HEALTH HUMANITIES: THE NEXT DECADE
(Pedagogies, Practices, Politics)

4th International Health Humanities Conference
30 April - 2 May 2015

Center for Bioethics and Humanities
University of Colorado Anschutz Medical Campus
Aurora, Colorado USA

A young girl does corrective exercises for strabismus, using a stereoscope, ca 1940
National Library of Medicine
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Medical Humanities Consortium
(formerly the Pennsylvania Medical Humanities Consortium)
THURSDAY, 30 APRIL 2015

8:00 - 8:30 AM
Registration and Light Breakfast
Foyer

8:30 - 9:00 AM
Welcome, Introductions, Remarks
Forum
Tess Jones, University of Colorado USA
Brian Brown, University of Nottingham ENGLAND

9:00 - 11:00 AM
Plenary Presentation I
Forum
“Why Study the Medical Humanities? A Practical Lesson in Higher Education for Students, Faculty, and (even) Administrators”
Sander Gilman, Emory University

Response
David Serlin, University of California, San Diego

Large Group Discussion

BREAK

11:30 - 12:00 noon
Flash Presentations I
Forum
"Restorative Talk and Ritualized Form: The Therapeutic Structure for Big Book Support Groups and the Paradox for Adult Children of Alcoholics"
Bill Elwood, National Institutes of Health

"Choreographing the Disabled Body"
Jaimie Henthorn, University of Colorado Denver

"Latinos, Theater and the New Health Humanities"
Tiffany Ana López, University of California, Riverside

"Greedy Stories: Teaching and Visualizing Cancer's Culture with Comics"
Juliet McMullin, University of California, Riverside
12:00 - 1:00 PM
LUNCH
Foyer and Art Gallery

12:15 - 12:45 PM
Literary Reading
Forum
What's Left Out
Jay Baruch, Brown University
Conventional medical narratives often fail to capture the incoherent, surreal, and logic-twisting reality of the contemporary healthcare experience where mystery, absurdity, and even cruelty are disguised as logic, reason, and compassion. In this new collection of stories, characters struggle in their quest for meaning and a more hopeful tomorrow in a strange landscape where motivations are complex and convoluted and what is considered good and just operates as a perpetually shifting proposition.

1:00 - 2:15 PM
Panel / Paper Session I
Forum
Panel Presentation: Rhetoric and the Health Humanities
Lisa Keränen, University of Colorado Denver (Moderator)
Colleen Derkatch, Ryerson University CANADA
John Lyne, University of Pittsburgh
Jennifer Malkowski, Wake Forest University
Judy Segal, University of British Columbia CANADA

ED I #1100
Paper Session A: Theatre, Performance and the Health Humanities
(Moderator—David Flood, Drexel University)

"Performance as an Act of Subversion: The Medical School Musical"
Hartley Jafine, McMasters University CANADA

"Scaling Up: Bringing a Script About Paid Dementia Carers to a Diverse Audience"
Justine Schneider, University of Nottingham ENGLAND

“Introduction to Medical Improv (A wrestling match between Auntie Mame and Henry Higgins)”
Katie Watson, Northwestern University
ED I #1102  
**Paper Session B: Mind, Madness and the Challenges of Mental Health**  
(Moderator—Rebecca Garden, SUNY Upstate Medical University)

"Mental Health: What's Home Got to Do With It?"
Saara Jäntti, University of Jyväskylä FINLAND

"Re-creating Madness"
David Robinson, Social and Civic Policy Institute NEW ZEALAND
Michael Sukolski, Mental Health and Addiction Services, Hutt Valley District Health Board NEW ZEALAND

"Breaking Down the Silos: Hampshire Festival of the Mind"
Sandra Walker, University of Southampton
Carolyn Barber, Good Mental Health Cooperative ENGLAND

**BREAK**

2:30 - 3:45 PM  
**Panel / Paper Session II**

**Forum**  
Panel Presentation: Narrative Advocacy: Acting on Narrative Competence, Prescribing Change
Joanne Jacobson, Yeshiva University (Moderator)
T. Kenny Fountain, Case Western Reserve University
Marsha Hurst, Columbia University
Katie Watson (Respondent), Northwestern University

ED I #1100  
**Paper Session C: Medical/Health Humanities Education**  
(Moderator—Nathan Carlin, UT Health Science Center at Houston)

"Medical Humanities and Pre-Health Education: Benefits, Challenges, and Learning Outcomes of the Duke-RMHD-Family Story Project"
Denise K. Comer, Duke University

"From Anti-Aging to Anti-Ageism: Incorporating Age Studies into the Health Humanities"
Erin Gentry Lamb, Hiram College

"Frida Kahlo's Legacy Diary as an Effective Tool for Teaching Health Humanities"
Gail Werblood, University of Illinois at Chicago
ED 1 #1102  

**Paper Session D: Thinking and Feeling with Humanities Interventions**  
(Moderator—Kayte Fulton, CU Anschutz Medical Campus)

"Thinking about Thinking and Emotion: The Meta/Neurocognitive Approach to the Medical Humanities That Integrates the Humanities with the Basic and Clinical Sciences"
Quentin Eichbaum, Vanderbilt University

"Mindfulness, Mysticism, and Narrative Medicine"
Bradley Lewis, New York University

"What Pauline Doesn't Know: Promoting Cultural Competence in Health Professionals Through Guided Fiction Writing"
Lise Saffran, University of Missouri-Columbia

**BREAK**

**4:00 - 5:00 PM**  
**Workshop / Paper Session III**

**Forum**  
**Paper Session E: Growing Up / Growing Sideways in Film**  
(Moderator—Michael Blackie, NEOMED)

"Not Quite/Quite Right: The Art and Ethics of Dramatizing Pre-Pubescent, Proto-Queer Kids in Short Films"
Lance Wahlert, University of Pennsylvania

**EDI #1100**  

**Workshop: Creative / Analytical Writing**
"Writerly Pedagogies: Best Practices for Health Humanities Courses"
Martha Stoddard Holmes, California State University, San Marcos
Catherine Belling, Northwestern University

**EDI #1102**  

**Paper Session F: Imaging the Patient's Body**  
(Moderator—Les Friedman, Hobart and William Smith Colleges)

"Visualizing Illness: Collaboration in Art and Bioethics"
Devan Stahl, Saint Louis University
Darian Goldin Stahl, University of Alberta CANADA

"Duck Amuck: An Allegory of the Doctor-Patient Relationship"
Howie Movshovitz, University of Colorado Denver
COCKTAIL RECEPTION, PUBLICATION PARTY AND POSTER PRESENTATIONS

5:00 – 7:00 PM

Poster Presentations

Art Gallery

“Workshops and Contest: Integrating the Visual Narrative from Artists with Epilepsy”
Jim Chambliss, Melbourne Medical School AUSTRALIA

“Interpreting Nutrition Guidance: Dietary Recommendations as Texts”
Christian James, George Mason University

“Of Human Bonding: The Next Generation of Interprofessional Humanities Courses”
Lisa Kerr, Medical University of South Carolina

“Turning the Tables: The Impact of Role-Play on the Lives of Standardized Patients”
Ashley Kirk, Ivana Camposilvan, and Hartley Jafine, McMaster University CANADA

“Medical Humanities in Baccalaureate Education”
Craig Klugman, DePaul University

“The Twenty-Fourth Telephone Call: A Critical Narrative on Connected Spaces”
Aarti Kolluri, Grinnell College

“Creative Expression: Artistic Representations of the Social Impact of Living With Lupus”
Kesha Morant Williams, Penn State University, Berks

Forum

Video Exhibit

Salk Institute
Jaimie Henthorn, University of Colorado Denver
This video piece sits within a body of artworks, "Movement Intervention with Architecture: Artistic Research Methodologies." The way in which actor Regan Linton, who is paraplegic, moves across the Salk Institute Plaza brings up issues and expectations around accessibility and purpose-built space related to the disabled body.
Foyer

Art Exhibits

*Infectious Diseases in Ink* (pen and ink drawings)
Kristin Watkins, University of Nebraska
These works represent infectious diseases, their fluid nature, and their human/animal interface. Created over ten years at an academic medical center, the work was inspired by the symptoms and suffering from infectious diseases and to remind viewers that disease jumps, changes, and returns to the human host.

*Visualizing Illness* (lithography and silkscreen prints)
Darian Goldin Stahl, University of Alberta
In collaboration with Devan Stahl, these works concentrate on the complex emotions that accompany a diagnosis and are meant to exist in and in between psychological space of lived reality and internal contemplation. The metaphorical figure created by merging the surface with the interior is a more complete representation of chronic illness. The image-making process involves the appropriation of MRI scans and joining them with the surface impressions of Devan's own skin, created by pressing her body onto charcoaled paper. The translation of the drawings through photographic printmaking processes breaks down the imagery and adds a scan-like graininess to the prints. The works are then printed into film, recalling the original MRI substrate. The result is a seamless, translucent, ghostly figure whose outer and inner scans fit together for the first time.

FRIDAY, 1 MAY 2015

8:00 - 8:30 AM  
Registration and Light Breakfast
Foyer

8:30 - 10:30 AM  
Plenary Presentation II
"Medical Education and Its Discontents: How the Medical Humanities Can Resist the Production of Insensibility in Medical Students"
Alan Bleakley, Falmouth University ENGLAND

Response
Arno K. Kumagai, University of Michigan, Ann Arbor

Large Group Discussion
**BREAK**

11:00 - 12:00 noon  
**Flash Presentations II**

"Medicine and the Arts: Africa's First MOOC"
Susan Levine, University of Cape Town, SOUTH AFRICA

"Integrating Humanities in Physical Therapy: Development of the *Journal of Humanities in Rehabilitation*
Sarah Blanton, Emory University  
Laura (Dolly) Swisher, University of South Florida  
Gail Jensen, Creighton University

"Evolving a New Hero in Modern Medicine: Insights From the Health Humanities"
Nathaniel J. Brown, University of Colorado

"Stories of Origin: Narrative Medicine, Imagination and Lives of Abandoned Children"
Margaret Ann Cunney, New York

"A Compelling Practice: Empowering Future Leaders in the Medical Humanities"
Katherine Ellington, World House Medicine

"The Common Table: Teaching Narrative Medicine in a Writing Class"
Gillian Pidcock, Cedar Crest College

“Health Administration and Humanities”
Abraham Rudnick, University of British Columbia CANADA

12:00 - 1:00 PM  
**LUNCH**

**Performance**

*Exploring the Ethics of Isolation and Quarantine: A Visit with Typhoid Mary*
Kristin Watkins, University of Nebraska

"I chased him, I did, swingin' my fork and a hollerin'!" Travel through time and experience what public health faced in 1907: Typhoid Mary. Using history as a framework, this one-woman play examines the social
and ethical issues surrounding isolation and quarantine, and how they are relevant to current healthcare practice. Learn Mary's story and relive the challenges of dealing with the famous disease carrier.

