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The Academic Exchange  
A Place for Scholarly Conversation at Emory



# Prediction as the Cure

## Gazing into the human body's crystal ball



**I**S HEALTH SIMPLY the absence of illness? At what point does a person move from the realm of health to that of un-health, and can we foretell, with any practical precision, when they will cross the boundary? Michelle Lampl has given the matter a lot of thought. "I find it interesting that it's incredibly difficult to define 'health' without talking about a default position—you know you have health because you're not sick. It's a big challenge for science to be able to begin to discuss a concept of normal-

ity without it being the mean or the average," says the Samuel C. Dobbs Professor of Anthropology, who is also a physician. For Lampl the anthropologist, it's a beguiling intellectual exercise. And the possibility that science may be able to predict in some detail a person's comprehensive health destiny tantalizes Lampl the physician.

Lampl is associate director of the Predictive Health Initiative (PHI), a new collaborative undertaking with Georgia Tech that "focuses on maintaining health rather than treating disease."

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Applying genetics, proteomics, and computational biology, PHI researchers aspire to identify chemical markers (or “biomarkers”) that augur physiological aberrations long before they manifest as illness, then intervene in time to change the natural course of a disorder. Short-circuiting disease processes may be as simple as changes to diet and exercise, drugs, or, farther along, gene therapy or other advanced techniques.

But the path to this ambitious goal is strewn with potholes. Privacy advocates worry about the legal and ethical implications of large-scale, centralized accumulation of personal information. Substantive changes in how health care is delivered threaten to render archaic state and federal laws that regulate health care, health insurance, and determination of court awards in some types of cases. Even epidemiology, the science upon which much of predictive health is founded, is subject to notable limitations when it comes to determining disease cause and effect.

Predictive medicine in and of itself is nothing new: cholesterol is a long-standing indicator of future cardiovascular disease; high blood pressure portends a variety of dangerous conditions. Genetic markers can be highly prognostic of future disease. The hunt is on for genetic markers for cardiovascular disease, colon cancer, and diabetes. But what is new

is the focused, systematic attempt to move predictive health—and therefore preventive health—into mainstream medicine. The attendant benefits of such an epic shift in mindset could reach beyond decreased individual suffering to include lower medical and insurance costs, and fewer sick days.

#### DISCOVERY AND DEFINITION

THE MOST VISIBLE facet of the PHI is the new Center for Health Discovery and Well Being in midtown Atlanta, which will soon begin enrolling its first cohort of healthy adults—hence the importance of deciding who fits the bill. The PHI deliberately defined “health” loosely, anticipating that future tabulations of data for thousands of people over many years will lead to a more focused characterization, says Kenneth Brigham, associate vice president and interim director of the PHI, and vice chair for research, Department of Medicine. “We’ve wrestled with this question [of who to enroll],” says Brigham, a pulmonologist. “We’re not going to rule out people with well-controlled chronic disease like hypertension or diabetes and who are being followed by their doctor, but we won’t treat them either. We would exclude people whose illness is of great enough severity that they couldn’t participate in the program, such

as those with recent series of heart attacks or who are in current therapy for cancer.” The PHI plans to populate the first cohort with Emory employees, at an initial cost of \$5,000–\$7,000 per person (visit [phi.emory.edu](http://phi.emory.edu) for enrollment details). Emory has committed about \$10 dollars to the PHI, while Georgia Tech will provide further funds and faculty appointments. Additional money will come from philanthropic organizations.

Each participant will be matched with a health partner—someone well trained for the task, though not a physician—to shepherd them through a comprehensive work-up, develop a personalized health plan, and monitor progress. They’ll complete a series of questionnaires to evaluate physical and emotional health and even spirituality. Weight, height, skin conductivity, bone density, and body fat will all be recorded. An ultrasound will be used to evaluate the thickness of the carotid artery (a surrogate marker for atherosclerosis). Other assessments include blood vessel reactivity and central blood pressure; a modified fitness test; and blood work for lipids, glucose levels, and another four dozen compounds that might provide clues to future health. The data will be stored and available to researchers for mining and analysis. One of the planned studies will compare center participants to non-participants to see how each group fares down the road.

## The “engineers” in bioengineering

The Predictive Health Initiative would not have been possible without Georgia Tech, which was involved from the very start of the program. “We have a lot of expertise in areas such as molecular imaging, noninvasive imaging, and whole body imaging,” says Don P. Giddens, dean of Georgia Tech’s college of engineering and Lawrence H. Gellerstedt, Jr. chair in bioengineering. “We also bring a lot of strength in the computing and simulation areas, which can be applied to health systems. Giddens’s own work includes a search for markers that signal the early development of atherosclerotic disease. “We’d like to know what causes atherosclerotic plaque and why it locates where it does in arteries,” Giddens says. “All of this can be pre-symptomatic, and we’d like to find ways to intervene using engineering principals. For example, Giddens studies how fluid dynamics—specifically blood flow—relates to the formation of artery-clogging deposits, which could explain how increasing blood flow through physical activity helps prevent atherosclerosis.

