SEPTEMBER 10, 2021
8:45 AM – 2:45 PM ONLINE

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8:45 to 9:00 am

Dr. Ralph Didlake – Welcome and Introduction of
Dr. Sara Gleason, Moderator

A 2004 graduate of the School of Medicine, Dr. Sara Gleason is professor and executive vice chair in the Department of Psychiatry and Human Behavior. After completing residency at UMMC in 2008, she was a staff psychiatrist at Mississippi State Hospital for several years and then worked at the VA Medical Center before returning to UMMC as faculty in 2016. As director of consultation-liaison psychiatry at UMMC, Dr. Gleason collaborates with inpatient services throughout the medical center. She also serves as an attending on the 7 East adult psychiatry unit and at the Riverchase outpatient psychiatry clinic. She is a core faculty member of UMMC’s Center for Bioethics and Medical Humanities and is psychiatric consultant to the Asylum Hill Research Consortium.
9:00 to 9:30 am

Exposing Decades of Secrecy in Atomic Appalachia: Erwin Citizens Awareness Network, Public Health, and Radioactive Contamination in a Small Appalachian Town

Aubrey Underwood, PhD

In 2007 the Agency for Toxic Substances and Disease Registry (ATSDR), a federal agency tasked with reporting to the public harmful health effects from dangerous substances, called the Nuclear Fuel Services (NFS) plant in Erwin, Tennessee, a “public health hazard.” Built during the Cold War and charged with making nuclear fuel for the Navy, the Nuclear Fuel Services plant is one of the most notoriously secretive and controversial nuclear facilities in the South. With a sordid history of accidents, undisclosed community exposures, contaminations and releases, the plant maintained a culture of secrecy that extended far beyond the confines of the Cold War. For nearly six decades, the plant has released toxic chemicals and radioactive substances into the Nolichucky River, air, and surrounding areas creating broad public health issues for the community. In response, the Erwin Citizens Awareness Network (ECAN) was formed to “research and investigate issues involving the nuclear industry that we believe adversely affects our health, safety, and environment, and share that information with the public.” Specific public health problems associated with contamination from NFS in Erwin include high breast cancer, infant mortality, and children’s leukemia rates. Armed with epidemiological evidence and employing citizen-science activism, the local women of ECAN exposed the adverse public health impacts of decades of radiation contamination of the community, the workers, and mostly notably, the children of Erwin, Tennessee. This presentation explores the grassroots organization ECAN and its use of epidemiological case studies, medical evidence, and radiation history to expose the invisible public health effects of radioactivity on a small Appalachian community.

BIO SKETCH
Dr. Aubrey Underwood is an associate professor of History in the Department of African-American Studies, Africana Women’s Studies and History at the Clark Atlanta University in Atlanta, Georgia. She received a Ph.D. in Postwar American History from Georgia State University. Her scholarly work is at the forefront of intersectional and eco-feminist history. Her book, No Nukes, Y’all: A Grassroots History of Southern Women’s Antinuclear Activism, Protest, and Nuclear Dissent in the Secret Nuclear South, 1946–2017 unearths the hidden history of Southern women’s grassroots, anti-nuclear organizations and their efforts to expose undisclosed, adverse public health and
environmental effects of nuclear facilities on Southern communities. The book is currently under contract with the University of Florida Press in the “Southern Dissent” Series.