1:00 - 2:15 PM  Panel / Paper Session IV

Forum  Panel Presentation: Decolonizing Space and Time From the Margins: Bringing Diaspora Studies to the Health Humanities
Anoushka A. Sinha, Columbia University (Moderator)
Rebecca K. Tsevat, Columbia University
Kevin J. Gutierrez, Columbia University
Sayantani DasGupta, Columbia University and Sarah Lawrence College

EDI #1100  Paper Session G: Encountering Art in Clinics, Classrooms and Community Settings
(Moderator—Steven Lewis, CU Anschutz Medical Campus)

"Art History and Medicine: Innovative Pedagogy in Undergraduate Education"
Siobhan M. Conaty, La Salle University

"Drawing on the Nature of Empathy"
Angela Hodgson-Teall, University of the Arts, London ENGLAND

"The Role of Medical Illustration in the Health Humanities"
Shelley Wall, University of Toronto CANADA

EDI #1102  Paper Session H: Rhetorical Practices and Linguistic Strategies
(Moderator—Rebecca Garden, SUNY Upstate Medical University)

"¿Cuidado de salud?: An Analysis of the Patient Protection and Affordable Care Act's Linguistic Competency Provisions"
Daniel Skinner, Ohio University

"Direct Mail Solicitations: Towards Transactional Charity"
Emily Stones, Regis University

"Medicine's 'Technological Revolution': The Ethics and Dynamics of the Patient Blog"
Steven Wilson, Queen's University Belfast IRELAND
BREAKE

2:30 - 4:30 PM  Plenary Presentation III
Forum  "Digital Medical Humanities: Making Data Into Stories"
Kirsten Ostherr, Rice University

Response
Lester D. Friedman, Hobart and William Smith Colleges

6:30 PM  WESTERN COOK-OUT (Optional Event)

SATURDAY, 2 MAY 2015

8:00 - 8:30 AM  Registration and Light Breakfast
Foyer

8:30 - 9:45 AM  Panel / Paper Session V
Forum  Panel Presentation: Reflection and Application: Narrative Ethics and Action
Camille Anderson, Columbia University (Moderator)
Jonathan Chou, Columbia University
Cameron Donald, Columbia University
Sasha Kruger, Columbia University
Alexander Lichtenberg, Columbia University

ED 1 #1100  Paper Session I: American Literature, Healthcare Policies and Medical Professionals
(Moderator—Les Friedman, Hobart and William Smith)

"Healthcare Policy and Dystopian Fiction"
Phillip J. Barrish, University of Texas at Austin

The Romantic-Scientific Physicians of Robert Penn Warren's All the King's Men and Walker Percy's The Moviegoer
Woods Nash, University of Texas Health Science Center at Houston

"Emotional Honesty or Manifestos for Change?: The Genre of Physician-Writers"
Abraham M. Nussbaum, University of Colorado
Saturday, 2 May 2015

ED 1 #1102  Paper Session J: Contested / Contesting Metaphors
(Moderator—David Flood, Drexel University)

"Morbid and Disturbing: Horror in Health Care"
Catherine Belling, Northwestern University

"On Being Rare: One Patient's Reaction to Her Metaphors"
Sarah Boyer, University of Denver

"Fat Temporality and the Fantasy of Being Thin"
Rachel Fox, Columbia University

BREAK

10:00 - 11:15 AM  Panel / Paper Session VI

Forum  Panel Presentation: Doing Art, Learning Medicine: Engaging the
Creative Arts in Medical Education"
Arno K. Kumagai, University of Michigan, Ann Arbor (Moderator)
Jay Baruch, Brown University
Katherine Burke, Cleveland Clinic
Gretchen Case, University of Utah

ED 1 #1100  Paper Session K: Racism, Reform and Radical Humanness
(Moderator—Delese Wear, NEOMED)

"Health Humanities, Disability Studies, and Structural Racism: The Case of Anatole Broyard"
Olivia Banner, University of Texas at Dallas

"The Underground Railroad: An Alternate History of the Health Humanities"
Sarah Berry, Hiram College

"Radical Conventions of Care: Risk and Obligatory Midwifery in Uganda"
Kara E. Miller, University of California, Riverside
Paper Session L: Health Humanities in the World
(Moderator—Michael Blackie, NEOMED)

"Beyond Public Health: Health Humanities and the Foundations of Civic Wellbeing"
Andrea Charise, University of Toronto Scarborough CANADA

"The Location of Critique in the Health Humanities: Geopolitics and Dialectical Methodology"
Kevin J. Gutierrez, Columbia University

"Clinical Oral History as a Tool for Social Advocacy"
Danielle Spencer, Columbia University
Stephanie Adler Yuan, Columbia University

BREAK

11:30 - 12:30 PM Round Table
Forum
Alan Bleakley
Lester D. Friedman
Sander Gilman
Arno K. Kumagai
Kirsten Ostherr
David Serlin

Large Group Discussion

ADJOURN AND LUNCH

THANK YOU!

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https://qaz1.az1.qualtrics.com/SE/?SID=SV_9Suhdi0vqehRj1X
CONFEREECE FACULTY

Alan Bleakley is Professor of Medical Humanities at Falmouth University UK and Emeritus Professor of Medical Education and Medical Humanities at Plymouth University Peninsula School of Medicine. He is a leading international figure in medical education with over 80 peer-reviewed articles and 10 books including *Medical Education for the Future: Identity, Power and Location* (Springer 2011); *The Heart of the Matter: Patient-Centered Medicine in Transition* (Spring 2013); the edited collection, *Medicine, Health and the Arts: Approaches to the Medical Humanities* (Routledge 2013); and *Medical Humanities and Medical Education* (Routledge 2014). He is a Fellow of the Academy of Medical Educators and current President of the Association for Medical Humanities.

Lester D Friedman is Professor and Chair of Media and Society Program at Hobart and William Smith Colleges. A leading scholar on media representations of medicine, he is the editor of *Cultural Sutures: Medicine and Media* (Duke U Press 2004), co-editor of *Picture of Health: Medical Ethics and the Movies* (Oxford U Press 2011); and co-author of *Health Humanities Reader* (Rutgers U Press 2014). He is the author of numerous publications on film including *The Jewish Image in American Film; Arthur Penn's Bonnie and Clyde*; and *Citizen Spielberg*. He recently published a major textbook, *An Introduction to Film Genres* (Norton 2013), and is currently writing a book on the cultural history of Mary Shelley's *Frankenstein*.

Sander L. Gilman is a distinguished professor of the Liberal Arts and Sciences as well as Professor of Psychiatry at Emory University. A cultural and literary historian, he is the author or editor of over 80 books including *Obesity: The Biography* (Oxford U Press 2010) and the recent edited volume, *The Third Reich Sourcebook* (UC Press 2013). He is the author of the basic study of the visual stereotyping of the mentally ill, *Seeing the Insane* (John Wiley & Sons 1982, reprinted 1996) as well as the standard study of *Jewish Self-Hatred* (Johns Hopkins U Press 1986). He has served as Visiting Historical Scholar at the National Library of Medicine; as fellow of the Center for Advanced Study in the Behavioral Sciences at Stanford; as a Berlin Prize fellow at the American Academy in Berlin; and as the Weidenfeld Visiting Professor of European Comparative Literature at Oxford University. He was president of the Modern Language Association in 1995.

Arno K. Kumagai is Associate Professor of Internal Medicine and Medical Education at the University of Michigan Medical School. He is an adult endocrinologist, and his clinical interests are in the intensive treatment of type 1 diabetes. He serves as Director of the Family Centered Experience Program and Longitudinal Case Studies, two small group-based courses in the first two years of medical school and is active in curriculum design and administration. His research interests and multiple publications include use of narratives in medical education, active and transformative learning, faculty development, critical pedagogy, and multicultural education.

Kirsten Ostherr is Professor of English at Rice University where she teaches film and media studies, focusing on ephemeral film and historical and contemporary visualizations of health and disease in photography, film, television, animation, advertising, and medical imaging. She is author of *Cinematic*
Prophylaxis: Globalization and Contagion in the Discourse of World Health (Duke 2005), and Medical Visions: Producing the Patient through Film, Television and Imaging Technologies (Oxford 2013). She was a Visiting Scholar at the Institute for Medical Humanities at the University of Texas Medical Branch, Galveston and a Fellow in the McGovern Center for Humanities and Ethics at the University of Texas Health Science Center, Houston.

David Serlin is Associate Professor in the Department of Communication and Affiliated Faculty in Science Studies, Critical Gender Studies, and the Interdisciplinary Group in Cognitive Science at the University of California, San Diego. His research encompasses historical and cultural approaches to architecture, urbanism, and the built environment; disability, technology, and the politics of design; gender/sexuality studies and queer theory; and histories of the senses. His publications include Imagining Illness: Public Health and Visual Culture (U of Minnesota Press, 2010) and two forthcoming books, Window Shopping with Helen Keller: Architecture and Disability in Modern Culture (U of Chicago Press 2014) and co-editor, Keywords for Disability Studies (NYU Press 2015). He is Visiting Research Professor, Department of Social and Cultural Analysis at NYU 2014-2015.

CONFERENCE ABSTRACTS

SECTION ONE: Papers, Posters, Flash Presentations, Performances and Exhibits

Olivia Banner
Emerging Media and Communication
University of Texas at Dallas

“Health Humanities, Disability Studies and Structural Racism: The Case of Anatole Broyard”

This paper argues that the goals of disability studies and health humanities education can intersect through strategies designed to teach structural competency, and it does so by considering the example of race. Building on recent work by Jonathan Metzl and Helena Hansen, this paper argues that literary health humanities can and should reorient their focus from cultural competency to structural competency. To elucidate structural competency in the literary health humanities context, I re-read the now-canonical work of Anatole Broyard and illuminate a heretofore unremarked aspect of his texts as narratives of passing. Such narratives always reveal how structural racism constrains the life choices and thus the health of people of color, and once considered in this light Broyard’s texts yield new pedagogical possibilities for health humanities educators to teach students how to identify structural racism. In addition, once considered in terms of structural racism, Broyard’s texts illuminate structural ableism in operation as well, and thus my reading shows how an emphasis on structures can open the health humanities to disability studies, where bodies are conceived as enmeshed within institutions and the discourses those institutions generate.
“Healthcare Policy and Dystopian Fiction”

The proposed paper derives from my book-in-progress tentatively titled, *Health Policy and American Literature*. The book’s framing argument is that the field of literature and medicine should expand its analytic attention beyond portrayals of doctors, patients, and the illness experience to also include literary engagements with healthcare as a system—as, that is, a complex web of institutions, policies, cultures, personnel, and (not least) financial structures.

Since the early decades of the twentieth century a prominent strand of the dystopian imagination has pursued potential dark sides to developments in medical technology, from cloning to organ transplants, from surrogate pregnancy to genetic engineering. My paper focuses on a related but different aspect of medical dystopian imagining. Rather than societies that have been deformed by the use—or misuse—of advanced medical technologies, the works I discuss imagine dystopias defined by issues of health care access, distribution, and funding. Who gets quality medical care, and who doesn’t? How, and by whom, is health care provided? How and by whom is it paid for? The political economy of health care might seem an inherently less sexy topic—and hence one less likely to capture writers’ and filmmakers’ imaginations—than the often disturbing implications of headline-grabbing advances on the medical-scientific frontier. But the speculative works explored in my paper confront exactly such policy-wonk questions of health-care distribution and funding, and in doing so bring out their radical importance to any future we might seek to imagine.

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Catherine Belling
Medical Humanities and Bioethics Program
Northwestern University Feinberg School of Medicine

“Morbid and Disturbing: Horror in Health Care”

This paper examines the word *horror* as it works in the discourses of health care—as the term for an effective response, as a moral position, and as a narrative genre. Horror as genre is sometimes viewed as a debased version of tragedy; as an emotion, it can be seen as a reactive, and hence maladaptive, form of fear, or as the absolutist rejection of a morally repugnant action or situation. The word “horror” is associated with the sensational and irrational, the indecorous and disruptive, with gratuitous excess. Like a medical student who finds his gorge rising at first sight of the anatomy cadaver, the discourses of clinical health care work hard to keep horror in its place, contained, repressed, unprocessed. This project takes as its groundwork the analysis of a PubMed search for the term “horror” as it is deployed in the medical literature, and considers the implications of our uneasy need both to resist and to represent the morbid realities that at once justify and disturb the enterprise of health care.
Traditionally, the medical humanities are dated to 1967 when the first Humanities department opened in a medical college in Hershey. This presentation argues that the values and practices of humanities in healthcare go back much further and range far beyond the academy; it depends on where and how we look. Today’s emerging “critical Health Humanities” seeks to democratize medicine, addresses health disparities, values healing over curing, and articulates the poetics of illness, aging, and dying. This broad political scope opens up an alternative view of Health Humanities history. Drawing on my book in progress, *Patient Revolutions*, I will briefly outline the rich intertwining of health and civil reform movements in America over the past two centuries and focus on some key moments in patient- and advocate-led humanistic challenges to institutional medicine. For example, the pre-Civil War patients who turned to alternative therapies typically advocated for women’s rights and abolition; Mary Gove Nichols’s water cure established women as practitioners and promoted women’s health and sexual freedom. In a second era of intense social reform following WWII, Civil Rights protests coincided with the human potential and anti-psychiatry movements and George Engel’s biopsychosocial model of healthcare; naturopathy resurged with the American Indian Movement and environmental activism. I will illustrate selected moments in this long history with literature, film, and music.