Giddens’s lab maintains a number of active collaborations with colleagues at Emory, and the two schools have gradually increased their interactions over the past two decades through joint biomedical engineering ventures. “Tech’s biomedical engineering department is ranked second in the country, with the highest amount of NIH funding of any biomedical engineering department in the country,” he says. “What we see now is building on that foundation and going into more futuristic areas where the focus is on identifying health, what health really means, and how can we see, in advance, early departures from health.” —S.F.

The PHI will also include sponsored research. Roberd Bostick, a professor of epidemiology in the School of Public Health as well as of hematology and oncology at the Winship Cancer Institute, is studying biomarkers that predict who is at highest risk for colon cancer. “Rates of cardiovascular disease are declining very sharply, and one of the primary reasons is biological markers such as cholesterol, but we have no such markers for risk of cancer, and cancer rates have changed very little,” Bostick explains. “We wanted to do something analogous for colon cancer and prostate cancer.”

thousands of subjects they might include, their fundamental limitation is that while they can distinguish associations between two events, they cannot inherently determine that one event causes another. As a result, observational studies provide what a defense attorney would call circumstantial evidence. The article goes on to say that “because these studies can generate an enormous number of speculations about the causes or prevention of chronic diseases, they provide the fodder for much of the health news that appears in the media.” Those speculations “play a significant role in

supertanker, which was the case with the Exxon Valdez?”

Ani B. Satz, an associate professor with joint appointments in the law school and School of Public Health, doesn’t believe that genetic information deserves its suspicious repute, at least when it comes to privacy and confidentiality concerns. “Genetic information is simply one form of medical information,” she says. “It raises the same concerns as other nongenetic, predictive health information that is shared. The view that there is something different about genetic information is called genetic essentialism,

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Kathy Parker, Edith F. Honeycutt Professor of Nursing and co-director of the Emory Sleep Center, is seeking to develop predictive genetic models to determine which opioid painkillers, and at what doses, provide the optimal combination of analgesia with the smallest impact on sleep among cancer patients. “Sleep,” says Parker, “is a fundamental aspect of health, and poor quality or insufficient sleep is strongly associated with poor health outcomes.”

Much of the scientific grounding of the PHI rests in epidemiology, which attempts to identify the causes of chronic common diseases. Lately, however, some are beginning to question whether medicine relies too much on epidemiology to draw conclusions about what makes us sick or keeps us healthy. A September 16 *New York Times Magazine* article noted that epidemiologists gather data from large groups of individuals in so-called observational studies and tease out how particular factors influence health using statistical analyses. But, says the *Times* article, no matter how well designed and how many tens of

generating public-health recommendations”—as well as some key emphases of the Center for Health Discovery and Well Being.

#### WHAT IS PRIVATE?

AT SOME POINT, the center will conduct genetic analyses on the participants’ blood samples. The prospect of the methodical collection of human genes disturbs many people at a gut level. After all, a health insurer that learns an applicant has a genetic predisposition for a condition that will one day require costly treatment would likely deny or severely limit coverage, or charge huge premiums. “If you have a regime where you’re looking at the genetic makeup of individuals and possible diseases they might have, then you have to consider the possibility that genetic information might reach employers or insurance companies,” says David Partlett, dean of the Emory law school. “On the other hand, if you know someone has a genetic marker for seizure disorders or alcoholism, would you want to give that person the captaincy of an oil

which, though once the dominant view, is now largely rejected. If we need heightened privacy protections, we need them across the board, not specifically with regard to genetic information.” Though cholesterol and blood pressure aren’t as arcane, they are nonetheless predictive of heart disease. Nongenetic information about contagious disease and environmental toxins may also be shared, contends Satz. HIV infection, for example, may be passed from mother to child. Individuals who live near a toxic waste site may be exposed to carcinogens or other chemicals (dioxin, for example) that might harm them and their progeny.

Control of health information is just one problem. If predictive health gains a significant foothold and leads to material changes in our health culture, it could generate other knotty legal and political issues. An increase in life expectancy—a long-term outcome that predictive health advocates expect—would strain government benefits such as social security and play havoc with personal injury awards. “Tort law is largely

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## I find it interesting that it's incredibly difficult to define health without talking about a default position—you know you have health because you're not sick.

