derek. Co-I/ Sub-Project Principal Investigator/ Member of Consortium Core. “Center of Excellence in Precision Medicine and Population Health,” Transdisciplinary Collaborative Centers for Health Disparities Research Focused on Precision Medicine (U54), National Institute of Minority Health and Health Disparities. PIs: Consuelo Wilkins, MD, MCSI, Nancy J. Cox, PhD, Maria F. Lima, PhD and Roy E. Weiss, MD, PhD.

Griffith, Derek. PI. “Project 3 of the U54 (Center of Excellence in Precision Medicine and Population Health): Tailored behavioral intervention for overweight African American and Latino men.” National Institute of Minority Health and Health Disparities.

Griffith, Derek. PI. “Using Tailoring and Technology to Promote Health Equity in African American Men.” Aetna Foundation.

Griffith, Derek. Co-I. “Active and Healthy Brotherhood.” Patient-Centered Outcomes Research Institute. PI: Melicia Whitt-Glover, PhD.

Griffith, Derek. Co-I. “HBCU PRIDE.” National Heart, Lung, and Blood Institute, National Institutes of Health. PI: Bettina Beech, PhD

Griffith, Derek. Co-I. “The Vanderbilt Institute for Clinical and Translational Research (VICTR).” National Center for Advancing Translational Sciences, National Institutes of Health. PI: Gordon Bernard, MD.

Griffith, Derek. Co-I. “Mobile Phone Intervention for Physical Activity Maintenance in African American Men (MobileMen).” National Institute on Minority Health and Health Disparities. PI: Robert Newton, PhD.

Griffith, Derek. Consultant. “Creating a Tailored Lifestyle Intervention for Midlife Mexican American Men.” National Institute of Aging, National Institutes of Health. PI: Steven Hooker, PhD, FACSM, FNAK.

Hamraie, Aimi. PI, Macro Grant, Vanderbilt Institute for Digital Learning, Vanderbilt University.

Hamraie, Aimi. PI, Research Scholar Grant, Vanderbilt University.

Hamraie, Aimi. PI. “Mapping Access in Nashville,” National Humanities Alliance.

Jones, Martha. Consultant, “Utilization of Tennessee Workers’ Compensation Data for Injury Surveillance,” CDC/NIOSH grant PAR14-227, Principal Investigator, Edward Taylor, Executive Director, Construction Industry Research and Policy Center, University of Tennessee, Knoxville.

Lindsey, Odie. “Collateral Reparations: Military Veterans and the Power of Artist Residencies,” fellowship to the Virginia Center for the Creative Arts, as funded by the National Endowment of the Arts.

MacLeish, Kenneth. “Accounting for Trauma: Diagnosis, Institutions, and Everyday Life After War,” Wenner-Gren Foundation Post-PhD Research Grant.

MacLeish, Kenneth. “Problematizing Health and Compliance in a Veteran Treatment Court,” Vanderbilt University Research Scholar Faculty Development Grant.

McKay, Tara. Co-I, “Marginalized Populations: How do LGBT Policies impact the Health of People and Places.” Robert Wood Johnson Foundation. PI: Christopher Carpenter, Vanderbilt University.

McKay, Tara. PI, “Recruitment Supplement: LGBT Aging, Social Networks, and Health in the San Francisco Bay Area.” Robert Wood Johnson Foundation. Co-I: Claude Fischer, UC Berkeley.

McKay, Tara. Co-I, “Administrative Supplement: Social Networks and Health among Older Lesbian and Gay Men.” Parent Award: “Understanding How Personal Networks Change.” (R01) National Institute on Aging. PI: Claude Fischer, UC Berkeley.

Stark, Laura. PI, “A New History of ‘Human Guinea Pigs’: Creating the Postwar Market for Human Subjects,” Research Scholar Grant, Vanderbilt University.

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Angotti N., **Tara McKay,** & Robinson, R.S. [alpha order]. (2016, December). HIV Interventions and Homophobic Backlashes in Senegal and Malawi. African Studies Association, Washington, D.C.

Angotti N., **Tara McKay,** & Robinson, R.S. [alpha order]. (2017 January). LGBT Backlash in African Countries. Center for Excellence on Democracy, Human Rights, and Governance, USAID, Washington, D.C.