Overall, this alternate history suggests that today’s critical Health Humanities is actually a third era in patient- and care-centered activism, poised to reach, in the next decade, diverse undergraduates (beyond pre-medical students) as well as patient populations; to drive new forms of patient advocacy; and to stimulate international collaborations. I welcome audience input for the larger project.
We will illustrate the development of an online, multi-media journal designed to facilitate the integration of humanities into physical therapy education, research and clinical practice. While the humanities has been a growing part of medical education, little work has been done to address this area of study in rehabilitation therapies. The American Academy of Academic Physical Therapy (ACAPT) Board of Directors charged a task force to explore the possibility and feasibility of a new journal focused on the humanities in physical therapy. The goal was to develop an educational and scholarly forum for PTs and others involved in rehabilitation and disability studies, encouraging submissions that describe the essential human element of rehabilitation and the shared process of enablement through multiple genres, including prose, poetry, visual and performing arts. Working in conjunction with the Emory Center for Digital Scholarships, the first journal devoted to humanities in rehabilitation sciences - The Journal of Humanities in Rehabilitation (JHR) – was developed. JHR is a peer reviewed, open-access, multi-media journal using a collaborative model with rehabilitation professionals, patients and their families to gain a greater understanding of the human experience of disability through art, literature and narrative. Launching in February 2015, this journal seeks to inspire and advance scholarship and education in the humanities for healthcare professionals who work in rehabilitation, to foster patient-centered care and mindful practice, and to explore the human experiences of individuals living with disabilities. This presentation will share the development, content and vision of JHR.

Sarah Boyer
Department of English
University of Denver

“On Being Rare: One Patient’s Reaction to Her Metaphors”

In the clinic, illness requires metaphors to translate the doctor’s medi-jargon into terms and relationships we patients can understand. An autoimmune condition becomes a civil war or the body’s attempt at suicide as syphilis and AIDS foster “ominous fantasies” that disease should be read as “a marker of both individual and social vulnerabilities” (Sontag 153). Six years ago, I was diagnosed with a rare condition, idiopathic autoimmune hypoparathyroidism. While every illness develops its own metaphors, these metaphors arise from the words first placed upon us by physicians and regulatory agencies and later how we as patients choose to re-articulate our own narratives. For example, under the 1983 Orphan Drug Act, the federal government umbrellaed rare conditions under the concept of being without family. For more common illnesses, the metaphors are widely circulated i.e. cancer is a battle while patients with more unusual conditions often develop metaphors in isolation; my early physicians told me I was one in a million. For a time, this rarity felt like celebrity because I was a spectacle who though not under a tent at a circus was exhibited for medical students as an oddity. This paper examines my relationship with my metaphors of orphanhood and rarity through a historical reach into the development of freak shows in 19th century America while juxtaposing how my understanding of these metaphors has transformed my chronic illness. Considering the inevitable metaphorization of diagnosis, I will foreground why encouraging metaphoric competency should be paramount in educating physicians.
Evolving a New Hero in Modern Medicine: Insights from the Health Humanities

Medicine has a rich array of heroes, past and present, but the concept of what constitutes a medical hero needs to evolve. Our era is one of unparalleled progress, growing complexity, and, above all, increasing need for efficient management. But medicine’s heroes remain largely individualistic. We need to re-imagine the types of heroes we have in medicine. Medicine’s next generation of heroes needs more than just room for those who might otherwise be in the background; we need to reconsider what it means to be in the limelight. Coordination and greater inclusion need to be central elements in the construct of the new heroes. Do our heroes need to be more like managers and less like warriors? The stories we tell in medicine, as in all endeavors, help to shape the way we perceive our place and role in life. Many stories need heroes, and the way those heroes are portrayed can dramatically shape the way we see ourselves and the way we want to be. The evolution of medicine in the decades ahead needs a less individualistic and more complex hero to anchor our aspirations for morality, professionalism, and beyond. The medical humanities provide a necessary place to explore the idea behind heroism, what makes a hero, and all the attendant questions involved. Physician-Humanists are in an ideal position to contribute to this evolution as they can both theorize and act to bring about an organic change.

Jim Chambliss
Creative Arts and Medicine
Melbourne Medical School AUSTRALIA

Workshops and Contest: Integrating the Visual Narrative from Artists with Epilepsy

Co-researchers: Professor Mark Cook, Dr. Jacqueline Healy, and Dean Geoff McColl. On 28 July 2015 Melbourne Medical School and Melbourne Museum of Medical History hosted the exhibition, Epilepsy: Perception, imagination and change. The exhibition - complemented by a collection of artworks from 38 artists who experienced seizures - was used to educate medical and other health profession students about epilepsy, creativity, tolerance and empathy. The anatomy of the two-hour workshops was structured in the form of a lecture - presented while students ate pizza in a conference room - followed by exercises in observation, analysis, discussion and reflection, in the gallery.

The lectures addressed:
1. The basics of epilepsy, behavioural changes between seizures and comorbid conditions,
2. Visual and experiential phenomena sparked by epilepsy with interpretive value in medicine,
3. How focal epilepsy can sometimes enhance creativity,
4. How to observe, analyze and discuss artworks,
5. How to apply what is derived from the analysis discussion into patient care.

Gallery time was segmented into:
1. Demonstrations with brain imaging of how epilepsy can sometimes enhance creativity,
2. Matching drawing exercises of the participating artists with their fully developed artworks,
3. ‘Art rounds’ where artists’ visual narratives and statements were surrogate patients.

A pilot study conducted in conjunction with the workshops and exhibit found that:

1. Understanding of the interpretative/diagnostic value of art was, overwhelmingly, what the healthcare students wanted most to gain from arts and health programs.
2. The percentage of students who agreed that art can be used as an effective diagnostic and interpretive tool rose from 65.38% before the workshops to 97.57% after the workshops.
3. Students who wanted future arts and medicine courses rose from 76.93% to 97.57%.
4. Value of the workshops for career training was positively rated as 8.49 on a 10-point scale.
5. The quality of the workshops was rated as 8.68 out of 10.

Art interpretation contest: Success of the workshops has led to an international competition for health profession students and interns to test who can most insightfully interpret this work of art, consistent with the artist’s intent and personal history. See artandepilepsy.com/interpreting-art-contest or contact Dr. Jim Chambliss at jimchambliss@me.com for further information.

Andrea Charise
Health Studies Program
University of Toronto Scarborough CANADA

“Beyond Public Health: Health Humanities and the Foundations of Civic Wellbeing”

Public health organizations from the WHO, to grassroots advocacy groups, to the global collaborative networks of “Public Health 2.0” have long acknowledged the transdisciplinary complexities of health prevention and promotion. Whereas the methods and resources of the social sciences have been thoroughly integrated into public health education, research, and services, less attention has been paid to the opportunities presented by the humanities (including literature, film, visual and performing arts) and their potential to expand the current scope of what we mean when we refer to “public” health. Building on Alan BLEAKLEY’s premise that the humanities offer health education an “aesthetics of resistance,” my presentation argues for the need to recognize health humanities as an intrinsically public, that is, civic enterprise, one with far-reaching potential to restage the definition of health in the public sphere. Today, the intersection of humanistic and health knowledges is increasingly implemented in postgraduate and undergraduate medical curriculum (most often under the banner of “medical humanities”). Vital as these initiatives are, they also indicate a missed opportunity, namely: how can the humanities be implemented earlier and outside of professional training programs to enhance the health education of a more widespread public? What are the implications of reframing the “public” spirit of public health to include the uniquely challenging insights of the creative and expressive arts? My answer, in short, is that a radically transdisciplinary vision of the public’s health 1) involves new public health competencies that engage the skills and methods of the humanities, and 2) demands an enhanced vision of health literacy and wellbeing that includes meaningful opportunities for creative reflection on the public nature of health and illness. My presentation is a critical discussion of two recent Toronto-based health-humanities initiatives: 1) the Art Gallery of Ontario’s Art As Therapy exhibition (curated by philosopher Alain de Botton), and 2) the launch of Canada’s first undergraduate curriculum in health humanities at the University of Toronto Scarborough in 2014. Each project stages the matter of health and illness using the resources of the humanities, albeit in divergent public contexts: the art gallery and the
undergraduate university classroom. How do these built environments redefine and extend the mandate of health humanities to include engaged public acts of citizenry? What competencies would such expanded visions of health humanities demand both of health professionals and laypersons, and how does the geocultural makeup of Toronto further inflect these very public health humanities initiatives? My line of inquiry—its questions and the preliminary answers generated by my case studies—aims to provoke lively discussion while laying the grounds for change across multiple disciplinary conceptualizations of the humanistic study of health and illness.

Denise K. Comer
Thompson Writing Program
Duke University

Jennifer Hong
Duke University School of Medicine

“Medical Humanities and pre-Health Education: Benefits, Challenges and Learning Outcomes of the Duke-RHMD-Family Story Project”

While humanities-based approaches to undergraduate pre-health education continue to grow, many still lack empirical evidence for longer-term impacts on health-care providers. Poised to address this challenge, the Family Story Project (FSP), an ongoing collaboration between the Ronald McDonald House of Durham (RMHD) and the Duke University Thompson Writing Program (TWP), funded by the Arnold P. Gold Foundation and the Josiah Charles Trent Memorial Foundation, uses the tenets of narrative medicine to provide a key service for RMHD families and the RMHD, and a formative experience for pre-health undergraduates. Now in its fifth year, the FSP bridges medicine, writing, and photography as pre-health undergraduates collaborate with families staying at the RMHD to create feature narratives and photographic portraits of children. The FSP also includes a dinner series with physician experts from Duke University Medical Center and structured interactions between undergraduate participants and third-year medical students at the Duke University School of Medicine. In so doing, the FSP uses a vertically integrative approach to curriculum development and community engagement to achieve the greatest potential spread of effect. Positioned at the intersection of medical humanities and pediatrics, the FSP also builds on research about the particular importance and challenges of narrative medicine in pediatrics. This paper will share the benefits, challenges, and learning outcomes of this highly interdisciplinary collaboration. Research shared will yield insights into new possibilities in pre-health undergraduate education through civic engagement, medical humanities, and vertical integration.
“Art History and Medicine: Innovative Pedagogy in Undergraduate Education”

As an art historian, I have always been fascinated by the connections between the disciplines of art and medicine. Evidence-based studies have shown that the basic skills gained in an art history course -- a type of visual literacy that teaches a keen sense of observation along with social context and analysis -- serves students in medical fields quite well. The majority of this research focuses on graduate students, while I have been focusing on the new frontier of undergraduate education in the Health Humanities. As an educator, I’m passionate about developing innovative pedagogy for undergraduate students here at La Salle University. I’ve spent the last year creating a course (Art & Medicine) that explores the common goals of art and medicine with representations of health, anatomy and medicine throughout the history of art (Leonardo, Rembrandt, Eakins, etc.) as well as the examination of the common observational and interpretive techniques essential for students in the health sciences. I have also initiated a pilot program with The La Salle University Art Museum and our School of Nursing program; our nursing students use lab sessions doing “museum rounds” as a means to improve their observational skills in future hospital rounds. I am eager to share my findings on the unique issues of undergraduate education, and I would love to take part in a larger discussion of the future of the Health Humanities.

“Stories of Origin: Narrative Medicine, Imagination and Lives of Abandoned Children”

2014 has been the global year of orphaned and homeless children. I am, myself a once-abandoned child, now 61 years old and finishing my masters in the Narrative Medicine program at Columbia University. In my coursework I have been exploring the giving and receiving of illness narratives and learning how this furthers the act of witnessing. I believe there is a need for the discipline beyond the physician patient interrelationship. I am proposing a workshop curriculum of literary and philosophical texts explored through Narrative Medicine taxonomies of attention, representation and affiliation. Coursework will focus upon close readings, writing prompts and shared representation about the temporality of re-imagining the past and reconceptualizing the present and future. Lives of abandonment and displacement are at risk due to a lack of self-awareness, inter-relational community and home. These lives include orphans, refugees, and the triad (adoptiveee, birth and adopted parents) of participants.
in adoption and foster care; individuals who either have no memory of their mother and father or know just enough so that they fear the truth of their origin. The “imagining” of one’s origin is significant to self-embodiment and the discipline of Narrative Medicine inspires both giving and receiving of stories, so they are truly heard. This will establish the foundation of self-identity to pursue stronger interrelationships and thus find the belonging of home.