9:30 to 10:00 am
Class and Conflict: Competing Medical Histories in Republican Rome

Grace D. Gibson, MA

Classics scholarship tends to emphasize the many conflicts between Roman social classes and the way these divisions manifested in the ancient city. Wealth and political power did indeed separate the noble patricians from their poorer plebeian or freedmen neighbors, and much of Rome’s Republican-era history is a narrative of domestic social unrest, complicated by increasing external pressures. Accordingly, the history of medicine in ancient Rome is often bifurcated along these class lines, with the prevailing wisdom being that while wealthy Romans had access to physicians, the poor were relegated to the temple of the health god Aesculapius to seek supernatural aid. According to primary sources, the cult of Aesculapius, a Roman version of the Greek Asklepios, was imported to Rome in response to a devastating plague in the third century BCE. Recent scholarship on the development of the early city has emphasized the temple’s isolation on Tiber Island—a small plot of land in the river that runs through the city—as evidence of segregation along class lines and general disgust towards the ill and injured. In other words, it understands the construction of the temple as an elite effort to appease the poor and tuck away the sick masses. This paper reevaluates several assumptions underlying this narrative, ultimately arguing that the temple’s location is accessible and connected rather than cut-off, and that ancient medical practitioners were linked to, rather than divorced from, the traditions of health gods’ supernatural intervention. By situating class conflict as only one of many determinants of health in ancient Rome and in re-examining Rome’s adoption of various medical traditions in response to internal crises, it demonstrates that class conflict was more nuanced and intertwined than previously understood.

BIO SKETCH
Grace Gibson is a fifth year doctoral student in Classics at the University of Texas at Austin, where she specializes in ancient Roman archaeology in the Bay of Naples. With primary research interests in everyday life and epigraphy
in Pompeii, where she does fieldwork, Grace also works on “othered” bodies and medical spaces in the ancient world. Her 2019 master’s thesis explored pregnancy as pathology and punchline in Roman comedy, and her work on ancient healing strategies—from bathing regimens to appeals to the supernatural—investigates how Romans related their bodies to the wider world of religion, social life, and law. Other interests include accessibility in academia and ancient language pedagogy.

10:00 to 10:30 am

Working with Refugees in Athens, Greece: Challenges from the Front Lines

Anne Merewood, PhD, MPH

Greece is a major arrival point for refugees fleeing conflict, especially Afghanistan, Syria, and many African nations. Basic public health needs are missing, and prenatal and pediatric care are lacking. CHEERing (the Athens partner of the Center for Health Equity, Education, and Research or CHEER at Boston University) provides breastfeeding support and basic preventive care for mothers and infants, hires and collaborates with community members, and works with adolescent girls in camps and shelters in the greater Athens area. This presentation will describe the challenges encountered and solutions offered, with an emphasis on our weekly, breastfeeding-supportive “Grow Clinics” in the camps; our peer counselor program, and our new STARS initiative (Soccer Teams And Refugee Solidarity).

BIO SKETCH

Dr. Merewood directs the Center for Health Equity, Education, and Research (CHEER) at Boston University in Boston, Massachusetts, and CHEERing, CHEER’s international partner in Athens, Greece. Anne is an Associate Professor of Pediatrics at the Boston University School of Medicine and Associate Professor of Community Health Sciences at the BU School of Public Health, and a Visiting Associate Professor at the University of Nicosia Medical School in Cyprus. Anne gained her undergraduate and PhD degrees at Cambridge University, England, and her Masters in Public Health at Boston University. She has published over 60 papers in the medical peer reviewed literature.
10:30 to 10:45 am    BREAK

10:45 to 11:45 am

Dr. Julius Cruse Lecture: Medical Professionalism and the Challenge of Dual Agency (Real and Imagined) in Human Conflict

Dale Smith, PhD

The Dr. Julius Cruse Lecture is in memory of long-time immunopathologist and Distinguished Professor of the History of Medicine at UMMC

After explaining the ethical concept of dual agency in the life and work of professionals the presentation will discuss the impact of dual agency in times of conflict and emergency especially among military medical officers during war. The time frame will start with the origins of the professional ideal and Hippocrates and cover various examples through the current planning for the possibility of war with countries which are as capable of modern war as the United States. The central theme is, that like other areas of professional life, ethical considerations are dynamic and the professional must be attune to social and cultural changes that impact professional ethics.