—MICHELLE LAMPL, SAMUEL C. DOBBS PROFESSOR OF ANTHROPOLOGY; ASSOCIATE DIRECTOR, PREDICTIVE HEALTH INITIATIVE

**Academic Exchange:** *How did you become interested in predictive health?*

**Michelle Lampl:** I'm an anthropologist and also an MD. My research interests have been in human growth and development, and human biological variability in general. My specific research involving development is much about predictability. Health is an outcome of your genetic background, together with environmental influences and human variability, and that's a hallmark of anthropology. My passion for predictive health is that it combines human biological variability and my research interests of devel-

opment across the lifespan and various interactions between genes and environment. In my traditional medical training, it's mostly about aberrations—it's about disease, not health or normality. A lot of what we know about health development is actually a default of what's unhealthy, so I find this intellectual perspective invigorating and on the cutting edge of what we need to be doing in science, which is to understand more about health itself. I find it interesting that it's incredibly difficult to define 'health' without talking about a default position—you know you

have health because you're not sick. It's an incredible challenge for science to begin to discuss a concept of normality without it being the mean or the average.

**AE:** *It seems that moving society toward predictive health will be very difficult.*

**ML:** It is a huge challenge to move toward caring for health as opposed to curing disease. A lot has to do with education. This is a paradigm shift, and it's not going to be easy. You can't just say, "OK, you're going to change the way you think about health." But I do think people want to care for themselves. They're looking for information about how

## There's significant new ethical ground to be broken here. . . . We're collecting a large amount of personal information. How do you protect it, who stores it, how do you store it, who has access to it?

—KEN BRIGHAM, ASSOCIATE VICE PRESIDENT AND INTERIM DIRECTOR, PREDICTIVE HEALTH INITIATIVE; VICE CHAIR FOR RESEARCH, DEPARTMENT OF MEDICINE

**Academic Exchange:** *How did the PHI begin?*

**Ken Brigham:** About four years ago, leadership within the Woodruff Health Sciences Center and others brainstormed to identify new opportunities that might be the next "big ideas" in biomedicine, and how Emory, along with sister institutions and the resources it has available, might be able to position itself at the leading edge. Our health care system is not functioning very well and needs to change. Emory leaders thought that the developing science and technology would give us an

opportunity to change the system in ways that were beyond our imagination until recently. During the development of the Strategic Plan, the idea of predictive health in society emerged as a broad theme, and it was recognized that science and technology will make it possible to change health care, but that it won't change unless a variety of other changes occur in society, such as how people think and behave and where they spend their money.

**AE:** *What impact could the PHI have on health care?*

**KB:** One of the broad goals is to

revolutionize biomedicine—that is, change biomedicine materially from the way it is currently pursued to a new model, to true health care and not such a heavy focus on disease. Most of the research is focused on abnormalities, disease—what's wrong rather than what's right. The idea of the PHI was that we would initiate a program focused on defining health, devising new ways to measure and predict health, and then devise strategies for changing individual health and also social health as well. Predictive health is preemp-

to do that. It's part of our culture. We have a strong value system of health and personal care, and I think we expect health. While we might talk in a grandiose way about how we must change medical care in this country, we're starting simply at home, trying to begin to answer questions by going and doing through community outreach programs. It has to become integrated in education from the earliest levels, and to develop a new curriculum: health. Not disease, because most health courses are a list of diseases. It's different to say, Here's the human body, and this is what can go wrong, than to say, Here's the human body, and this is how to keep it functioning. We have to develop programs that reach into the community on all levels, and there's going to have to be some novelty in the way that we do that, whether it's lectures at our center or opportunities for people to come together in seminars here.

It really has to become a university outreach.

**AE:** *Do you think there will be resistance to predictive health from some quarters?*

**ML:** We're never going to put insurance companies or health care providers out of business. People will still get sick and still need traditional medical services that the medical establishment provides. In the short run, there's no threat here. If an insurance company had insight and can get behind this and partner with predictive health, that would be smart. Put another way, it would be a smart idea for businesses to partner with insurance companies and back this kind of idea. One of the biggest expenditures for corporations is health care for employees, and we really offer a model that could—speaking very hopefully—end up reducing health care costs by maintaining the health of people who work for you. It only makes sense that that will be the wave of future in this country,

considering the amount of money spent on health care. A lot of that is because people don't take care of themselves. We live in a culture of excess, and it's sort of reached the limit, given the numbers rolling in about rising obesity rates or rates of this or that condition. Health is not on peoples' minds as much as it might be until they get sick, and a lot of this is preventable. We need to establish new behavior patterns, and that's really hard to do. Any time we try to change anything—stop smoking, eat better, exercise more—these are difficult things for people to do. I should exercise more, and I know that. It's embracing something that's difficult for people to do, and that's changing their behavior patterns. It's in everyone's best interest financially to help people be healthier. Hospitals are overcrowded; they're treating people with sore throats in the emergency room because so many people have no health insurance. It's out of control. **ae**

tive and preventive, rather than treatment-focused.

**AE:** *How is the PHI structured?*

**KB:** There are three pieces. One is the basic science initiative that relates to the discovery and invention of medical interventions, then there will be a piece that relates to how you apply practice and policy to society. Finally, there's the Center for Health Discovery and Well Being, which is the personal part, and also the part that's most well developed. All of the parts will interact. We'll need data to know if this novel idea of focusing on health and partnering with people to help them care for themselves has any impact. So we'll first look at Emory employees and look at the influence of the program by comparing people who are in it to those who are not, and see if it's cost effective and how it affects utilization of traditional health services.