Quentin Eichbaum
Department of Pathology, Microbiology and Immunology
Vanderbilt University

“Thinking about Thinking and Emotion: The Meta/Neurocognitive Approach to the Medical Humanities that Integrates the Humanities with the Basic and Clinical Sciences”

The prodigious growth in scientific knowledge has challenged the status of the humanities in the medical curriculum. By viewing the brain/mind as the mediator of all knowledge, meta/neurocognition - ‘thinking about thinking and emotions’ – offers a viable approach to reconciling “the two cultures” and integrating the humanities with the basic and clinical sciences. I describe a medical humanities curriculum at Vanderbilt University that develops in students a competency as agile learners and flexible thinkers so they can adeptly deal with new knowledge, complexity and uncertainty. The curriculum is devised as a series of weekly 30-minute ‘context talks’ delivered by the course director on topics in meta/neurocognition followed by a 2-hour discussion on assigned readings facilitated by college “Mentors” in the setting of four learning community “colleges.” Included are topics on narrative medicine, learning, thinking, perception, deciding, change, being wrong, making mistakes, resilience, identity, and emotional regulation. These topics in meta/neurocognition are integrated with content in the sciences curriculum. Through cognitive self-monitoring and mindful reflection, students come to understand the complex interplay between cognition and emotion, and the importance of cognitive and emotional regulation. In the social context of their learning communities, students take “perspective” and learn to calibrate on their thinking and emotions. Such perspective-taking coupled with an appreciation of the immense diversity in human cognition (‘cognitive-wiring’), leads to a mindshift towards ‘other-centeredness’ and development of the essential physician-healer’s attributes of compassion and empathy. The social setting of metacognitive learning ultimately also molds the student physician’s collaborative professional identity.

Katherine Ellington
World House Medicine
St. George’s University School of Medicine

“A Compelling Practice: Empowering Future Leaders in the Medical Humanities”
“Restorative Talk and Ritualized Form: The Therapeutic Structure for Big Book Support Groups and the Paradox for Adult children of Alcoholics”

The proliferation of support groups has evolved as an interpersonal cultural phenomenon to include electronic/virtual support groups that connects people with similar mental and physical health issues with empathy and advice. As resources for substance abuse treatment has decreased, patients increasingly are referred to AA and similar groups as partial courses of treatment. This paper argues that the ritualized form of AA discourse (i.e., that one always is “recovering,” never “recovered”) functions similarly to Kenneth Burke’s idea of literature as equipment for living. In other words, the ritualized form of AA/Big Book discourse provides a circular approach that allows members to account for their addictive problems and to maintain a constant status of “recovering” rather than reaching a point of “recovery/recovered.” In contrast, Adult Children of Alcoholics (ACOAs) consists often of individuals whose parents had addictive personalities but who do not have addiction problems themselves. ACOA principles pattern themselves on the Big Book; however, the circular, ritualized discourse of AA that reinforces a continual state of recovery has limited utility for ACOAs, whose tasks are to understand that certain behaviors that helped them in alcoholic-controlled childhoods are maladaptive outside that context. Simply put, Blue Book-based circularity may impede ACOAs’ progress once they identify new attitudes and behaviors to adopt to facilitate life in the larger society. The paper details additional strengths of the AA ritualized form, its adaptation for other health issues, and how other forms of discourse can help ACOAs though self-help strategies.

“Fat Temporality and the Fantasy of Being Thin”

“I never realized how unhappy I really was until I lost weight and improved my health” – Anonymous woman, http://www.womansday.com, "15 Incredible Weight Loss Transformations.” From the ubiquity of “before and after” photos to the on-going popularity of The Biggest Loser, narratives of personal transformation via weight loss are an American cultural staple. The above quote was just one of thousands that can be found in all varieties of American media. Because of the pervasiveness of these chronicles, fat people are encouraged to inhabit an alternate temporality in which their “true” or “authentic” selves reside in the future with their “after” bodies, while their current selves, the “before” bodies, are perpetually banished to the past. Borrowing from queer theorists, postcolonial scholars, and fat activists, I am coining the term “fat temporality” to examine this particular temporal phenomenon. In this essay, I propose to explore how this temporal mode arose, what factors are keeping it alive and well today, and how it can be, and is already being, combatted.
With the influx and incorporation of numerous disciplines into the health humanities, there has been a subsequent impulse towards a more critical direction within scholarship and pedagogy. Critique will soon become a hallmark of the health humanities as a discipline, but concomitant with the prioritization of critique is the ethical imperative to understand the very location from which one critiques – what cultural theorist, Walter Mignolo, has called “geopolitics of knowledge.” This goes beyond mere awareness of biases, and instead acknowledges the nature of social/class conflict that inheres within the social reality one engages. In this way, one understands that the very act of critique is to participate in this relation of enmity between classes that Marx famously ascribed to history and revolution. This paper will argue that as the health humanities further commit to this critical direction, its ethicality will necessarily derive from an understanding of its own entanglement in the political. The health humanities may only achieve this through a change in its scholastic methodology to one that begins with and examines relationships: Marx’s dialectical methodology. This essay will draw from Marxist theorists, Antonio Gramsci and Bertell Ollman, to reveal the necessity for Marxist dialectics in the health humanities as a means by which to achieve a more ethical and socially engaged critical direction. Marxist methodology will allow the health humanities to better examine its position in relation to traditional health care education, its relationship to historical injustice and oppression, and its present work towards social justice in health care.

The video piece *Salk Institute* sits within a body of artworks, which comprise the practice component of my creative practice PhD submission, ‘Movement Intervention within Architecture: Artistic Research Methodologies,’ at Trinity Laban Conservatoire, London. The way in which actor Regan Linton, who is paraplegic, moves across the Salk Institute Plaza brings up issues and expectations around accessibility and purpose-built space related to the disabled body. By choreographing the other/handicapped/disabled body, I readdress notions of physical capacity and affordance. Tokenism and marginalization can be eschewed simply by the way a built space is engaged kinaesthetically by another-abled performer. By discovering how other ability can expand the meaning of physical, cultural and social spaces, we can begin to take this on as a choreographic objective. *Salk Institute* will be shown at this conference on a continuous loop with a flash presentation that will accompany the artwork.
“Drawing on the Nature of Empathy”

My research investigated the impact of introducing structured drawing activities to staff of a mixed ethnicity hospital community in south–east London, to address the question of whether drawing is a useful tool in the practice of empathy. Empathy, ‘putting oneself in the shoes of another’ is examined critically through drawing as practice, conducted within the hospital environment. The research project focused on the benefits (and complications) of drawing within the hospital community, during a time of immense turmoil. Drawing was used to aid investigations, sustain the craft skills of medicine and explore emotions and thoughts, in empathic therapeutic interventions. These interventions allowed staff to slow down, play, analyze and reflect, creating a space within the context of the hospital, where the practice of empathy was reviewed. The core practice, drawing, was embedded in a longitudinal study of drawing events based in the same hospitals at yearly intervals, so that a similar body of staff had the opportunity to participate in these collaborative events. The work used the dual practices of art and medicine to explore complex intersubjective communication. At the core of my research is a definition of a practice of empathy based on my work in the research activities. The elucidation of a set of features, pertaining to the practice of empathy, has been defined by these events. My definition of empathy was constructed by building temporary collaborative communities during these events through which the dynamics of empathy were examined and its features described. I will present my art practice as methodologically relevant to the proper understanding of the problems, dangers and opportunities of empathy in medical practice.

“Writerly Pedagogies: Best Practices for Health Humanities Courses”

Creative writing classes engage story, image, metaphor, or character in a studio-format, hands-on, engaged mode that often generates laughter as well as learning and encourages innovative risk-taking. In composition, literature, and theory classes, students often encounter lessons about the very same concepts in a more analytical way that engenders less risk, less play, and less engagement, simply due to habits of pedagogy. Best practices in humanities and arts teaching arguably combine the creative and the analytical to engender deeper learning. Arts and humanities courses for health professionals, often constrained by the stronger demands other courses place on student time and engagement, can encourage this type of synthesized pedagogy. This workshop session will demonstrate ways of engaging
a canonic health humanities reading—Lucy Grealy’s *Autobiography of a Face*—through hands-on practice in studio drawing and writing games alongside reading, analysis, and argument.

**Hartley Jafine**  
**Bachelor of Health Sciences (Honours) Program**  
**McMasters University CANADA**

**“Performance as an Act of Subversion: The Medical School Musical”**

In 2012 the University of Toronto’s Faculty of Medicine staged the 100th production of its annual show *Daffydil*. Since the 1950s the University of Western Ontario’s medical school annually produces and stages *Tachycardia*, and the Bachelor of Health Sciences program at McMaster University will mount its 8th *Health Sci Musical* in 2015. What these performances have in common is they are written, produced and performed entirely by the students within these health science programs. These productions have an entrenched history, which begs the question why does drama continue to have a presence in these health science spaces? This paper will trace the origins of these performances and illustrate how the themes of these annual productions often explore and expose real concerns and fears experienced by health science students. Through using the narrative vehicle of comedy, musical numbers and performance these productions act to resist, subvert and challenge the dominant culture of health science education. As Applied Theatre theory suggests, drama can provide an aesthetic and an emotional channel to explore and navigate issues important to a community population, such as high clinical expectations and medical school interviews (Thompson, 2003). Investigating these productions through the lens of Applied Theatre, play theory and Mikhail Bakhtin’s theory of carnival and the grotesque I will illustrate how and why these musicals have a presence within health sciences spaces and discuss the objectives and effect of these productions. Furthermore I will explore how these productions can advocate for a cultural shift within health care training.

**Christian James**  
**Department of History**  
**George Mason University**  
**MLS Candidate, University of Maryland, College Park**

**“Interpreting Nutrition Guidance: Dietary Recommendations as Texts”**

Since 1980, federal dietary guidance publications have been informed by the periodic issuances of the U.S. Department of Agriculture and Department of Health and Human Services’ Dietary Guidelines for Americans and are therefore frequently revised or retired. A forthcoming research tool, the National Agricultural Library’s Historical Dietary Guidance Digital Collection, incorporates these contemporary publications with older, retired content dating back a century. By enhancing access to this legacy content, the Library enables humanities researchers to view and analyze these dietary publications as cultural texts. This poster will demonstrate how federal nutrition guidance has evolved in accordance
with its historical contexts. Utilizing modern scientific and demographic research in pursuit of sound nutrition, these reports, pamphlets, radio transcripts and other documents reveal evolving attitudes towards families, health and consumer culture. The poster will highlight sample documents from the Digital Collection, revealing their institutional and scientific backgrounds as well as their historical circumstances. It will encourage viewers to explore the Historical Dietary Guidance Digital Collection for themselves and posit possible lines of future inquiry, such as structuration, corporatism and foodways.

Saara Jäntti  
Department of Languages  
University of Jyaskylya FINLAND

“Mental Health: What’s Home Got to Do With It?”

Mental health problems are never simply medical, but affect all aspects of living. This paper presents and discusses an on-going community-based participatory research project carried out with young Finnish mental health care service users living in supported housing facilities. The project employs drama and performance as a means and method of investigating issues related to everyday living, housing and sense of belonging. The presentation discusses the experiences, dreams and expectations of the young service users explored in the performance and in the course of its production in the social and cultural context of mental health care service provision, and housing and homelessness in Finland. Furthermore, it addresses the challenges of interdisciplinary research employing mixed, participatory methods and the conflicting interests, for example, in regard to publicity in art and research and the multiple stakeholders. It thus provides a critical overview of the possibilities of drama and performance as spaces of creating, exploring and presenting multiple belongings affected by and experienced in the midst of mental turmoil.

Lisa Kerr  
Department of Library Sciences and Informatics  
Medical University of South Carolina

“Of Human Bonding: The Next Generation of Interprofessional Humanities Courses “

Health humanities faculty often voice concerns that elective humanities courses reach only students who are already compassionate, empathic, and self-aware when they choose these courses. However, by assuming we are “preaching to the choir,” we reinforce misperceptions of these courses as “soft” and non-rigorous—courses for the heart, not the mind. In short, the goal of these courses should not be to reify students’ perceptions of themselves as compassionate or empathetic but, among other things, to challenge students to consider the limits of their compassion and empathy, and to destabilize notions of self and other, fostering the skills that promote patient- and relationship-centered care. Because humanities courses can destabilize preconceived notions students have of themselves, their patients,
their professions, and the professions of others, these courses also provide opportunities for students to develop competencies and capabilities identified as central to interprofessional practice. I will present a poster in which my colleagues and I describe strategies we have used since 2007 in several elective interprofessional humanities courses at the Medical University of South Carolina (MUSC) to address IP competencies and capabilities. Having identified the barriers, we will outline new directions we’re taking in our IP courses, including online/hybrid courses and special topics seminars.

