

## ABSTRACTS

### **Keynote Jonathan David Katz: How AIDS Changed American Art**

In place of AIDS' familiar role as a tragic tangent to the development of American culture--as a literal dead end—Dr. Katz argues that AIDS has in fact been one of the most powerful shaping forces in American art since the 1980s. Of course, we have repressed AIDS' role in the making of our culture in keeping with our longstanding repression of AIDS in general. But repression, as we know from psychoanalysis, is the sign of great power. In this talk, Katz illustrates how AIDS has fundamentally shifted the American cultural landscape, exploring not only the manifold losses AIDS has inflicted, but also how, in response to both AIDS and the prejudice it engendered, a plague has rewritten both the form and content of American art.

*Jonathan D. Katz, State University of New York at Buffalo, Department of Art*

### **Plenary Navid Madani: What HIV/AIDS Has Taught Us about Biology and Humanity**

The scourge of the HIV virus has left no part of the world untouched. 35 years after the onset of AIDS, scientists and health care professionals are still struggling to find an efficient and strong preventive modality to halt this devastating epidemic. There have been many challenges along the way and also tremendous successes; the main one being the transformation of an acute disease to a chronic one through years of scientific discoveries. Dr. Madani will share what has been learned about the biology of the virus and its host, as well as a discussion of the social and philosophical questions that have arisen during the AIDS era.

*Navid Madani, Harvard Medical School, Department of Global Health & Social Medicine*

### **Plenary Monica Green: What Plague Can Teach Us Now**

The field that now calls itself “global health” is a strange marriage of academic interests and public activism, biomedical science and social knowledge, public health practices and political maneuvering. These forces that have coalesced in the latter half of the twentieth century and the first two decades of the twenty-first have roots that extend back far more deeply in time. The global community is learning anew that epidemics (and even the threat of pandemics) are not a relic of the past, but an eventuality we must prepare for as we look into the future. Dr. Green examines what the past can teach us through an examination of evolutionary histories of *Yersinia pestis* (the bacterial agent of the Black Death and successive plagues of Eurasia and Africa) that have been constructed using molecular genetics. Her talk provides insights into where epidemics (and even pandemics) come from, and also how human communities dealt with them before the antibiotic revolution of the mid-20<sup>th</sup> century.

*Monica Green, Arizona State University, Department of History*

## **Session I: Epidemics at the Intersections of Race, Gender & Sexuality**

### **1. The Radical Politics of the World's First AIDS Ward**

The Ward 5B's creation, and the intimate labor performed by its nurses, must be understood as radical political activism. In the context of a highly stigmatized epidemic, the nurses' nontraditional approach to patient relations was as much a form of political messaging as forms of care and empathy. Informed by a queer, feminist ethic, the ward was already a politicized space, as was the model of AIDS care that its nurses pioneered. Milne will discuss how the space the nurses created—and the kind of care they provided—was contingent on the patient population, and representative of larger social and political stratifications within the City of San Francisco.

*Andrea Milne, University of California Irvine, Department of History*

### **2. Sexual Meanings and HIV among Latino Gay and Bisexual Men**

Epidemics do not exist in a vacuum and structural and cultural factors can be more significant to the burden of disease of a population than the disease's pathogens. Sexual stigma and discrimination are considered social determinants because they are linked to access to resources that affect and perpetuate health disparities among sexual and gender minorities—including barriers to HIV care and treatment, family rejection, and job or housing denials. In such unequal contexts, men who have sex with men remain the US population most affected by HIV/AIDS. Moreover, African American and Latino men are even more disproportionately impacted. Dr. Fontdevila will share his ethnographic research among Latino gay and bisexual immigrant men in Southern California, and show that different cultural meanings during sex may partly facilitate HIV transmission in these populations. Thus effective HIV prevention strategies require deep cultural knowledge and engagement in the lived worlds of those affected by the epidemic.

*Jorge Fontdevila, CSUF, Department of Sociology*

### **3. Critical Perspectives of HIV Prevention and Treatment: The use of Photovoice to Create a Blank Canvas for Patient-Driven Questions & Solutions**

HIV is a significant public health problem among vulnerable populations at the intersection of income, racial/ethnic, sex/gender, and sexual orientation-based disparities. To improve the health of people with HIV (PWH) and decrease HIV transmission, HIV/AIDS public health initiatives emphasize linking PWH to care and medications and encouraging safe sex and drug using practices. Experiences like stigma, homelessness, and violence often leave them unable to follow such directives. Dr. Teti will discuss public health HIV prevention and treatment messaging, and describe how she uses Photovoice to better align public health messaging to respond to patients' questions. By giving PWH an opportunity to think critically and creatively about their lives, they can express their needs and inform public health messages and solutions that fit their lived experiences.