**AE:** *What ethical considerations does the PHI raise?*

**KB:** There's significant new ethical ground to be broken here. Much of

it revolves around information.

We're collecting a large amount of personal information. How do you protect it, who stores it, how do you store it, who has access to it? There are a variety of ethical issues surrounding the handling of information. When you start talking about using that data in research, protecting people from adverse consequences related to the accumulation of such a large amount of personal data becomes a big issue. Then there are some "angels on the head of a pin" issues. We're going to store genetic information, though we won't do gene analysis to start with. But at some point we will. Suppose you determine some important medical information from genetic analysis—you think you've found something but you're not sure. Does the person whose DNA it is deserve to know? Would they want to know? Do you have any right to have it connected to them?

**AE:** *What does your crystal ball say about the future of PHI?*

**KB:** I think this approach to health

care will become dominant—that is, taking care of healthy people and keeping them healthy. I think the resources, particularly human but also financial, will migrate more toward health and preventive care. There are some real challenges of how you shift the system while meeting the obligations of the health care profession at the same time, not to mention the financial interests. I think there will have to be big savings from the healthy person's view, but the denominator is going to go way up: Suddenly we'll have all these people in the health system that you haven't seen before. The response to that is that they don't need to be seen by a doctor or an expensive highly trained person. The center's health partners will have very focused training and a narrower skill set of knowledge than most current health care providers, and will be less expensive to employ than physicians or nurses. The way we save money now is to not see patients whenever possible. **ae**

# Exploring Southern Spaces

## The new terrain of Emory's multi-media scholarly journal

ALLEN TULLOS, ASSOCIATE PROFESSOR OF AMERICAN STUDIES, GRADUATE INSTITUTE OF THE LIBERAL ARTS, AND SENIOR EDITOR, *SOUTHERN SPACES*

**W**HENEVER THE LATEST thousand-page state encyclopedia published (in eye-squinting type with a scattering of thumbnail-size black and white photos) by a university press lands with a heavy thud at the front door, already in

map, and adding audio interviews ([southernspaces.org/contents/2007/amberg/2a.htm](http://southernspaces.org/contents/2007/amberg/2a.htm)). As he creates additional images showing the effects of I-26 construction, photographer Amberg can continue to update this project. Similarly (thanks to the video-editing of library fellow

and with a commitment to permanent archiving by the library. Examples abound: with technical support from the *Southern Spaces* staff, Mary Odem of the Emory history faculty together with filmmaker William Brown of the Visual Arts Program completed

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**Not that digital publishing will, or should, replace books in print, but digital formats have distinct advantages in immediacy and wide accessibility, and in enhancing data and complementing written text with multi-media. Through the process, exciting new forms of scholarship appear.**

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need of updates, additions, and revisions, it's time to ask which comes last, the dinosaur or the egg? Not that digital publishing will, or should, replace books in print, but digital formats have distinct advantages in immediacy and wide accessibility, and in enhancing data and complementing written text with multi-media. Through the process, exciting new forms of scholarship appear—lately in that most venerable and central of academic institutions, the library.

Consider the internet journal *Southern Spaces* ([southernspaces.org](http://southernspaces.org)), a digital publishing initiative of Emory's Woodruff Library. For documentarian Rob Amberg's study of the coming of Interstate Highway 26 to rural, mountainous Madison County, North Carolina, *Southern Spaces* managing editor Sarah Toton worked with Woodruff Library fellow Melissa Sexton to develop a rich website—the result of sorting hundreds of Amberg photos taken over a decade, scanning and organizing them into captioned slide shows keyed to a topographical

Matt Miller), distinguished visual artist William Christenberry of the Corcoran College of Art and Design in Washington, DC, narrates an online collection of his photographs, paintings, and sculpture focused on Hale County, Alabama, and made across a span of forty years ([southernspaces.org/contents/2007/christenberry/1a.htm](http://southernspaces.org/contents/2007/christenberry/1a.htm)).

Begun in 2004 as a collaboration between a geographically dispersed network of scholars and the digital projects staff of Woodruff Library, *Southern Spaces* features essays, interviews, artistic performances, lecture highlights, video timescapes, and annotated weblinks about real and imagined spaces and places of the US South. At the confluence of critical regional studies, digital scholarship, and new media, *Southern Spaces* offers a peer-reviewed, open access publication and archive.

Much like a university press, *Southern Spaces* polishes the fruit of academic research but in multi-media form on the Internet, with copyright retained by the authors

"Global Lives, Local Struggles," an illustrated lecture about Latin American immigration to Atlanta ([southernspaces.org/contents/2006/odem/1a.htm](http://southernspaces.org/contents/2006/odem/1a.htm)). For another recent project, James B. Wallace, a student in the Graduate Division of Religion, featured a variety of primary source materials, including sound recordings from Smithsonian Folkmasters concerts and digitized images from religious songbooks in the Pitts Theology Library's collection, to produce his multi-media essay about the geography of Sacred Harp singing ([southernspaces.org/contents/2007/wallace/1a.htm](http://southernspaces.org/contents/2007/wallace/1a.htm)).