Ashley Kirk
Department of Psychiatry and Behavioural Neurosciences
McMaster University CANADA

Ivana Camposilvan
Health Sciences Department
McMaster University CANADA

Hartley Jafine
Bachelor of Health Sciences (Honours) Program
McMasters University CANADA

“Turning the Tables: The Impact of Role-Play on the Lives of Standardized Patients”

Within healthcare, theatre is used in both education and research to improve the quality of care delivered to patients. Specifically, role-play, the process of embodying another, allows one to gain a deeper understanding and perspective into the given circumstances and emotions of others. To date, research has primarily focused on the use of standardized patients (SPs) for the educational benefit of the learner. However, with an understanding of the impact of performing in role-play exercises, it seems intuitive that individuals that portray SPs would also be affected by the role-playing experience. This begs the question, what is the impact of performing as an SP? Though the literature is limited, this poster will explore the positive and negative effects that have been identified through our research including an increased understanding of patient-provider interactions and residual physical and psychological symptoms, respectively. Due to this paucity, we call for more research to better elucidate and manage these effects. Additionally, we advocate for the continued development, implementation, and evaluation of SP training methods to prevent negative outcomes, while still fostering the positive effects of this type of pedagogy. Since SP simulations involve learning from and on human beings, we must be aware of the potential risks portraying an SP holds. Thus, appropriate measures are needed to ensure simulations not only create a safe environment for the learner, but for the SP as well.
Craig Klugman  
Department of Health Sciences  
DePaul University

“Medical Humanities in Baccalaureate Education”

After teaching medical humanities and ethics to medical students for five years, I found that about 10 percent of students loved the material, 10 percent thought it irrelevant and 80 percent were not sure what to make of it. As students move further into their medical training, they became more hostile to and less open about engaging in conversations about humanities and ethics. This experience let me to consider whether the current science-heavy prerequisites of medical admission created a class of students that were already trained to treat the humanities with disdain. An oft-heard concern is that if you want more humanistic and empathic physicians, then you need to choose different medical students. Perhaps it’s not a question of the nature of the students, but rather how we nurture them in the pre-health preparatory track. DePaul University has created a new major: Health Sciences. This is a broad-based interdisciplinary, interprofessional approach to human health and wellness through the learning and application of natural and social sciences intertwined with a liberal arts foundation. Students graduate learning a “360 degree view of health” – seeing health and disease as not just a biological and clinical construct but also in terms of epidemiology, health policy and economics, art and literature at a developmental stage where they are forming a self-identity and are more amenable to such learning.

Aarti Kolluri  
Science Learning Center  
Grinnell College

“The Twenty-Fourth Telephone Call: A Critical Narrative on Connected Spaces”

This poster provides a narrative and two reflections from the perspective of a student learning to cope with failure and embrace empathy. Sectioned off into three chronological aspects, the story revolves around a woman coping with HIV and the phone call she receives from a new intern at a community health organization. The first experience is a narrative of the incident in which ‘the woman with the regal sounding name’ seizes the intern’s transparency via telephone. The following reflective pieces trace the edges and insides of the collaborative space created by individuals with illness who narrate their experiences and those individuals serving in healthcare. Although the student finds the uncomfortable phone call an utter failure, the student also finds that the interaction shapes following encounters with clients, patients and society at large.
“From Anti-Aging to Anti-Ageism: Incorporating Age Studies into the Health Humanities”

As Health Humanities educators, we are often on the frontline of “cultural competence” for future healthcare practitioners; the ones who insist on attention to power disparities based on the many ways we identify in the world, whether through profession, race, gender, sexuality, disability, etc. Too rarely do we include age on that list. Instead, we have a multi-billion dollar industry offering “anti-aging medicine.” As we look ahead to the next decade of the health humanities—which will coincide with remarkable global population aging—we need to ensure that critical attention to age and ageism is part of our agenda. This presentation will address why health humanities needs to attend to age disparities and will provide some concrete examples of how age studies approaches might be included in varied pedagogical settings. Underlying both of these focuses is the need to view aging from a social model rather than a medical model, a move for which disability studies has already paved the way, and for which the emerging, humanities-based field of age studies offers significant theoretical and pedagogical tools. The case for incorporating age studies within the health humanities will be made by exploring the negative consequences of ageism within specific areas of healthcare, namely: the critical shortage of healthcare professionals working with older populations and the manifestations of ageism in clinical interactions through elderspeak, reduced time and attention, and avoidance of critical topics like STIs. Ageism within healthcare leads to poorer healthcare experiences, lower quality of life, and shorter life expectancies. Raising awareness in prospective healthcare providers of their own age biases is one step towards addressing ageism. The presentation will conclude with several concrete suggestions for short exercises, readings and viewings that can ground effective discussion about aging and ageism across a wide range of health humanities classrooms.

Susan Levine  
Department of Social Anthropology  
University of Cape Town SOUTH AFRICA

"Medicine and the Arts: Africa's First MOOC"

Medicine and the Arts is a new post graduate course in the Medical Humanities currently offered at the University of Cape Town in South Africa. In 2014, the course was selected to launch the first massively open online course (MOOC) in Africa, and will be open for enrollment in Marc, 2015. This free online course explores the intersection of medicine, medical anthropology, and the creative arts by bringing into conversation, people working in health sciences, social sciences and the arts. These ‘radical trios’ explore the following six themes: "The Heart of the Matter: A Matter of the Heart"; "Children’s Voices and Healing"; "Art and the Brain"; "Reproduction and Innovation"; "Origins and Human Genetics"; and "Death and the Corpse." We question our propensity to separate the body from the mind in healthcare, consider what defines humanity, and share points of connection and difference between art and medicine. In 2015 the course conveners (Susan Levine and Steve Reid) will run our face to face teaching
alongside the MOOC, in an attempt to integrate these two very different modes of learning for our own students at UCT and those registered for the course on-line. I will show a short clip from the MOOC as well as to discuss the pedagogical shifts in teaching the medical humanities in South Africa.

Bradley Lewis
Gallatin School
New York University

“Mindfulness, Mysticism, and Narrative Medicine”

Mindfulness based interventions (MBIs) are rapidly emerging in health-care settings for their role in reducing stress and improving physical and mental health. In these health-care settings, the religious roots and affiliations of MBIs are downplayed and the possibilities for developing spiritual, even mystical, states of consciousness are minimized. This article helps rebalance this trend by using the tools of medical humanities and narrative medicine to explore MBI as a bridge between medical and spiritual approaches to health related suffering. My narrative medicine method draws insights from the arts and humanities that are rarely used in standard clinical research but are increasingly common among medical humanities and narrative medicine scholars. The specific path I take will be to work through historical, linguistic, and philosophic dimensions of mindfulness and mysticism as relevant to illness, suffering, death, and dying. I then consider two case examples in which mindfulness is used as an intentionally spiritual practice for health concerns.

Tiffany Ana López
Department of Theater, Film and Digital Production
Tomás Rivera Endowed Chair, College of Humanities, Arts and Social Sciences
University of California, Riverside

“Latinos, Theater and the New Health Humanities”

Thinking about theater studies and health has historically centered on the role of the simulated patient for interns rehearsing for the clinic. Theater has much broader and more potent applications for the new health humanities: it works through an accessible yet multifaceted mode of communication, making it a crucial means for building community and facilitating conversations with and across various communities. Theater also productively advances thinking by embracing interdisciplinarity to engage the matrix of questions that propel storytelling and by fostering creative and agile approaches to problem solving. In this presentation, I look at the innovative ways theater studies is engaging with the new health humanities through plays created in partnership with community health centers to create programming designed to instill awareness about issues of health, prevention and treatment. I discuss three Latina/o theater projects written by Latina/o playwrights about pressing health issues in Latina/o
communities. These are: diabetes and obesity in *The Panza Monologues* by Virginia Grise and Irma Mayorga; heart disease and elder care in *St. Jude* by Luis Alfaro; and addiction and violence in *Café Vida* by Lisa Loomer for Cornerstone Theater Company. My presentation will conclude by looking at how such theater advances thinking about an applied health humanities via the example of *Café Vida*, which was part of a multi-year Cornerstone play project focused on hunger. I will discuss how the theater company partnered with community to advance conversations that might lead to awareness and eventually change in the larger landscape of community health.

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**Juliet McMullin**  
**FLASH PRESENTATION**  
*Department of Anthropology*  
*Center for Healthy Communities*  
*University of California, Riverside*

“Greedy Stories: Teaching and Visualizing Cancer’s Culture with Comics”

The specter of cancer is fraught with a host of contradictory discourses and experiences. It is a chronic disease that is defined by a supposed end of medical treatment in singular events of “survivorship” or death. Cancer is a multitude of diseases with a variety of treatments, yet it is often spoken of as a singular disease with a common treatment trajectory. This singularity creates a discourse of hope in cancer’s culture that is among the more hegemonic ways that everyday suffering of cancer are denied and obscured. This presentation will discuss a class project wherein ethnographic data and segments of cancer narratives were collected and illustrated by students and graphic artists. Framed in the genre of graphic medicine (medical stories in comic form), this paper will attend to the subjective experience of illness with the purpose of illustrating a narrative. Through the narratives and comics produced in the class, I demonstrate how medical and personal objects and people create a network of thought and practice that have the potential to evoke transformative action or when the discourse of hope halts the potential to engage alternative interpretations of support. Greedy stories and the discourse of hope in cancer’s culture create a pedagogical moment to examine how storytellers and illustrators move between necessary commonalities of biotechnological cancer treatments and the potential of community. This paper considers how engaging an interdisciplinary health humanities allows for an acknowledgment of the multiplicity of human experience.
Ontological considerations of care are heading emergent, humanistic versions of health and therapy. Current work in medical anthropology reaches for the analytics of care as a way to bring everyday tending to solution-based discourse. Mol (2010), Livingston (2012), Garcia (2010), and others have shown that in honoring the *tinkering*; the improvised; and the uncertain, experimental, or even tragic forms of care, we find intimate, interrelations of health-keeping. I argue that localized, fleshy, and flawed praxes of care are where sentiment, politics, and radical humanness leak through. My work invokes reconfigurations of care by exploring obligatory care and risks of caring through ethnographic examinations of midwives in rural, Southern Uganda. I explore the variable tactics of care on the part of these practitioners, whose worked has been outlawed and blamed for rising rates of infectious diseases. Traditional birth attendants (TBA’s) find themselves in a position to either treat or let die. At the same time, these providers ultimately criticize the medicalized systems of childbirth such as that in the US, and offer that even with bleak circumstance and under-resourced infrastructure, they rely on care in unintuitive forms. Puig de la Bellacasa (2012) holds that thinking with and beside care fosters understandings of one another, and offers ethics to empathy. So, how can we distinguish between care and caring? And what does care look like when it is unsafe and compulsory?

As many creators of fiction say – and rightly so – if you want to know the truth of something, make up a story. This brief presentation will not argue the case for the “truthiness” of fiction; it will demonstrate it. *Duck Amuck*, a 7-minute animated film directed by Charles M. Jones in 1953, is one of the greatest films. Its story concerns a dispute between Daffy Duck and the animator of the film Mr. Duck is acting in at the very moment. The meta-ness of the film is sharp and precise, and the metaphor of the argument goes to the relationship between the powerless and the powerful, a created being and her or his creator – and even to that between, say, a doctor and a patient.
“The Romantic-Scientific Physicians of Robert Penn Warren’s *All the King’s Men* and Walker Percy’s *The Moviegoer*”

*All the King’s Men* and *The Moviegoer* offer strikingly similar depictions of physicians as scientific romantics. They also agree that such an identity is dangerous. What is a romantic-scientific doctor, why is that identity perilous, and how might real clinicians avert that hazard? Answers emerge through close readings. In *ATKM*, Adam, a surgeon, has a romanticism of lofty moral ideals. Adam “has a picture of the world in his head” and “wants to throw the world away” when it doesn’t conform to that picture, the narrator says. This romantic picture “is just like the picture of the world Adam the scientist works with. All tidy. All neat. The molecule of good always behaves the same way.” But the real world is corrupt. Clinging to his idealism, Adam is led, ironically, to murder and self-destruction. Similarly, *TM* presents a surgeon—the father of Binx, the protagonist—who sacrificed himself at war. But what really killed his father, Binx believes, is “English romanticism” and “1930 science.” Echoing *ATKM*, Binx contends that scientists “don’t care about anything but the problem in their heads” and that romantics can’t find a way to live with reality. Binx has been both scientist and romantic. Attuned to those risks, he enters medical school in pursuit of scientific humility and the unheroic life of an ordinary doctor. Thus, Binx is a model for overcoming the perfectionism that assumes that there is always a cure, that every patient will be grateful and compliant, and the like.