Béhague, Dominique. (2017, April) Psychiatric reform, community care and the transformation of adolescence in Southern Brazil. Department of Psychology Lecture Series, Vanderbilt University

Béhague, Dominique. (2017, March) [In spite of and with the global psyche: trajectories of conflict, politics and justice in Pelotas, Brazil.](#) Global Psyche: Experiments in Ethics, Politics and Technoscience Conference, Vanderbilt University.

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Griffith, Derek. (2016, April). Obesity in Adult and Middle-aged Men. Keynote address at the at the 7th Annual Dr. Lloyd C. Elam Spring Conference. From Cradle to Rocking Chair: Continuing and Emerging Issues in African American Male Health. Meharry Medical College, Nashville, TN.

Griffith, Derek, Cornish, E., **Bruce, Marino A.**, Ayers, D., Chen, S.C., McKissic, S. & Dean, D. (2016, November). Masculinity, Manhood and African American men's health: The development and preliminary findings from a new measure of manhood. American Public Health Association, Denver, CO.

Griffith, Derek, & Jones, C. (2016, September). Perspectives, Partnerships and Practices to "STIR" Globally. Keynote webinar at the STIR-Stop Institutional Racism Symposium. Te Mahurehure Marae. Auckland, New Zealand.

Hamraie, Aimi. (2016, April). Crip Technoscience. University of Toronto Technoscience Salon, Toronto, ON. <https://technosalon.wordpress.com/2015-16-events/>.

Hamraie, Aimi. (2016, October). Mapping Access. Invited plenary speech at the Residential College Symposium, Vanderbilt University, Nashville, TN.

Hamraie, Aimi. (2016, October). Access-Knowledge: Disability, Universal Design, and the Politics of Knowing-Making. The Ohio State University, Columbus, OH. <https://disabilitystudies.osu.edu/news/dsgsa-hosts-aimi-hamraie-talk-access-knowledge-disability-universal-design-and-politics-knowing>.

Hamraie, Aimi. (2016, November). Mapping Access. Paper presented at the National Women's Studies Association meeting, Montreal, QC.

Hamraie, Aimi (2017, March). Critical Access Studies. Disability Studies: A History conference, University of Pennsylvania, Philadelphia, PA.

Hamraie, Aimi. (2017, April). Disability, Critical Design, and Collective Access. SUNY-Upstate, Syracuse, NY.

Hamraie, Aimi. (2017, April). Mapping Access. SUNY College of Environmental Science, Syracuse, NY.

Hamraie, Aimi. (2017, April). Universal Design and the Problem of 'Post-Disability' Politics. Syracuse University, Syracuse, NY.

Hamraie, Aimi. (2017, April). Mapping Access: from code compliance to intersectional disability justice. American Association of Geographers meeting, Boston, MA.

Lindsey, Odie. (2016, October). from the collection: *We Come to Our Senses*. Vanderbilt University, Gertrude and Harold Vanderbilt Visiting Writer Reading, Nashville, TN.

Lindsey, Odie. (2016, October). from the collection: *We Come to Our Senses*. Duke University, Nasher Museum, Southern Spaces exhibition, Durham, NC.

Lindsey, Odie. (2016, November). from the collection: *We Come to Our Senses*. Roosevelt University, Visiting Writer Series, Chicago, IL.

Lindsey, Odie. (2017, March). Postwar Fiction and the Legacy of Trauma. Middle Tennessee State University, Honors Lecture Series, Murfreesboro, TN.

Lindsey, Odie. (2017, April). Fiction and Fact: A War Dialog with Veterans. Arkansas Literary Festival, in Partnership with the National Endowment of the Humanities, Little Rock, Ark.

MacLeish, Kenneth. (2016, July). Supervising Survival in a Veteran Treatment Court. Deployment Returnees Conference, University of Marburg, Germany.

MacLeish, Kenneth. (2016, July). War, Diagnosis, and Everyday Life. Social Work/Criminal Justice Outreach Continuing Education Briefing. Veterans Affairs Medical Center, Nashville, TN.

MacLeish, Kenneth. (2016, November) Damaged and Deserving: Supervising Care in a Veteran Treatment Court. American Anthropological Association, Minneapolis, MN.