BIO SKETCH

Dale C. Smith is Professor of Military Medicine & History in the Department of Military and Emergency Medicine, F. Edward Hébert School of Medicine, Uniformed Services University of the Health Sciences, Bethesda, Maryland. In 1979 he received his Ph.D. in the History of Medicine from the University of Minnesota. From that time until he moved to the Uniformed Services University in 1982, he was on the faculty of the University of Minnesota. He is the author of numerous papers on medical history. His critical edition of William Budd’s Essay on the Causes of Fevers was published by the Johns Hopkins University Press in 1984. His most recent book is Glimpsing Modernity: Military Medicine in World War One, (2015) edited with Dr. Stephen Craig. He is also one of the Senior Editors of the textbook, Fundamentals of Military Medicine, published by the Borden Institute in 2019. Dr. Smith is active within the historical profession, having served as chairman of the program committee (1984) of the American Association for the History of Medicine (AAHM), as a member of the NIH Special Study Section on the History of the Life Sciences on two occasions, as a member of the Council of the AAHM,
as Associate Editor of the Journal of the History of Medicine and Allied Sciences, on the editorial board of the Bulletin of the History of Medicine and as the editor of the AAHM Newsletter. He was, for more than 20 years, the Consulting Historian for Military Medicine, the journal of the AMSUS. In 1987 he received the Laurance D. Redway Award for Excellence in Medical Writing. He has been honored with the USU University Medal for his commitment to the academic life of the university and by the medical students with the honor of being named the Outstanding Civilian Educator in 2005. From 2006 until 2013 he served as the Senior Vice President of the USU. His professional interests include the history of medical education, the history of infectious diseases, the history of surgery, and the problems of patient evacuation in military operations.

11:45 to 12:00 noon BREAK

12:00 to 1:00 pm

Keynote: The Historical Roots of Healthcare Disparities in the South

Kristen T. Oertel, PhD

After the physical devastation caused by the Civil War and the biological crisis that ensued, the Southern populace witnessed unprecedented rates of death and disease. Hundreds of thousands of southerners suffered from epidemics spread by wartime armies and thousands of wounded and recovering soldiers tended to their amputated limbs and chronic ill health. The South lacked the health care infrastructure that emerged in the North during the Civil War, like the Sanitary Commission and what would become the Red Cross, as well as a large and diverse army of female nurses. Instead of addressing this stark disparity in medical care, federal officials worried that providing healthcare to newly-freed African Americans would create dependency, and state governments across the South feared that supporting Confederate veterans’ health care would encourage them to cash government checks rather than work for a living. If you recognize the present debate about government-sponsored health care in this Civil War past, you’re not alone. The loudest voices decrying the expansion of Medicaid and the Affordable Care Act come from the South, the very places that need healthcare the most. This paper will provide a partial and historical explanation for why southerners’ health is so poor and also why we seem reluctant to fix it.
BIO SKETCH
Kristen T. Oertel is the Mary F. Barnard Professor of 19th-Century American History at the University of Tulsa where she teaches classes on the Civil War and Reconstruction, African-American history, the history of race and gender, and the history of sexuality. Her first book, Bleeding Borders: Race, Gender, and Violence in Pre-Civil War Kansas (LSU Press), examines how Native Americans, African Americans, and women shaped the conflict between proslavery and antislavery settlers on the Kansas-Missouri border immediately before the Civil War. Her second book, Frontier Feminist: Clarina Howard Nichols and the Politics of Motherhood (University Press of Kansas) narrates the life of a remarkable woman who advocated for temperance, antislavery, and woman’s suffrage in the 19th century. Oertel’s most recent book, Harriet Tubman: Slavery, the Civil War, and Civil Rights in the 19th Century (Routledge), chronicles the life of this iconic leader of the Underground Railroad. While many of us learned about Tubman as school children by reading one of the more than forty youth biographies of her, Oertel's book provides a scholarly, yet highly readable account of her life. Oertel resides in Tulsa with her husband and two teenage children who keep her very busy.