“Emotional Honesty or Manifestos for Change?: The Genre of Physician Writers”

In the medical humanities scholarship, the memoirs of physician-writers are usually characterized as texts in which the authors, in the words of medical humanities pioneer Suzanne Poirier, seek “emotional wholeness.” This description provides rhetorical support for medical educational initiatives like reflective writing, in which students and trainees are assigned life-writing exercises as a way to maintain or increase empathy and emotional engagement in medical practice. While physician memoirs undoubtedly have emotional components, many physician memoirs can also be analyzed as polemical manifestos that, following a clinical imperative, offer a diagnosis and a prescription for the reform of medical training and practice. To illustrate, I briefly examine the rhetorical strategies of four popular physician memoirists—David Hilfiker, Abraham Verghese, Atul Gawande, and Victoria Sweet—to observe how they narrate their training to construct proposals for the renewal of medicine. For each proposal, they develop an analogy of the ideal physician as, respectively, servant, author, technician, and gardener. If we accept the works of physician-writers as manifestos for reform, and not just as narratives in search of emotional honesty, we may need to reconsider the goal of medical education initiatives built
around narrative exercises. While medical humanists should encourage the critical reading of the reflective writings, perhaps we should also encourage medical students, residents, and other trainees engaged in reflective life-writing exercises to write their own manifestos and to consider how, like Hilfiker, Verghese, Gawande, and Sweet, to develop initiatives for the renewal of medicine.

Gillian Pidcock  
Humanities Department  
Cedar Crest College  

"The Common Table: Teaching Narrative Medicine in a Writing Class"

I graduated from the Masters Program in Narrative Medicine at Columbia University and was fortunate to be invited to teach a writing class on the topic of Narrative Medicine at my alma mater. Narrative Medicine crosses disciplines; there are no textbooks (as yet); and this emerging field has not yet found its academic home. It remains an enigma, and yet is so necessary. I will describe my syllabus and how it evolved to meet the need of the nine students, all women, who have significant personal stories to tell about growing up, finding their vocation, raising children with special needs, suffering the stigma of race and or mental illness, and losing love. Embedding Narrative Medicine in a writing class allows students to ponder ideas and engage with problems of living while developing writing and listening skills. They become empowered to speak with their own voice. Alma mater means “nourishing mother” and I feel the responsibility of opening up deep veins of suffering in vulnerable students. The experiential training I received at Columbia has enabled me to remain centered, knowing that only in sharing stories can we find common ground across race, gender and economic divides. My paper will be an account of my experience creating and teaching this first course of its kind.

David Robinson  
Social and Civic Policy Institute NEW ZEALAND  

Michael Sukolski,  
Mental Health and Addiction Services  
Hutt Valley District Health Board NEW ZEALAND  

“Re-creating Madness”

How can madness be known by someone who has not experienced it themselves? The direct experience must be inferred from observation, or reported, described or recreated as a text. Texts about madness tell us what it is like. They observe madness, albeit sometimes from within: personal experience accounts are most often also observer accounts. Madness makes an appearance in texts which are not primarily about madness. Here, mad characters, and sometimes institutions, play their part in a larger scheme of things. But madness, what it is, remains unexpressed in both kinds of
texts. We are interested in madness as literature. We want to understand something about the experience itself. There is a literature of human crises, which may at times give an understanding of the circumstances surrounding madness. We can only access an experience of madness through its recreation, as a text. Hence our interest in madness as literature—madness recreated. What are the form(s) that will hold madness? How do we read them so that the madness is released, and we come to glimpse it, yet held safe in a net of aesthetic form? We are interested in moments in texts that speak in the voice of madness. We are not so much interested in what people say about madness, in scientific explanations, social histories, life stories as in what madness itself says. We introduce the notion of an archive: the continually evolving tradition of how we seek to negotiate madness. This archive raises the question of authenticity. We are interested in those texts, or moments in texts, when madness itself is speaking.

Abraham Rudnick
Department of Psychiatry
University of British Columbia CANADA

"Health Administration and Humanities"

The influences of humanities on health administration (management and leadership) will be explored, using critical rationalism in quality improvement.

Lise Saffran
Master of Public Health Program
University of Missouri-Columbia

“What Pauline Doesn’t Know: Promoting Cultural Competence in Health Professionals through Guided Fiction Writing?”

Research linking reading literary fiction to empathy supports health humanities programs in which reflective writing accompanies close readings of texts, both to explore principles of storytelling (narrative arc and concrete language) and to promote an examination of biases in care. Little attention has been paid to the possible contribution of guided fiction writing in health humanities curricula toward enhancing cultural competence among health professionals, both clinical and community based. Through an analysis of the short story 'Pie Dance' by Molly Giles, juxtaposed with descriptions of specific writing exercises, this paper explains how the demands of writing fiction—the focus on creating round characters, the cultivation of a “listening ear” promotes cultural competency. In particular, the process of creating fully realized characters who behave in contradictory and difficult to understand ways encourages the “maintenance of a broad, objective and open attitudes toward individuals and their cultures” (Wells 2000) and the ability to view “the individual patient as teacher” (Betancourt et al. 2003). Metaphors applied to the process of fiction writing include “driving a car through heavy fog” and “the creation of a waking dream” and as such, the writing process trains one to “tolerate uncertainty,”
which the Association of American Medical Colleges (2011) includes in a discussion of the “the essential methods and practices of a socially informed and psychologically aware medicine.” By emphasizing process and specific craft elements borrowed from fine arts curricula, this paper argues that health humanities will be enriched by the inclusion of fiction writing.

Justine Schneider
Mental Health and Social Care
University of Nottingham ENGLAND

“Scaling Up: Bringing a Script about Paid Dementia Careers to a Diverse Audience”

Inside out of Mind, a play about direct care workers in dementia wards, was written by Tanya Myers, based on research led by the presenter. Touching on themes such as identity, loss, relationships, power and death, its aim is to improve the routine care of people with dementia, highlight the skills of basic-grade staff and raise awareness of the work they do. Aim: The presentation will address the focal question ‘What are the implications, responsibilities, and expectations of identifying as Health Humanities scholars?’ by comparing the impact of research based theatre on insider and outsider audiences. By describing some of the key steps in scaling up the show, it is hoped to inspire other teams to seek to reach wider audiences.

Methods: The 15-minute presentation will recount how a workshop excerpts was nurtured into a full-scale production, with a premiere run seen by more than 2,000 people, and how it went on to tour south central England as live theatre in 2015. The presentation will show a brief excerpt from the play, and the initial audience reaction.

Daniel Skinner
Department of Social Medicine
Heritage College of Osteopathic Medicine
Ohio University

“¿Cuidado de salud?: An Analysis of the Patient Protection and Affordable Care Act’s Linguistic Competency Provisions”

Among the strides the Patient Protection and Affordable Care Act (ACA) makes toward addressing health disparities among Americans, Section 5307 calls for an infusion of “cultural competence” into the American health care system. Though vague, these provisions appear to be aimed primarily at ethnic and regional competence. This paper examines the ACA’s “cultural competence” provisions in terms of their bearing on linguistic considerations. What specific tools—especially tools for translation—are being developed with the context of health care reform and what kind of cultural politics do these tools engender? More generally, do the ACA’s cultural competence provisions have teeth? If so, what, from
the perspective of policy analysis, should advocates of linguistic inclusion be doing to ensure that the promise of “cultural competence” translates into substantive, impactful health outcomes for non-English speaking Americans. This paper a) summarizes various positions taken by scholars, b) provides readers with a comprehensive understanding of challenges as well as policy developments likely to impact impacted populations within the context of ACA implementation and, c) analyzes the politics of linguistic competence in ACA implementation.

Danielle Spencer
Narrative Medicine Program
Columbia University
Einstein-Cardozo Master of Science in Bioethics Program

Stephanie Adler Yuan
Narrative Medicine Program
Columbia University

“Clinical Oral History as a Tool for Social Advocacy”

How do Oral History and Narrative Medicine combine to effect social advocacy, increasing inclusiveness and understanding in the public discourse concerning healthcare? We studied a single interaction in a clinical setting and compiled a 360-degree portrait of that encounter, conducting interviews with a variety of direct and indirect participants: doctor, patient, nurse, phlebotomist, receptionist, administrator, lab manager, and others. While recent years have brought a growing genre of illness memoirs as well as accounts by clinicians, our literature review of both academic and popular publications reveals no such comprehensive depiction of a clinical encounter from multiple perspectives. We will discuss our methodology and findings as well as the ethics of conducting such a project. How are accounts of medical experiences — offered by clinicians or recipients of care — informed by dominant cultural narratives of illness, and what are the consequences of questioning or probing such accounts? What does this project teach us about the dynamics of the clinical interaction, and the ways in which effective communication occurs? Further, what are the responsibilities of those working in the Health Humanities and related fields to deploy such tools and to contribute their findings to public discourse? We propose that our “case study” demonstrates the many varied points of view inherent in even a single clinical encounter, and can foster improved mutual understanding between stakeholders in the humanities, clinical practice and public policy, thus addressing the polarizing tendencies in public discourse concerning contemporary healthcare.
"Visualizing Illness: Collaborations in Art and Bioethics"

This presentation will explore the possibilities for collaboration between fine artists and bioethicists in the representation of illness. In contemporary culture, technological advances have led to the massive production and dissemination of visual images, all of which demand interpretation. In stark contrast to the long history of anatomical art, in our recent history the power to produce and interpret medical images—MRIs, CAT scans, X-rays, etc.—has been the sole domain of the medical expert. Whereas physicians and artists once worked together to create images that were meant to both educate and inspire the public through deeply contextualized and philosophical representation, contemporary medical images are so technical and abstract that they are virtually meaningless to the patient whose pathology they are meant to represent. We have now come to expect that only the “objective” medical expert could find any truth (diagnostic or otherwise) in such an image. The problem with allowing medicine the sole power of interpretation is that the knowledge produced from them tends to be reductive and can be wielded over patients in dominating and alienating ways. Taught to see disease in an objective and data-driven fashion, the physician is likely to overlook the patient’s subjective bodily experience in her diagnosis. There may, however, be room for more interpreters. And perhaps there is room, once again, for fine art in medicine. Just as fiction and narrative have been used to open up the moral imaginations of clinicians, medical fine art can help us all to see the human body and illness differently. Artistic images often do what language cannot: they call us out of ourselves; they demand that we, the viewer, interpret them for ourselves.