MacLeish, Kenneth. (2016, December). Fieldnotes on the Politics of Veteran Care. Keynote address at Warring Relations: Methodological and Ethical Challenges of Ethnographic Research on Soldier and Veteran Sociality. Department of Anthropology, Danish School of Education, Aarhus University, Copenhagen, Denmark.

MacLeish, Kenneth. (2017, January). Risk, Exposure, and Military Life. Family Safety and Military Servicemembers Symposium, Center for the Study of Traumatic Stress and Uniformed Services University Forum on Health and National Security. Bethesda, MD.

MacLeish, Kenneth. (2017, April). Supervising the Afterwar: Care and Deservingness in a Veteran Treatment Court. Department of Anthropology, Bucknell University. Lewisburg, PA.

McKay, Tara. (2016 July). Including Men Who Have Sex with Men in National AIDS Programs, 2001-2014. International AIDS Conference, Durban, South Africa.

McKay, Tara. (2016, August). The Effects of Aid on Attitudes toward Homosexuality in Malawi. American Sociological Association, Seattle, WA.

McKay, Tara. (2016, August). Prioritizing Gay Men and Other Men Who Have Sex with Men in Global and National AIDS Policy. Mathematica Policy Research, Oakland, CA.

McKay, Tara. (2017, March). Politicized Homophobia, Health, and Rights of LGBT Populations in sub-Saharan Africa. Vanderbilt Institute for Global Health Grand Rounds.

McKay, Tara. (2017, April). Social Networks and Health among Older LGBT Adults in the San Francisco Bay Area. Population Association of America, Chicago, IL.

McKay, Tara. & Currier, A. (2016, August). Pursuing Social Justice through Public Health: Gender and Sexual Diversity Activism in Malawi. American Sociological Association, Seattle, WA.

Mendes, Gabriel. (2016, May). *Under the Strain of Color*. Invited book presentation at the San Diego Public Library, San Diego, California.

Mendes, Gabriel. (2017, January). "The Dark Landscape of His Own Mind": Historicizing Representations of Black Madness in American Psychiatry and African American Ethnography and Fiction, 1910-1950. Paper presented at the annual meeting of the American Historical Association, Denver, CO.

Mendes, Gabriel. (2017, March). "Freud Turned Upside Down": Race, Citizenship, and Mental Healthcare in Postwar Urban America. Paper presented for the John P. McGovern, MD, Annual Lectureship in the History and the Philosophy of Medicine, Baylor College of Medicine, Houston, TX.

Metzl Jonathan. (2016). Endowed Lecture, the 21st Stanley D. Simon, MD, Lecture and Forum, Brown Medical School.

Metzl Jonathan. (2016). Keynote, Virginia Association of Community Services Boards Annual Conference.

Metzl Jonathan. (2016). Truth, Power, and Objectivity in the History of Medicine. JAS History of Medicine and Health Activism panel – New York Academy of Medicine.

Metzl Jonathan. (2016, January). The Protest Psychosis. New York City Department of Health and Mental Hygiene Commissioner's Lecture Series.

Metzl Jonathan. (2016, February). Mental Illness, Gun Policy, and the Troubles Politics of American Firearms. Vanderbilt Alumni Commodore Classroom invited lecture, the Carter Center Museum and Library, Atlanta, GA.

Metzl Jonathan. (2016, February). The Promise and Challenge of Precision Medicine: An Interdisciplinary Conversation. Columbia University.

Metzl Jonathan. (2016, April). Arts and the Health Humanities: Intersections, Inquiry, Innovations. Keynote Speaker, 2016 Health Humanities Conference. Cleveland, OH.

Metzl Jonathan. (2016, April) Keynote, Cultures of Harm Conference, Birkbeck College. London, UK.

Metzl Jonathan. (2016, September). What is a Month of Life Worth: Assessing the Impact of ACA Rejection on White Men in Tennessee. Invited speaker, Program in the History of Science, Medicine and Technology Colloquium, Johns Hopkins University.

Metzl Jonathan. (2016, October). Racism and Health in the US South. Invited Speaker, Georgia Tech.

Metzl Jonathan. (2016, October). Structural Competency: A New Paradigm for Addressing Race and Racisms in Medicine. Endowed lecture at University of Illinois- Chicago.