Among *Southern Spaces'* most visited webpages are those featuring poems by Natasha Trethewey videotaped on the Mississippi Gulf Coast before the devastation of Hurricane Katrina and prior to the Emory poet's winning the 2007 Pulitzer Prize; a multi-media essay about the last juke joint in the Delta; and a study of local television coverage (embedded with archived news film) of school

desegregation in 1960s Virginia.

The conceptual lineage of *Southern Spaces* includes the writings of scholars of social spatiality such as Henri Lefebvre, Doreen Massey, Iris Marion Young, Rupert Vance, Dolores Hayden, and Lewis Mumford, and their interest in the region as a foundational unit. *Southern Spaces* scrutinizes the idea of a monolithic, near-mythic, American South formed out of nineteenth-century sectionalist and failed nationalist movements tied to the defense of slavery and white supremacy. When does a “southern” perspective run roughshod over underlying realities? How to understand and represent the ter-

ready-made, persuasive power of the southern imaginary?

*Southern Spaces* examines the uneven, differential patterns of change in regions such as the Black Belt, Carolina Piedmont, Atlanta metropolitan region, Border South, Southern Appalachians, and the Eastern Shore of Virginia. The journal encourages many, sometimes contradictory, often overlapping, designations of place; attends to the historical situations and actors that produce them; and seeks narratives of in- and out-migration and of connections with the wider world. *Southern Spaces* also explores the imagined terrains

Working in their fields of expertise, an extensive list of editorial reviewers carry out the blind, peer-review process to ensure scholarly excellence—a necessary measure for the work to be considered for tenure and promotion.

*Southern Spaces* depends upon a collaborative relationship with Woodruff Library staff and administration that began with former director Linda Matthews who, during her thirty-five years at Emory, helped build holdings of southern and African American materials in what was once Special Collections, but is now known as MARBL (Manuscripts, Archives, and Rare Book Library). With the

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**At the confluence of critical regional studies, digital scholarship, and new media, *Southern Spaces* offers a peer-reviewed, open access publication and archive.**

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ritory populated and named by Native peoples before their violent removal? How does the “South” cloak geographically diverse racial and gender experiences? Can the new southern studies navigate the

of artists, fiction writers, poets, and musicians. An editorial board composed of major scholars from around the US who have research interests in the US South oversees the direction of the journal.

arrival in 2006 of vice-provost and director of libraries Rick Luce, an international leader in information archiving, *Southern Spaces* has continued to serve as the library’s premier initiative in multi-media,

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## Defending Basic Science: A Response to “Science in the Seams” (September 2007)

Dear Editor,

I enjoyed reading “Science in the Seams” very much and found much of it quite exciting.

One gets the impression, especially from Professor of Biomolecular Chemistry David Lynn’s comments, that what is typically referred to as “basic science” is passé. Yet consider the basic science that gave us “quantum dots” and “nanoscience.” These scientific breakthroughs have made huge and quite unexpected impacts in medicine, especially here at Emory. Dobbs Professor of Chemistry Lanny Liebeskind marvels at the capabilities of modern computers and mentions their fantastic speed and storage. The science that led to these great leaps in computational power are the “passé” ones of the twentieth century. Nanoscience, quantum computing, coherent control may take us to the next great breakthrough in computer power.

The prestigious journal *Science* featured on the cover of the 10 August 2007 issue the title “Attosecond Spectroscopy.” This is another emerging and very exciting field in basic science. The issue contains articles and commentary on the fantastic potential of this new tool to look at biological processes in incredible detail. Undoubtedly new discoveries of how complex systems work will result from this new tool from basic science.

My point is the complex sciences, of which medicine and biology are examples, have always been advanced by the basic sciences. There is no reason to think this will not continue. And I’m confident that all the faculty quoted in “Science in the Seams” would agree with this and would support continued and perhaps even growing support of both the basic and complex sciences at Emory.

— Joel M. Bowman, Samuel Candler Dobbs Professor of Chemistry

# The Near Past

## Tone and tension in writing about the modern South

JOSEPH CRESPINO, ASSISTANT PROFESSOR OF HISTORY

I'VE ALWAYS ENVIED my colleagues who study the history of fascinating and exotic locations around the world. It affords them the most exciting research trips. They scrutinize medieval texts in Florence, brush up on the British mandate in Cairo, or puzzle over the politics of mobs in Paris. I, on the other hand, study the region of my birth, the American South. On research trips I usually find myself finishing off a long day

One big problem is that I end up arguing with all sorts of antagonists. Colleagues who study the distant past of faraway places only have to worry about their fellow academics. For me, every family gathering has the potential for heated debate. I also use a fair amount of oral history in my research, which, given my interests, can make for tricky negotiations. My first book was about white segregationists (*In Search*

only in passing as he left that he always knew I was “pretty liberal.” Another interview subject from an earlier essay that I wrote simply refused to acknowledge several letters that I sent him.