The art exhibit will be an extension of the panel by presenting the artwork Darian Stahl has created through her collaboration with Devan Stahl. Darian’s works concentrates on the complex emotions that accompany a diagnosis, and are meant to exist in an in between psychological space of lived reality and internal contemplation. The metaphorical figure created by merging the surface with the interior is a more complete representation of chronic illness because it gives the viewer a glimpse into Devan’s psyche.
"Direct Mail Solicitations: Towards Transactional Charity"

The sheer frequency of direct mail solicitations make them an influential medium for communication between the general public, nonprofit organizations, and the disadvantaged populations such organizations serve. Direct mail is an especially popular fundraising tactic for nonprofit health organizations. For example, St. Jude Children’s Research Hospital sends 100 million direct mail pieces every year and raises approximately 280 million dollars annually from such efforts. Yet, direct mail generates more than dollars and cents. It is a common rhetorical practice that establishes a mode of communication in which certain types of requests yield expected and generous responses from supporters. Despite the financial benefits of these types of fundraising appeals, disability rights activist and scholar, Paul Longmore, laments how they (intentionally or unintentionally) present donors as “givers” and recipients as “takers” and consequently perpetuates the idea that receivers of charity are parasitic and a drain on society. The direct mail I study appears to counter such prejudices with a transactional appeal that rhetorically places donors and recipients into a “you give, I give back” relation. Although reciprocal and obligatory gift giving is criticized as a mere economy of exchange (see, specifically, Marcel Mauss’s *The Gift*), I argue that transactional charity attempts to bring donors and recipients into an equitable and inclusive relationship that is traditionally denied by the logic of charity. I discuss many positives, but I caution that the model of transactional charity presented in my chosen texts undermine embodiment and corporeality, which are essential to the organizations’ public health services.
normative youths? In the face of the intimidating union of queer subject hood with youthfulness, how and why have short films become a regular bastion to unite these subjects? Bearing in mind the seminal queer scholarships by Eve Kosofsky Sedgwick (on the ethics of raising kids as gay) and Katherine Bond-Stockton (on the suspect nature of “growing sideways”), this session will feature discussion on the notions of queer adolescence in the history of medicine alongside the long-standing representations of lesbian/gay/trans/queer/intersex youth in American short-form cinema. The aesthetic, political, and bioethical implications of such discussions will follow. Potential films to be discussed and/or screened will include:

- *Trevor* (1994 | dir. Peggy Rajski)
- Select scenes from *Election* (1999 | dir. Alexander Payne)

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**Sandra Walker**  
Health Sciences  
University of Southampton ENGLAND

**Carolyn Barber**  
Good Mental Health Cooperative  
Portsmouth Hampshire ENGLAND

“Breaking Down the Silos: Hampshire Festival of the Mind”

Recently, services for mental health in the UK have become increasingly fragmented (Sinding et al, 2013) and inward looking (Mears, 2014). As part of a local drive to challenge this, in Oct 2014 the Good Mental Health Cooperative (GMHC) coordinated a Festival of the Mind in Hampshire, UK. This month long series of, primarily arts based, events provided multiple opportunities for community based groups and enterprises to showcase their work to mental health care agencies and those who use these services. Events were planned, over the preceding months, and delivered collaboratively by GMHC, community groups, service users and the University of Southampton. These events created an environment whereby barriers between services in public, voluntary and independent sectors as well as careers and service users were broken down, boundaries were extended and new opportunities for collaboration emerged. This created a momentum locally which is acting as a springboard for the future, opening up dialogue to create a shift in how people view the way forward and providing evidence that health humanities are important in transformational care. This creates the potential for more resilient services, able to see beyond the limitations of agency silos and inward looking organizational cultures, building capacity through harnessing community resources to become better equipped to meet the mental health needs of people more flexibly in the future. This presentation describes the creation, delivery and outcomes of the Hampshire Festival of the Mind and uses specific examples to illustrate the impact on existing agency and user relationships.
“The Role of Medical Illustration in the Health Humanities”

Medical illustration has been described as “art in the service of science”; anatomical illustration is almost coeval with western medicine as we know it. And yet this art is almost silent within the discipline of health humanities. Perhaps the problem is that “service” moniker: like good help, medical illustration is supposed to do its job invisibly, silently, behind the scenes, while the master (narrative) of biomedicine goes about its business. At the same time, scholars of medical imagery recognize that historically-contingent cultural values are embedded in even the most seemingly “objective” representations: anatomical representations teach us to recognize, compare, and categorize the bodies of others, and also our own; they play a role in mediating cultural notions of normativity, disability, gender, age, race, shape, and other aspects of what it means to be embodied. While research in body studies, visual studies, gender studies, and other domains has produced a robust and varied critique of body imagery, including medical imagery, working medical illustrators most often produce images of the body from within a separate silo of contexts, conventions, and practices. This presentation will address the cultural and instrumental roles of medical art in the clinical encounter, medical education, and public health. It will ask how humanities scholarship might inform the practice of medical illustration, and what, in turn, the practices of working medical artists might contribute to other disciplines concerned with the lived body and its representations. Finally, it will consider where this art, embedded as it is in biomedicine, fits within the discipline of health humanities.

"Exploring the Ethics of Isolation and Quarantine: A Visit with Typhoid Mary"

“I chased him, I did, swingin’ my fork and a hollerin’!” Travel through time and experience what public health faced in 1907 – Typhoid Mary. Using history as a framework, this one-woman play and subsequent facilitated discussion examines the social and ethical issues surrounding isolation and quarantine – and how they are relevant to current health care practice. Learn Mary’s story and relive the challenges facing Public Health when dealing with one of the most famous disease carriers of all time. As we face an international health challenge fighting Ebola, we must prepare personnel to handle this disease and all types of pandemics. Issues surrounding border closings, fever monitoring and both voluntary and compulsory isolation and quarantine become hot topics, often difficult to discuss. The play is written and performed by Kristin Watkins and based upon Mary’s own letters, articles, books and letters of those involved in her plight, including famous Sanitarian George Soper and Physician S. Josephine Baker.
"Infectious Diseases in Pen and Ink Drawings"

This group of five pen and ink artworks represents infectious diseases, the human/animal interface and the fluid nature of disease. These works have been developed over time since 2007, starting with “Avian Influenza,” featured on the cover of Academic Medicine in January of 2014. The remaining smaller works are titled “Typhoid Mary,” “Yellow Fever,” and “Zoonosis.” The largest picture began development in August of 2014 and will be completed soon. It is titled “Ebola, Tears for Africa.”

Katie Watson
Medical Humanities and Bioethics Program
Northwestern University Feinberg School of Medicine
Second City Training Center, Chicago

“Introduction to Medical Improv (A wrestling match between Auntie Mame and Henry Higgins)”

Medical improv is the adaptation of improvisational theater principles and training techniques to improve communication, cognition, and teamwork in medicine. The creator of this method will introduce the work, then she will use her 14 years of teaching it to Northwestern medical students as a vehicle to reflect on the tension between two approaches to arts education in medicine: modeling artistic method as way to be in/engage with the world, versus using the arts instrumentally to “improve students’ station” by making them measurably better doctors.

Gail Werblood
Disability Studies
University of Illinois at Chicago

“Frida Kahlo’s Legacy diary as an Effective Tool for Teaching Health Humanities”

Frida Kahlo is a prominent artist who lived during the first half of the twentieth century in Mexico and in the United States. Throughout the final decade of her life (1944-1954), when Frida Kahlo was frequently confined to her home as her physical condition worsened, often requiring repeated surgeries and prolonged bed rest, Frida Kahlo produced a richly illustrated Diary containing approximately 50 of her lesser known watercolor paintings and drawings, the greater majority of which considerably differ in ‘style’ from what both scholars and casual viewers alike customarily associate with the art of Frida Kahlo. Though not truly a “Diary” in the traditional sense as only a few of the written entries are in fact actually dated, this work, first made available in its entirety in 1995, and currently best known to us through the title The Diary of Frida Kahlo: An Intimate Self Portrait, offers a treasure trove for uncovering the evidence of Frida Kahlo’s voice within its contextualized framework. Applying my educational background and experience as an art historian and disability studies scholar, whose current work centers at the intersection of narrative medicine and medical humanities, this paper will explore the narrative imagery (both written and visual)
contained within the pages of Frida Kahlo’s Diary with an eye towards shedding light on the dynamics of Frida Kahlo’s lived experience during her final years, while simultaneously providing conference attendees an initial glimpse into how the virtually uncharted legacy of Frida Kahlo’s Diary can be an effective pedagogical tool for informing Health Humanities scholars, educators, advocates, practitioners, patients and caregivers alike.

Kesha Morant Williams
Communication Arts and Sciences
Penn State University, Berks

"Creative Expression: Artistic Representations of the Social Impact of Living with Lupus"

People living with lupus usually look physically healthy and they adopt outwardly normal behaviors in public. The disease leads to isolation because patients usually experience their suffering alone. In addition to isolation, lupus also causes a biography disruption leading patients to renegotiate their identity. In this poster presentation I will explore participant drawings that address their interpretations of the ways in which lupus affects their identity. The women were asked to draw a picture of how they see life and themselves since their diagnosis. Some images were reflective of frustration and isolation; others represented acceptance and embracing the journey. For example, Tara equates lupus to a person forced to stay in the house and look out the window while life occurs outside of her window. Her picture is reflective of the isolation patients experience when living with lupus. The picture also hints at the affect lupus can have on the quality of life of a patient. Shayna, on the other hand, embraces lupus as part of her identity – a part of her journey. In her drawing she highlights the lupus symbol, a purple butterfly, as an example of her positive evolution. In fact, she writes that lupus has positively affected her outlook on life and has enhanced her creativity. It is therapeutic for patients to creatively express their experiences. In addition, a person’s social support network may be better able to understand and support the persons living with the chronic illness.

Steven Wilson
School of Modern Languages
Queen's University Belfast IRELAND

“Medicine’s ‘Technologocial Revolution’: The Ethics and Dynamics of the Patient Blog”

Referring to the growth of online patient-initiated resources, including medical blogs, the BMJ noted in a 2004 editorial that we were witnessing ‘the most important technocultural medical revolution’ in a century. Ten years later, the controversy caused by a 2014 opinion piece in the New York Times and a blogpost on the Guardian US website criticising Lisa Boncheck Adams’s decision to tweet her experience of breast cancer, reminds us of the ongoing sensitivities surrounding online patient narratives. Emma Kelner, the freelance journalist who questioned the use of social media to discuss terminal illness, wrote the following: ‘Should there be boundaries in this kind of experience? Is there such a thing as TMI?’ Are
her tweets a grim equivalent of deathbed selfies? Why am I so obsessed?’ As debates on the ethics and dynamics of online patient narratives become more prevalent, this paper proposes an examination (in English translation) of French journalist Marie-Dominique Arrighi’s 2009-10 blog outlining her medical treatment for cancer, the hospital conditions she endured, and her relationship with her doctors. Arrighi’s blog was an unprecedented phenomenon: her 151 posts over 8 months elicited 12000 comments from a readership that travelled with her on her final months. By analysing Arrighi’s engagement with her readers through the comments facility, the paper shall review the ways in which the growing influence of e-patients is challenging the power structures of traditional healthcare, and invite us, as the BMJ did, ‘to develop new tools and new methods that can help patients and professionals work together to understand [the] dynamics and potentials’ of e-health in the coming years.

SECTION TWO: PANEL PRESENTATIONS

1. Rhetoric and Health Humanities: As a more narrowly defined notion of medical humanities has given way to a broader, more inclusive conception of health humanities, and as traditional notions of rhetoric are up-ended by postmodern understandings of intertexts, assemblages, and flows in an era of heightened globalization and mediation, rhetorical scholars have a variety of roles to play in the health humanities. This panel takes an expansive view of rhetoric, while retaining the core idea that rhetoric is the art of persuasion, especially in public discourse, and the study of that art. The panel exhibits samples of work in health humanities that can be conducted using the theories and methodologies of rhetorical study; that work is, in various combinations, disciplinary and interdisciplinary, theoretical and practical, descriptive and critical, observational and interventionist. Panelists, who represent English and Communication Studies across all faculty ranks, will showcase recent work from health and medical rhetoricians. Along the way, panelists will address broad questions of rhetoric’s contributions to the health humanities while touching on several questions related to themes articulated in the conference call, including the following:

• How does rhetorically-influenced health humanities work relate to health humanities work in allied areas such as narrative medicine, literary criticism, and so on?

• How does rhetoric afford opportunities to “broaden traditional and emergent constituencies” for health humanities work?

• How do rhetorical scholars negotiate both the “longing for [and] resistance to disciplinary purity” as they work with health humanities scholars from other disciplines?
“Rhetoric as the Connective Tissue of the Health Humanities” -- Health can be considered a state of integration within biological, social, and personal networks. Gaps and tears in those networks can produce dysfunction, pain, and suffering. This paper explores the idea that rhetoric, long considered a practice of applying strategies of sense-making across the humanities, can be directed toward connecting and reconnecting the elements of functional coherence that support good health.