Metzl Jonathan. (2016, November). Keynote at Black Psychiatrists of America Transcultural Psychiatry Conference.

Metzl Jonathan. (2016, November). Panel on Campus Carry. Program Committee Invited Lecture, ASA Annual Conference.

Metzl Jonathan. (2016, December). Changing the Terms of Debate about Gun Violence: Mental Illness, Mass Shootings, and the Politics of American Firearms. Endowed Lecture, Texas A&M University.

Metzl Jonathan. (2017, January). Grand Rounds Lectures, University of Washington, Seattle, Medical Center.

Robinson, R.S., Angotti N., & **McKay, Tara.** (2016, October). HIV Interventions and Homophobic Backlashes in Sub-Saharan Africa. Bill and Melinda Gates Institute for Population and Reproductive Health, Johns Hopkins Bloomberg School of Public Health.

Song, Lijun. (2016, February). Network Members' Occupational Status, Tie Strength, and Depression in Two Societies." Clinical Brown Bag Series, Department of Psychology, Vanderbilt University.

Song, Lijun. (2016, May). Behind the Scenes: Just Say It." Symposium on "Academia," the STEAM Factory. The Ohio State University.

Song, Lijun. (2016, June). Network Members' Occupational Status, Tie Strength, and Depression in Two Societies." Zhejiang University, Hangzhou, China.

Song, Lijun. (2016, July). Network Members' Occupational Status, Tie Strength, and Depression in Two Societies. International Sociological Association Forum of Sociology, Vienna, Austria.

Song, Lijun & Skaggs, R. (2016, September). Educational Homogamy. Workshop on the Handbook on Marriage and the Family in China. Suzhou, China.

Song, Lijun. (2016, October). Network Members' Occupational Status, Tie Strength, and Depression in Two Societies. International Conference on Social Capital and Health, Hefei, China.

Song, Lijun & Frazier, C. (2017, March). Educational Homogamy, Network Members' Status, and Gender: A Comparison across Three Societies. Southern Sociological Society, Greenville, SC.

Song, Lijun, & Hope, A. R. (2017 April). National Survey Analysis and Planning: Genetic Privacy. GetPreCise (the Center for Genetic Privacy and Identity in Community Settings) Workshop, Vanderbilt University.

Song, Lijun & Yu, R. (2016, April). Institutional Contingency of Network Embeddedness of Class Identification: Network Members' Occupational Status and Subjective Social Class in Three Societies. International Network for Social Network Analysis (INSNA), Newport Beach, CA.

Song, Lijun & Yu, R. (2016, August). Institutional Contingency of Network Embeddedness of Class Identification: Network Members' Occupational Status and Subjective Social Class in Three Societies." American Sociological Association, Seattle, WA.

Stark, Laura (2016, May). Annual Hudson Lecture: Witnessing Medicine: The People and Policies that Created the Postwar Market for 'Human Subjects. Department of the History and Philosophy of Medicine, University of Kansas Medical Center, Kansas City, KS.

Stark, Laura (2016, May). Annual Bodemer Lecture: Why Go First? The Past and Future of Research with Humans. Department of Bioethics, University of Washington Medical School, Seattle, WA.

Stark, Laura (2016, May). How to Make a Classic: Henry K. Beecher at 50. American Association for the History of Medicine, Minneapolis, MN.

Stark, Laura. (2016, August). The Value of Free Time: Justice, Politics, and the Market for Human Subjects of Experiment. American Sociological Association, Seattle, WA.

Stark, Laura. (2016, November). Exceptional Bodies and Normal Science: Coal Miners as 'Normal Controls' in NIH Psychotropic Drug Studies circa 1960. History of Science Society, Atlanta, GA.

Stark, Laura (2016, December). Knowing the Minds of Others: A Reassessment of Postwar Research Methods in the Social Sciences. Centre for the Philosophy of Natural and Social Science, London School of Economics, London [UK].

Whitt-Glover, M., Hooker, S.P., Williams, T., Gizlice, Z., Murry, M., Hughes, O.S., **Griffith, Derek,** Mobley, Y. & Woodruff, M. (2016, November). "Y'all come!" Reaching African American men for a chronic disease prevention study in the Southeastern U.S.: Lessons Learned. American Public Health Association, Denver, CO.

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