One of my colleagues asked during my Emory job talk whether I felt self-conscious about the tone in which I wrote about southern segregationists. At the time, I said that all historians had to be aware of their tone, and that my topic and

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**Colleagues who study the distant past of faraway places only have to worry about their fellow academics. For me, every family gathering has the potential for heated debate.**

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at the archives with a meal at Ruby Tuesday's. And then it's back to a Days Inn in such places as Wingate, Hattiesburg, or Clemson.

It's not that I don't enjoy studying southern history. Understanding the roots of the cultural and political peculiarities of white southerners—those folks who are, more or less, “my people”—is what drew me to the study of history in the first place. And having the opportunity to write and teach in Atlanta has been ideal. I attended undergraduate and graduate school outside of the South, but I am now back in my home region with an expertise that allows me to reflect critically on the origins of important issues of the day. Still, living in the South and writing about relatively recent southern history has its challenges, ones that go beyond the dearth of international travel and interesting cuisine.

*of Another Country: Mississippi and the Conservative Counterrevolution*, Princeton UP 2007), and I had to find ways to identify with my subjects enough so that they would let down their guard. On the other hand, I didn't want to pretend to be pro-segregation. Journalists talk about the process as the need to go “behind enemy lines”—to disguise your intentions so that interview subjects will speak honestly, and if you're lucky, express themselves as they might in private, when unknown and potentially hostile listeners are not in their midst.

It's an inherently duplicitous process. I try to be as fair as I can in presenting these people's views, but inevitably my judgments diverge from theirs. A few months back, I ran into one of my oral history sources at a book reading. He was decent enough to come out to see me, and he mentioned

time period were no different. But as my project matured, I realized that I had thoughtlessly fallen into a pattern of writing about my subjects in a way that most journalists and scholars before me had written about them. The tone was one of plausible objectivity and thinly veiled condescension. It was not only that I was parroting the tone of the secondary literature that I had read. I realized that as a white southerner writing about white southerners, I was preoccupied with making sure that the reader never mistook my subjects' views for my own. I began to realize that this concern affected not only my tone but also my choices of topics. I was often emphasizing the most objectionable and inane aspects of segregationists' views and behavior. There was plenty of this behavior to choose from to be sure, but there were also intelligent segregationists who had interesting and

previously ignored perspectives on important political issues of the day. Yet I found myself, like most of those before me, focusing primarily on the buffoons.

The breakthrough for me came when I realized the need to be more dispassionate. There were two problems with the dismissive tone of my early drafts. First, it violated the scholarly commitment to objectivity. Scholars should try to be objective, sure, but I also know that objectivity is something

my book tries to do. Some critics may feel that I overemphasize the role of white southerners in modern conservative politics or that I overstate the role of white racism in the success of the southern Republican Party. Others may think that I am too understanding of, or morally neutral towards, southern racists. My hope, however, is that my book will provide fresh perspective on recent southern history, and in doing so, help us think in

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to aspire to, not something that one can or should be entirely literal in pursuing. More importantly, the moral condemnation that lay so close to the surface got in the way of any attempt to understand southern segregationists on their own terms. This was the key to my project. A colleague who peer reviewed my manuscript said that it was one of the first books to attempt to take southern segregationists seriously. I think that's true. The danger with the monolithic, dismissive portrait of earlier civil rights scholarship is, as civil rights scholar Charles Payne once wrote, that it reduces white southerners to "the ignorant, the pot-bellied, and the tobacco-chewing," images that "easily supplant more complex and realistic images of racism."

Trying to develop a more complex and realistic understanding of southern racism is exactly what

a more sophisticated way about the role of white southerners in shaping modern American politics. The ultimate goal is to play some small role in re-imagining the sclerotic historical narratives that contribute to the intense polarization that has come to characterize American politics since the 1960s.

That's a pretty ambitious aspiration I suppose. But then, it's what motivates me to spend those nights in cheap hotels in small southern towns. The good news is that I recently was able to present some of my research at a conference for the British Association of American Studies. So that takes care of the international travel. Unfortunately, the meeting was in Leicester and the cuisine was quintessentially British. I guess I should be careful what I wish for. **ae**

*Continued from page 7*

scholarly digital publishing; a site of graduate student training; and a testing place for new technologies. Instrumental in the creation of *Southern Spaces* were Martin Halbert, director of Emory library systems, and Katherine Skinner, digital projects librarian.