*Michelle Teti, University of Missouri, Department of Health Sciences*

## **Session II: Evolving Epidemics and New Challenges**

### **1. Superbug: Evidence of Super-fast Evolution, What Can We Do?**

Over the last few years, the number of antibiotic resistant bacteria prevalent in clinical settings has risen—alarming both scientists and government agencies. President Obama issued an executive order stating that antibiotic-resistant bacteria “represent a serious threat to public health and the economy” and declared antibiotic-resistant bacteria a “national security priority.” Among these dangerous pathogens, the “ESKAPE” group of bacteria is of profound concern, as these microorganisms cause the majority of hospital infections and effectively “escape” available treatments. Resistance to all commercially available antibiotics has been reported, making the treatment of these infections even more difficult. Dr. Ramirez discusses the genetic basis of antibiotic resistance, how bacteria can evolve rapidly towards pan-drug resistance, and what we can do to try to stop this massive spreading of resistant superbugs.

*María Soledad Ramírez, CSUF, Department of Biological Science*

### **2. Evolution of Infection-Resistance in Large Populations**

Individuals in populations vary in their susceptibilities and resistances to pathogenic infection. This variability can result from both environment and genotype. In order to understand the genetic differences in infection-resistance and the evolution of infection-resistance, Dr. Shahrestani used *Drosophila melanogaster* (fruit fly) and exposed it to pathogens (fungus *B. bassiana*). Comparisons of whole-genome sequence data from resistant and susceptible populations revealed that there are hundreds of genomic regions involved in immune defense against *B. bassiana*. Populations which evolved resistance to one fungal pathogen also became resistant to another fungal pathogen, but did not become resistant to bacterial pathogens. Results show that infection-resistance is genetically complex, potentially involving hundreds of genes. Moreover, by changing the frequencies of pre-existing genetic variants, genetically diverse populations can evolve in just a few generations to become resistant to some pathogens.

*Parvin Shahrestani, CSUF, Department of Biological Science*

### **2. Health in Modernity: Capitalism, Neoliberalism and Epidemics**

Infectious disease epidemics have existed as long as people have lived. The modern period, with its emphasis on rationality, democracy, and capitalism, has seen advances in medicine and public health which have helped to ease the threat of infectious diseases worldwide. Yet, an emerging wave of death and disability from non-communicable diseases, such as diabetes, heart disease, pulmonary diseases, and cancer, is now responsible for over two-thirds of deaths worldwide, and has been referred to by the WHO as an emerging epidemic. Capitalism is the dominant system of economic organization, but a neoliberal political rationality has also infused political and other spheres of society, including public health. Dr. Yang explores the relationship between non-communicable diseases and neoliberalism, and he challenges prevailing notions of epidemics to consider the role of social systems as vectors and agents of disease and illness.

*Joshua S. Yang, CSUF, Department of Health Science*

## **Session III: Contagions and Configurations from Three Edges of the Pacific**

### **1. Tragedy at the Tropic of Capricorn: Nineteenth Century Globalization and Epidemiological Change on Two Sides of South America**

Although hardly recognized by historians, there is growing evidence that the risks of infectious diseases increased considerably in South America during the nineteenth century. Several major infectious diseases or pandemic events that had ravaged Europe, the Caribbean, and North America were widely claimed to be absent south of the American equator before 1850, including influenza, yellow fever, and cholera. By 1880, almost all South American port cities experienced terrible problems with these and other infectious diseases, however. Historians have been more interested in how society and culture have “framed” conceptions of disease, but these epidemiological changes suggest that any metaphor of “framing” might be more productively replaced by a notion of material and semiotic entanglements. For example, the coming of plagues demonstrates yet again that where people and goods travel in mass--often with a view of entitlement and conquest, so go microbes.

*Ian Read, SOKA University, Department of Latin American Studies*

### **2. Leprosy in 20<sup>th</sup> Century Japan: Confinement and Criminalization**

Spread across Japan is a national system of thirteen leprosaria which house nearly 1,600 people. The Aisei-en, which once housed 2,000 inmates, is typical of these facilities. Located on a small island connected to the mainland by a bridge, the Aisei-en is currently home to 204 individuals, whose average age is eighty-five. Most have spent more than six decades within this institution. The trajectory of their lives has been determined by laws (1907, 1931, 1953) that mandated the involuntary isolation and confinement until death of all those diagnosed with leprosy. Dr. Weiner analyzes how social and medical policies toward and the treatment of Hansen’s disease sufferers were shaped within the context of the transformation of Japan from a weak and fragmented state on the Asian periphery to a modern imperial power.