1:00 to 1:15 pm
BREAK

1:15 to 1:45 pm

“If I Owned Both Whitfield and Hell, I'd Rent Out This Hole and Move Into Hell”: The Mississippi State Hospital During and Immediately After the Second World War

Michael T. Murphy, PhD

With the United States’ entrance into the Second World War, the Mississippi State Hospital transformed from a newly opened institution nearly teetering on dysfunction during the Great Depression into one in complete disarray. Shortly after the war, Mississippians began to learn about that state hospital’s transformation. This exposure came in two successive and occasionally entwined waves. First, the Mississippi State Legislature, chiefly acting on State Representative Hayden Campbell’s personal inquiries,
opened an investigation into the Mississippi State Hospital's conditions. Second, the state’s press, specifically Northeast Mississippi Daily Journal owner George McLean and Delta Democrat Times chief editor and publisher Hudding Carter, presented readers with details regarding the investigation of and details about the state hospital. In this presentation, I will explore how the Second World War, and particularly the state’s involvement in the war effort, negatively impacted conditions at the hospital. This presentation will also situation the Mississippi State Hospital’s place in the early scrutiny of state hospitals and efforts of deinstitutionalization in the mid-twentieth century.

BIO SKETCH
Michael Murphy is a Lecturer in the Department of History, African American Studies, and the Bachelor of Science in Interdisciplinary Studies degree program at Mississippi State University. He teaches courses in US History, African American History and Studies, the History of Science and Technology, Women’s and Gender History, and a Professionalism Seminar. Michael’s current project is tentatively titled, When They Start Cutting, They’ll Head for Chicago:” Compulsory and Coerced Sterilization as Medical Instruments of Massive Resistance in the Modern South, 1954-1973. This project highlights the reality of medical apartheid, and sexual abuse through forced and coerced sterilization against black women during the civil-rights era in the Modern South. Specifically, it examines the use of Mississippi Appendectomies as a frequently-used method to challenge African Americans’ civil rights gains, federal civil rights legislation, and segments of the War on Poverty. Along with writing editorials on racial politics and the history of medical atrocities in the South for publications like the Mississippi Free Press and The Clarion Ledger, Michael is also a founding member of the public history and digital humanities project, “A Shaky Truce: Starkville Civil Rights Struggles, 1960-1980.” The project examines the movement via primary sources and oral histories not just in Starkville, Mississippi but larger Eastern Mississippi, which is largely ignored when discussing the Civil Rights Movement. He has also worked on a very early version of the “Asylum Hill Project” with the Department of Anthropology at MSU. His work and research have been granted several awards and grants from the likes of the Mississippi Historical Society and the Elmer Andersen Library at the University of Minnesota. He has also served as a mentor for the Disability History Association’s mentorship program, which pairs PhD-holding historians with disabilities with graduate students with disabilities to help them navigate graduate school and provide a supportive collegial network. Michael is a first-generation college graduate who earned
his AA from Santa Fe Community College, BA in History with a minor in Education from the University of Florida, and a MA and PhD from Mississippi State University.

1:45 to 2:15 pm

The War in Syria Obliged Some Orthopedic Operating Rooms to Apply Primitive Ways of Sterilization