Digital publishing facilitates richer ways of organizing, presenting, updating, and preserving knowledge. As one of several projects begun under the umbrella of the MetaScholar Initiative ([www.metascholar.org](http://www.metascholar.org)) headed by Halbert, *Southern Spaces* has benefited from the Andrew W. Mellon Foundation's support of information research that takes advantage of the internet's capabilities to deliver streaming audio, video, interactive imagery, and text in a rapid and timely fashion. Thanks to cartographer Stacy Martin, and Michael Page, Emory's geographical information systems librarian, the journal has received mapmaking support. Woodruff Library's cataloging staff has assisted in devising permanent URLs for the diverse content ingredients within *Southern Spaces*, essential to maintaining a stable digital archive.

Persistent, lively inquiry into the creation of space and place distinguishes *Southern Spaces* from print publications devoted to southern history, literature, sociology, and religion. Intended not just for an academic audience, this multimedia journal aims for students of all ages, library patrons, and the general public. *Southern Spaces* invites submissions from new as well as established scholars, writers, photographers, documentarians, and visual artists. **ae**

*Author Allen Tullos may be reached at [allenet@aol.com](mailto:allenet@aol.com).*

# Stories from the Frontlines

## Or, How to survive co-authoring a book (with your spouse)

PAMELA SCULLY, ASSOCIATE PROFESSOR OF WOMEN'S STUDIES AND AFRICAN STUDIES,  
AND CLIFTON CRAIS, PROFESSOR OF HISTORY

SOME TWELVE YEARS AGO, Clifton suggested to Pamela that they write a book together, a book on the life of Sara Baartman, an African woman born in the 1770s on the Cape colonial frontier of present day South Africa. She lived both a commonplace and extraordinary life on the frontier, in Cape Town, and in London and Paris, where she was exhibited as The Hottentot Venus, a supposed freak of nature and culture. Newspapers, cartoonists, and writers popularized the idea and image of The Hottentot Venus during Baartman's lifetime and after. The conditions of her exhibition in London led to great controversy and a famous legal proceeding. She died in Paris at the end of 1815. Georges Cuvier, the founder of comparative anatomy, dissected her body and wrote up his findings in scientific publications, including as a chapter in his most famous book, *The Mammals*.

He had a plaster cast made of Baartman's body and bottled her genitals and brain. Sara Baartman's remains and the body cast were displayed for many years at the Museum of Man near the Eiffel Tower. The Hottentot Venus lived many years beyond the life of Sara Baartman; indeed the legacy of that icon continues to reverberate today—from perceptions of women's bodies to the legal status of Guantanamo detainees. (Really.)

Given Clifton's expertise in the history of the frontier and race in South Africa and Pamela's as an historian of comparative women's history and sexuality in the British Empire, the idea of writing a book together made sense. At the time



we had a baby, were about to have another, Pamela was finishing work on her first book, and Clifton researching his second. We decided to wait a while. In 2002, Sara Baartman's remains finally were buried in South Africa in a nationally televised funeral attended by the state president. Books were finished, children were older—the time was right.

Our research ranged from exploring tax records in the Cape Archives to visiting ancient libraries in the center of Paris, driving on dusty South African roads tracking down Sara Baartman's descendants, and sitting in the calm of the Public Record Office in Kew. Research in Leiden, the

Netherlands, and Manchester rounded out the fieldwork. Researching was fun; it took us to wonderful places, and we met helpful and interesting people. The National Endowment of the Humanities, Kenyon College, and Denison University, and, after our move to Atlanta, Emory University supported our work. In short, researching the book was a pleasure, although navigating the French bureaucracy with bad French is not an experience we would happily repeat. We would, we hasten to add, happily return to live in Paris and improve our French.

Then came the writing. We agreed that Clifton would write

the chapters on South Africa and Pamela would write the chapters on Britain and Paris, and we would hand them to each other for comments and revision. We have read and commented on each other's work for years, we are used to working closely together, we are both historians, we both like writing. We had a good plan. Alas! Writing a book together revealed not our many similarities, but our few, and it seemed for a

necessitated fewer revisions. The jury no doubt will always be out.

Secondly, we discovered, that we were in fact writing very different books. Collaborators, sit down and figure out what it is in fact you think you are writing. In our case we discovered that Clifton was writing a book for a popular audience, thus light on footnotes and heavy on description and atmosphere (he is probably the author whose writing led one reviewer

*Continued from page 3*

written in such a way as to focus on disease and not health," said Partlett, because courts often award compensation in injury cases based upon the victim's reasonable life expectancy and expected working life. Longer life spans would therefore dictate greater awards. "We complain about tort damages now being excessive, but they're likely to increase," he adds. On the other hand, medical advances, such as a therapy that reverses limb paralysis, could offset the financial impact of longevity.

Any compelling change in our health care system will necessitate a re-evaluation of its legal underpinnings. That will be one of the charges of the Center for Health Law, Policy, and Ethics (CHLPE). Satz, who is spearheading the project, hopes it will attract pre-eminent scholars in all three sub-disciplines. CHLPE would consider, among other things, the regulation of health care delivery, which profoundly affects how a government interacts with its citizens, says Partlett: "How will you fund health care, how should Medicare be changed, how do you provide service to the needy? Lawyers are asked to solve those problems."