*Michael Weiner, SOKA University, Dept. of East Asian History & International Studies*

### **3. Suicide Epidemics, Neoliberal Development, and the Image of the Recalcitrant Native in Oceania**

An important consideration of the critical scholarship of epidemiological practice is how the construction of epidemiological facts and explanations often serves powerful local, regional, and global political-economic interests. This paper engages these concerns through the study of how both the techniques and explanations for tracking and explaining suicide epidemics developed initially in the bureaucratizing nations of Europe in the 19th century came to be developed and institutionalized from the late 20th century to the present in three Pacific Islands cases, Fiji, Micronesia, and Samoa. It begins with a discussion of the 19th century origins of the bureaucratic construction of suicide rates and how these were used to construct an explanatory narrative about how modernizing social change produced periodic epidemic rates of increased suicide. It then examines how expatriate clergy, community workers, and mental health

professionals imported these techniques to study and explain apparent suicide epidemics in each case within the context of the political transition of these islands regions from British and American colonies to independent nation states. These explanations all draw on narrative imaginaries of ‘the recalcitrant natives’ whose attachment to traditional culture imperils a new generation coming of age in a new neoliberal era. But, a closer examination of the empirical particulars of the suicide epidemics in each case reveals more diversity than similarity in the configurations of context in each case leading to a number of questions about why the narrative of the recalcitrant native persists when the particulars of the suicide epidemic in each case fail to support it. A discussion of Ian Hacking’s approach to social construction of mental health is offered to address these questions.

*Edward Lowe, SOKA University, Department of Anthropology*

#### **Session IV: Death and Epidemics of Choice**

##### **1. Was there an Epidemic of Slave Suicide? A Perspective From Eighteenth-Century British America**

Dr. Snyder will explore early modern perspectives on suicide epidemics among enslaved men and women. From the early modern period forward, European observers of the slave trade were often shocked at the resolve and numbers of captive Africans who killed themselves. For instance, Jean Barbot (1688) remarked that captive Africans were steadfast and fearless in their pursuit of death, while enslavers across the eighteenth century believed that suicide by enslaved Africans was, in certain conditions, rampant. According to reports by mariners and owners, enslaved men and women were particularly at risk to die by suicide during transport across the Atlantic and in the early days of seasoning (the initial 3-4 year period of slaves’ adjustment to plantation labor regimes). Enslavers viewed slave suicides as infectious, particularly when slaves killed themselves serially (one after another) or collectively (simultaneously). In response to these contagions of self-murder among enslaved people, traders and owners designed technologies and practices to quell slaves’ inclinations toward self-destruction and quash their access to the material means of self-killing. The extent to which the slaves’ self-inflicted deaths were understood as epidemics in a modern numerical sense is unclear. However, their suicides fit the prevailing early modern and contemporary definition of an epidemic as a disease produced by causes not yet prevalent among a people at a particular time. The eighteenth-century English slave trade created new social conditions that may indeed have precipitated an epidemic of suicide: the kidnapping of Africans, their forcible transportation across the Atlantic, and the new labor regimes and material conditions of slavery. Moreover, today researchers study epidemics in relationship to biological causes affecting unsuspecting persons, the choices that lead to the spread of deadly disease, and the social consequences of pandemics. Slave suicide, however, raises a different question about epidemics, one that is well worth considering. When the context of the slave trade produces a conscious longing for death, can we understand suicide among slaves as an epidemic of choice?

*Terri L. Snyder, CSUF, Department of American Studies*

## **2. Terror as Usual: The Role of the Model Minority Myth in Asian American Women's Suicidality**

Dr. Noh examines the influence of the model minority myth on the formation of suicidal tendencies among Asian American women, by attempting to reveal its dynamic connections to social, economic and political factors, which create limited choices and practical pressures for Asian American women. She examines the contradictory, tragic consequences of a social stereotype that praises Asian American success and, at the same time, contributes to the self-destruction of many Asian Americans. Based on Asian American women's suicide narratives, her research illustrates how 1) the pressure to succeed creates unbearable stress for individuals, particularly within racist and sexist "cultures of terror" that are structured to hinder success; 2) the dissimulation of the myth as a social fact influences Asian American women to blame themselves, if they are unable to succeed; and 3) the image of model success contributes to Asian American women becoming over-looked in the distribution of needed help and resources, further exacerbating their suicidal conditions.

*Eliza Noh, CSUF, Department of Asian American Studies*

## **3. Joining Hands Around the Grave: The 'Dance of Death'**

Dr. Burgtorf addresses representations of this genre in visual arts, literature, and music in late medieval and early modern Europe.

*Jochen Burgtorf, CSUF, Department of History*