Colleen Derkatch
Department of English
Ryerson University CANADA

“Amelioration or Activism? Rhetorical Interventions in Health and Medicine”--Rhetorical scholarship is typically driven by a will toward amelioration, often through observation and description of discursive activity. At what point does this ameliorative impulse transform into activism? Drawing on my research on contemporary public discourse about wellness, this paper examines the abilities and obligations of rhetorical scholars, who sit at the nexus of empirical and critical-interventionist disciplines, to intervene in matters of health and medicine.

Judy Segal
Department of English
University of British Columbia  CANADA

“A Rhetorician Visits the FDA” -- This paper focuses on persuasive strategies at work both in the run-up to, and at, FDA meetings held in October 2014—“patient-focused” meetings—on the “unmet need” for a drug to treat “Female Sexual Dysfunction.” The paper speaks, in part, to questions of advocacy and activism in Health Humanities by uncovering the assumptions and the interests (especially, but not only, pharmaceutical interests) that directed how the meetings would unfold, even before they began.

Lisa Keränen
Department of Communications
University of Colorado Denver

“Health Security: Exploring the Cultural Migration of Health Rhetorics”-- Drawing on a manuscript in progress, this paper explores how a rhetorical perspective allows health humanities scholars to draw broad connections between political and social movements and public health paradigms. It examines the implications of the burgeoning rhetoric of health security across medical, political, and expert domains.
Jennifer Malkowski  
Department of Communications  
Wake Forest University  

“Public-Centered Communication for Contemporary Health-care” -- The term *patient-centered care* (PCC) denotes a method of U.S. health-care delivery that prioritizes patients’ needs and wants throughout the medical decision-making process. This paper explores that dominant PCC framework in relation to larger U.S. public health-security initiatives to suggest that although ‘publicness’ now guides contemporary health-care decision-making the concept remains largely absent from dominant healthcare delivery models. This project, thus, delineates one concept-specific opportunity to integrate rhetorical theory into medical curriculum more formally.

2. Narrative Advocacy: Acting on Narrative Competence, Prescribing Change: This panel, aimed at opening up a constructive conversation, would explore from three different perspectives and sites—the medical professional in the cadaver lab and the clinic; the medical educator working in the community; the patient in the hospital—the potential for what Rita Charon has called “narrative competence” to provoke meaningful change. All three of these presentations have educational components and evoke possibilities for “on the ground” clinical, institutional, and curricular change. Ultimately, all three ask: *What does narrative have to teach us about how we deliver care, how we treat people, and how we might improve both?*

T. Kenny Fountain  
Department of English  
Case Western Reserve University  

"From Analogy to Narrative: Trained Visions of Empathy in the Gross Anatomy Lab" -- In the anatomy lab, medical students are encouraged to honor the bodies they dissect through a gift analogy that frames these silent cadavers as both gifts and giftgivers—and leads students to view cadavers as "first teachers" or "first patients" who make anatomy education possible. However, the gift analogy is complicated by students' need to develop narrative based competencies that require a thoughtful, attentive engagement with the sometimes chaotic lives of actual patients. Drawing from narrative medicine, rhetorical theory, and cognitive science, this presentation of ethnographic data will explore how medical students can move from the subtle act of witnessing involved in the gift analogy to the more active form of witness required by narrative engagement, and enable medical educators and medical humanists to help students develop the trained vision of empathetic clinical practice.
“Putting Narrative to Work: ‘Narrative Advocacy’ and Undergraduate Community Service” --
What is the “work” of memoir, Thomas Couser has asked? How does personal narrative take on the world? To put narrative to work in the service of advocacy, we have been teaching an undergraduate “narrative advocacy” curriculum. Our students are working with low income, mainly immigrant families. Most families have of children with special health care needs and are referred by pediatricians in a county hospital. Narrative work in the classroom connects our students with the lived experience of families like those they help. They learn to consider stories as “moral narratives” (Michael Bury) linking what is with what should be. As students process their experience with individual families they reflect on their affiliation with the stories these families share, and learn to create and share advocacy narratives of their own.

Joanne Jacobson
Department of English
Yeshiva College

“What I Heard in the Hospital: Healing Space and Narrative Incompleteness” -- This presentation would explore the intimate witnessing of one’s own treatment and of the treatment of others that is pressed upon a patient in a contemporary urban hospital—where too often the exigencies of time and space turn the priority of improving medical professionals’ ability to heal toward the priority of teaching ill human beings about how to be patients. If, as Rita Charon has argued, the goal of “narrative competence” in medicine is to create a collaborative “therapeutic alliance,” then these conditions of narrative imbalance and incompleteness raise a set of essential questions about how space is organized and allotted in hospitals; about privacy and safety; about collaboration and teamwork; about the relationship between patients on wards and ancillary hospital units; and, finally, about the challenges to narrative, treatment, and physician patient relationships posed by chronic illness.

Katie Watson RESPONDENT
Medical Humanities and Bioethics Program
Northwestern University Feinberg School of Medicine

This response will synthesize the panelists' presentations and use them to investigate whether and how health humanities scholars should use their work to challenge the definition of "ethical medicine": how could lessons from families, chronic care patients, and the cadaver lab help advance a medical ethics tradition premised on physician patient dyads and acute care assumptions?
3. Decolonizing Space and Time from the Margins: Bringing Diaspora Studies to the Health Humanities:

What role can diasporic literatures play in the future of the health humanities? How can they help us re-conceptualize conventional notions of space and time? As we imagine new curricular, scholarly, and pedagogical directions for the health humanities, we must grapple with the discipline’s political underpinnings. Novels, patient histories, and pieces of reflective writing have been treated in health humanities classrooms as architectural spaces or “homes” that students and faculty can enter and examine. Literary theorist Homi Bhabha challenges this comfortable notion of the text as home when he asks: “[W]hat kind of narrative can house unfree people? Is the novel also a house where the unhomely can live?”

Drawing on Bhabha’s examination of the postcolonial experience—the forced or chosen movements of people across cultures and continents—this panel will explore how literatures of the diaspora can help decolonize the practice of the health humanities itself. In particular, we will look to diasporic literatures to destabilize the commonly assumed boundaries of space and time in our classrooms, clinics, and global communities. To read illness and diaspora alongside and against each other is not to equate or subsume them into a singular experience, but rather to locate the work of the health humanities at what feminist scholar bell hooks calls “the margin as a location of radical openness and possibility,” a space from which the center can be examined and critiqued without reinforcing the very center itself.

In this panel, three graduates and a faculty member of the Masters Program in Narrative Medicine at Columbia University will discuss the convergence between experiences of illness and diasporic unsettlement in several literary and theoretical texts.

Sayantani DasGupta
Narrative Medicine Program, Columbia University
Program in Health Advocacy, Sarah Lawrence College

Kevin J. Gutierrez
Columbia University Narrative Medicine Program

Anoushka A. Sinha
Columbia University Narrative Medicine Program

Rebecca K. Tsevat
Columbia University Narrative Medicine Program

Rebecca Tsevat asserts that the readerly experience of diasporic literature parallels the spatial and temporal disorientation of illness in Blindness by José Saramago; therefore, it may provide a means by which students can further engage with, reimagine, and re-narrate the illness experience. Kevin Gutierrez argues with reference to Gloria Anzaldúa’s “The Homeland, Aztlán/El otro México” that the study of diasporic literatures may allow one to better understand the relationships between lived experience and historicality, sociality, and spatiality by making tangible the (b)orders—or epistemological frictions—that marginalize populations. Anoushka Sinha examines how cartography and biomedicine function as organizing and reductionist enterprises that act upon diasporic populations and the physical body of the patient, respectively, in Saadat Hasan Manto’s “Toba Tek Singh.” Sayantani DasGupta draws from Octavia Butler’s Blood Child and Other Short Stories, Judith Butler’s Precarious Life, and Mohsin Hamid’s The Reluctant Fundamentalist to argue for the inclusion of a new protagonist from the diaspora in the health humanities in order to create spaces for new imaginings, faces, bodies, experiences, and communities.
4. Reflection and Application: Narrative Ethics and Action: This panel brings together five Narrative Medicine Master’s students to reflect on Narrative Medicine as we understand it and what, looking forward, are potential directions for the field. The panel will focus on the idea of reflecting on specific applications of Health Humanities research, and training that can positively impact a diversity of communities and spaces. Our work represents an interdisciplinary approach to such questions as: What is the responsibility of Narrative Medicine and how do we fulfill it? How does physical and theoretical space, language and narrative influence the way health(care) is enacted and conceived? What are the body’s demands from language? Overarching themes include narrative ethics, community impact, and contextual sensitivity. Each panelist’s presentation will connect academic and professional work in the health humanities to their experiences as students in Columbia University’s graduate program.

Jonathan Chou  
Columbia University Narrative Medicine Program

“Re-visioning Compassion: Sign Language and Ethics of Embodiment” – Chou reads James Joyce’s *Ulysses* with Dirksen Bauman’s essay, “Toward a Poetics of Vision, Space, and the Body,” arguing that *Ulysses* can help us understand how sign language puts assumptions about the body’s relationship to language into question and actually demands a totally new ethical stance of embodiment for how we use language and what we use it for.

Cameron Donald  
Columbia University Narrative Medicine Program

“Health Advocacy and Movement Making: the Ethical Politics and Considerations of ‘Reading’ the Health of Bodies through Movement, and Using Movement as a Form of Advocacy Rhetoric” – Donald reflects on the qualitative and clinical research conducted on the program participants of Dance for Parkinson’s, a movement-based education program for people with Parkinson’s disease, and attempt to describe how the program functioned as a bridge to other community support groups and healthcare institutions in London, UK.

Alec Lichtenberg  
Columbia University Narrative Medicine Program

“Youth Making for the Collective Body: How Young People Can Take Leadership in Defining and Maintaining their Mental and Physical Health Through Community Arts and Performance” – Lichtenberg draws on experience working with diverse youth populations diagnosed with mental illnesses and explores how poetry and dance can provide tools in understanding and caring for the mind vis-à-vis positive and negative societal expectations.
Sasha Nicole Kruger  
Columbia University Narrative Medicine Program

“Consuming Others: Narrating Health through Visions of ‘Obese’ Others in Dunk the Junk’s Commodified Graffiti Art” – Kruger examines a selection of Dunk the Junk’s, a non-profit organization heralded by pediatrician Dr. Kevin Strong, graffiti commissions and the Twitter subtext of these images, highlighting spectacles of primitive “otherness” and how that serves as Strong’s didactic tool to narrate the immorality, poor health, and ultimately, difference of the obese body, reenacting racist spectacles of Otherness.

Camille Anderson  
Columbia University Narrative Medicine Program

“Bodies and Boundaries to Intersubjectivity” -- Anderson pushes the boundaries of the theoretical “relational space” outlined in an foundational Narrative Medicine course. Grounded in Mitchell’s modes of relationality, she calls for an examination of relationality toward true intersubjectivity in a world where not all are recognized subjects.

5. Doing Art, Learning Medicine: Engaging the Creative Arts in Medical Education: Art has been used in medical education for a variety of instrumental purposes, such as to sharpen skills in observation, description, critical thinking and communication. The creative arts, including the visual arts, film, music, and dance, have also served more humanistic ends as a mode of self-care and to facilitate reflection on the meaning of illness and the nature of doctoring. At the authors’ institutions, the creation and cocreation of original artwork by medical students has focused on the exploration of the human dimensions of chronic illness and medical care and served as a means to assess students’ understanding of the patient’s experience of illness and well-being. In these contexts, the creative arts may represent a means for enhancing empathy, reflective practice, and professional development among health care professionals in training.

The first objective of this interactive panel is to use examples of established programs at four different institutions to engage audience members in a discussion of the educational objectives, approaches, and outcomes involved in the incorporation of creative arts in medical education. The second objective is to understand that the creative arts are distinct from, and complementary to, humanities disciplines and are an equally important element of a comprehensive medical education.

Examples of student creative artwork from each of the faculty presenters’ institutions will be shared to enhance discussion of conceptual approaches to the creative arts in medical education. Active participation and exchanges of information and insights between the members of the audience and the presenters will be encouraged. Facilitation of discussions will be modeled, and activities will be introduced to stimulate reflection and discussion on the topic. Handouts and a relevant bibliography will be provided of material used in discussions.
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HEALTH HUMANITIES: THE NEXT DECADE
(Pedagogies, Practices, Politics)

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