Abdulnaser Kaadan, MD, PhD

Old Chinese and Egyptian physicians used some chemical methods for the treatment of wounds and injuries. Although the beneficial effect of passing surgical instruments through flame was well known to ancients’ civilizations, heat as a preservative method in the medical industry was first introduced in 1809 in France. Joseph Lister (1827–1912) believed that it was microbes carried in the air that caused diseases to be spread in wards. Sterile gowns and caps were used by Gustav Neuber. Surgical masks were applied in 1897 by Mikulicz, while rubber gloves were advised by William Halstead in 1890. For more than ten years, Syria has suffered from the worst kind of war. So far more than 500 thousand civilians are dead, and more than two million injured. Many have suffered from a variety of severe casualties. The treatment of these injuries were far above the capacity of the local hospitals, especially because some hospitals were occupied by fighting sides and used for military purposes. Some houses were used as hospitals, where there was no degree of sterilization. As an orthopedic surgeon, I found myself going back to practice a primitive form of sterilization. We applied smoking and boiling the metal surgical instruments. Other non-metal instruments were used without sterilization. Some surgical procedures, such as amputations, were performed with bare hands, as there are no surgical gloves. Bone saws were sterilized by flaming. The percentage of infection is very high due to lacking in antibiotics as well. This presentation will shed light on the primitive methods of sterilization inside some hospitals in Syria, where the war is still flaming.

BIO SKETCH

Dr. Kaadan was formerly a professor and consultant in orthopedic surgery at Aleppo University, Aleppo-Syria and is currently International Visiting Professor at Weber State University in Ogden, Utah.
Hand surgery as a surgical specialty was born of war. Prior to WWII, there was no true compendium of knowledge or consistency of practice guiding the medical or surgical management of hand pathology. To this point, hand surgery was largely focused on life-saving limb amputations to prevent death by infection. As war boiled, the need for such focus became more pressing, and advancements in science and technology allowed for the birth of a new field of surgery.

With the advent of antibiotics, more soldiers made it home from the battlefield, but many arrived with devastating hand and upper extremity injuries. As the landscape of human warfare evolved from the trench warfare of WWI to the open theatres of WWII, combined with the increasing prevalence of hand-thrown explosives, a higher number of survivable upper extremity injuries flooded military hospitals at home and abroad.

With inconsistent surgical outcomes across the nation, it was via the keen observation of Surgeon General Norman T. Kirk that hand surgery "centers of excellence" were needed to address these complex upper extremity injuries and their reconstructive and rehabilitative demands. The decision was therefore made to create regional hand referral centers at military hospitals with plastic surgery expertise, where comprehensive, multidisciplinary teams also including plastic, general, orthopaedic, vascular, and neurosurgeons could be assembled.

Dr. (Major) William Littler supervised the first hand surgery service at Cushing General Military Hospital in Framingham, MA, where Dr. Stirling Bunnell, the "Father of Hand Surgery," was appointed to lead the surgical training effort. In 1946, the civilian American Society for Surgery of the Hand (ASSH) was founded, further solidifying the foundation for hand surgery. The evolution of hand surgery (like many other surgical specialties) has continued to be influenced by human conflict ever since.

BIO SKETCH
Marc E. Walker MD, MBA, is a board-certified plastic surgeon and fellowship-trained hand surgeon. He obtained his medical degree from Harvard Medical School and MBA from Harvard Business School. He completed residency in plastic and reconstructive surgery at Yale University School of Medicine, where he also pursued fellowship training in hand surgery and reconstructive microsurgery before joining…
UMMC. Dr. Walker is a tenure-track Assistant Professor of Plastic Surgery and Orthopaedic Surgery. He has received numerous regional, national, and international honors and awards, and represents the specialty of plastic surgery and hand surgery on several national professional societies committees. He is widely published in peer-reviewed journals and academic textbooks, and has presented his work at local, national, and international scientific meetings.

Dr. Walker’s research interests are centered on diagnostic and treatment algorithms in hand surgery, as well as continuity of care methodology and outcomes research in under-served populations both nationally and internationally. Dr. Walker has been extensively involved with international health organizations for 15+ years and has traveled throughout Central and South America pursuing this work. He serves on the Executive Leadership Board of the pediatric hand surgery mission organization, Hand Help, Inc., with whom he has traveled to Honduras, Nicaragua, and Peru providing free hand surgery and plastic surgery to children in need. His passion for providing care to under-served populations in large part informed his decision to return to his home state as a plastic surgeon and hand surgeon treating his fellow Mississippians.
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