It's far too early to do anything but speculate about the enduring influence of predictive health. To reach a critical mass will take "a true paradigm shift on a huge cultural level," and education is the key, says Lampl. "You can't just say, OK, you're going to change the way you think about health, but I think people want to care for themselves, and they're looking for information about how to do that." Lampl would like to see an integration of comprehensive health information into school curricula. "There's no way that people will begin to think about health care in ways other than the emergency room or visiting the doctor when they get sick unless we provide them with alternatives to discuss early in the educational process."—S.F.

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**Anyone contemplating co-authoring a book should ask very specific questions as to their proposed collaborators' work patterns and attitudes to rest and relaxation (yes, there are those of us who believe one should do nothing for stretches of time!).**

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while, irresolvable differences.

First, it revealed our very different work habits. Anyone contemplating co-authoring a book should ask very specific questions as to their proposed collaborators' work patterns and attitudes to rest and relaxation (yes there *are* those of us who believe one should do nothing for stretches of time!). In our case, we relearned what we had known all along—we have different attitudes to work. Clifton is a worker in the best early twenty-first century American tradition. Pamela is not an American by birth, ergo she absolutely does not work all the time: she reads, she walks, she talks. Envisage the resulting quagmire. Clifton comes home: "I have finished my chapter, have you?" "No." "What? What have you been doing?" "Oh, I wrote a paragraph, did some administration, went for a walk, read a book, chatted to friends, emailed my sister." "WHAT?"

And so it went for three years. It is probably obvious that Clifton's chapters were finished far in advance of Pamela's. It might be necessary to say that Pamela thinks that the slower pace of hers

of the final manuscript, to say it is "poetic, even moving"). Pamela was writing an academic book, thus heavy on analysis, heavy on footnotes, very light on adjectives and atmosphere. For a while, the two books fought with each other. Our editor at Princeton University Press rescued us and the book. Brigitta read the book and said it needed fewer details, less description, more analysis. We complied, and she sent preliminary chapters out to readers, who liked the mix of the traditional academic and the more evocative writing style. *Voilà*. In 2008, Princeton University Press will publish our book *Sara Baartman and The Hottentot Venus: A Ghost Story and Biography* in their academic/trade series.

So, future collaborators, it is possible to write together and get a good result. We urge you, however, to be very clear about what you expect from each other, from the book, and what sort of timeline you are working with. As for us, we have vowed never to write another book together again. We are, however, already talking about co-authoring an article—it's a slippery slope. **a**

**Create the institution you want to work in**

I think it is important to pursue the things that have brought us this far—to make our institutions ones we would want to be a part of, rather than simply accepting them as given. It is also worth being somewhat wary of received wisdom—such as when colleagues say: “Don’t collaborate, don’t do interdisciplinary work until tenure, don’t be risk-taking, don’t show weakness by changing your mind on a decision”—because it probably describes someone we’ll never fully look like or perhaps even want to be like. I always tell new faculty in our orientation sessions that, while it is certainly good to meet the expectations for tenure within their department, on the day they wake up with tenure, they had better be waking up in a place they want to work. Even as we try to fit in and succeed, we cannot lose sight of what is important to us and what motivates us to keep at it. We must preserve those things—whether they are a collaborative or interdisciplinary mode of working, public scholarship, risk-taking leadership styles, or any of a host of other “non-traditional” approaches. Let’s create the institution we want to work this hard in, because we’re all working pretty hard.

—Nancy Cantor, Chancellor and President, Syracuse University, from “Women in the Academy: Insider Voices with Outsider Values,” the keynote address of the symposium “Women at Emory: Past, Present, and Future,” October 4, 2007

**Inspiration from constraint**

There’s a cliché that constraints or confinements in the arts actually aren’t always a bad thing, and that constraints can actually spur creativity. When you find you can’t do something one way, you have to be ingenious and think about how you can do what you want to do in another way. I would argue that’s what happened with CinemaScope—a technology invented not by filmmakers but by production companies that wanted to fight television and other competition. The upshot was that artists were handed this new set of tools and told, “do this.” A lot of filmmakers didn’t know how to respond, but a variety of strategies emerged from them to try to make creative use of this new technology. . . . It was a very short-lived phenomenon, the golden years running from about 1953 to 1960. It wasn’t a big money maker for the studios, who thought it would be a good way to make money from blockbuster films . . . and it didn’t win that many Academy Awards or prestigious recognition. The importance of it, though, is it triggered wide screen filmmaking. It really said from now on movies are going to be wide. Different sizes wide, but wide.”

—David Bordwell, Jacques Ledoux Professor of Film Studies, University of Wisconsin-Madison, from his talk, “CinemaScope, The Modern Miracle You See without Special Glasses!” October 18, 2007

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