Philanthropist and New York City Mayor Michael R. Bloomberg has committed $350 million to Johns Hopkins University, anchoring a major initiative aimed at bringing significant innovation to U.S. higher education.

Celebrating our centennial
How do you celebrate 100 years of lifesaving achievements? What are the priorities for the next 100? Send us your ideas as we begin planning for the Bloomberg School’s Centennial in 2016:

centennial@jhsph.edu

Visionary Virologist
a virus causes cervical cancer? the concept intrigued Keerti Shah who began his revolutionary studies of the human papillomavirus in the late 1970s. in our spring 2013 issue, shah and his protégés discuss past, present and future of HPV.

Photo by Chris Hartlove

"because I could not stop for death"
the poetry of life
Right Brain vs. Left Brain

One day when he was 9 years old, Amartya Sen’s worldview changed. First one, then thousands of starving people streamed through the campus of his elite school on the way to Calcutta in search of food.

The Bengal famine of 1943 was on its way to killing three million people, yet Sen was completely unaware of it. No one in his social circle had even been affected. (Sen later learned that an inflationary surge in food prices, not vast crop failures, caused the famine.) This experience taught the future Nobel laureate in economic sciences how systemic social inequalities have powerful effects on human life and death.

I remembered Sen’s story as I was contemplating what to say about death for this special issue of the magazine. His intellectual awakening exemplifies a familiar tension in public health.

While we take a 30,000-foot, population-level view of mortality so that we can see patterns and advocate for policies to save millions of lives, we also recognize that each death is a profound experience for those who are left behind. The effect of a loss of a parent on the future health and wellbeing of a child, for example, can be overwhelming. And likewise the loss of a child exacts a terrible toll on parents and siblings.

It is this “right-brain” recognition that such data represent suffering and lives lost that drives public health professionals’ passion for prevention, while we use our “left-brain” analytic ability to interpret numbers and synthesize data. This combination of analysis and compassion strikes at the heart of what we’re trying to do in this special issue of the magazine. We examine the fragile balance between public health’s strengths in measuring and changing the great societal influences on health and the realization that each data point represents a human life.

As you read the articles in this issue, I know that you will be struck by the “right-brain” images, the stories of personal suffering and loss. For me, the article on “near misses”—women who almost die during childbirth—resonated incredibly because it mirrored what my first wife experienced during the birth of our first child. We were fortunate that the availability of intensive care and 15 units of packed red cells saved her life, an opportunity that women in many low- and middle-income countries do not have.

When I put on my epidemiologist’s hat, however, I know that the major influences on health and longevity may have more to do with the societies in which we live than the quality of health care we receive. Important drivers of the health of populations include factors like where we are born, what environmental exposures we experience, what our parents’ income and educational levels are, where we work, how effective our government is in responding to its people’s health needs, and how much autonomy we have in life. For example, my risk of getting malaria in the U.S. is nil because I’m fortunate to live in a society that has eliminated it.

On the other hand, I am at much higher risk of being overweight and obese living here than in some other societies because our policies promote cheap, calorie-dense foods and a built environment that inhibits walking and other physical activities as part of our daily routine.

Public health professionals, however, do not usually have the power to create jobs or change societal infrastructure. Instead, we generate evidence for how to improve health and prevent unnecessary death. These insights bring with them the responsibility to advocate for social and policy changes that make it easier for people to enjoy good health and make the right choices to avoid disease.

Our response to the recent unspeakable tragedy in Newtown, Connecticut is a poignant example of this approach. Daniel Webster, Jon Vernick and colleagues at the Johns Hopkins Center for Gun Policy and Research, with the strong support of President Ronald J. Daniels and faculty and staff from the School and the University, convened a Summit on gun policy just one month after the Sandy Hook school shootings. They brought together experts from around the world, including Mayor Michael R. Bloomberg, to highlight the evidence to prevent gun violence and to inform legislation being considered in Washington. In addition to presenting more than two-dozen policy recommendations at the close of the Summit, the experts worked with Johns Hopkins University Press to publish a book of research and legal analysis just 10 days later (http://bit.ly/ZgfxbJ). It was a remarkable effort that demonstrates our commitment to bring science to decision making.

Death is an inevitable part of life. But death from preventable causes like cervical cancer, early heart disease, or gun violence is a tragedy. Whether expressed in dry, cold numbers or by the images of first graders smiling at the camera for their school picture, these tragedies will continue to motivate us to use both left-brain science and right-brain passion to improve human health and prevent unnecessary death.
Our Most Intimate Adversary

My father William, my brother Spearman, my uncles Jesse, David, James and Tom, my aunt Mercy, my father-in-law John, my grandparents Walter and Elnora and Jesse and Sarah, my childhood friends Clay and Darren …

Death claims ever-widening circles of family, friends and acquaintances until it envelops us. It is inescapable, inevitable and irredeemably sad. So why would we want to devote an entire issue to death?

I began to ask that question myself on Monday, December 3rd at 10:30 a.m. Art director Robert Ollinger, designer Konrad Crispino, photographer Chris Hartlove and I were in the Office of the Chief Medical Examiner (OCME) of Maryland in West Baltimore. We were there for the photo shoot for our “Lessons from the Dead” story (page 36). Robert had chosen one of the main autopsy theaters for the photo because it appeared empty from our vantage above the room. After we had corralled our live subjects for the photo, however, we discovered two autopsies were under way.

An OCME staffer asked renowned injury prevention expert Susan Baker if she would be comfortable walking past the autopsies. Not particularly eager myself to witness the bodies in various stages of forensic investigation, I hoped she would balk at the prospect. But the 82-year-old Baker, who spent the early years of her remarkable career in the ME’s office, didn’t hesitate. She said, “Sure, let’s go” and walked nonchalantly past the cadavers. As we walked through the room, I kept my eyes keenly focused on Konrad’s heels.

“Death is very democratic,” the staffer told us, nodding toward the autopsies. His point was that rich or poor, big shot or average Joe, everyone ends up the same. He’s right. One way or another, we will all be there. The breath will stop. The blood will stop. The spirit will depart. All that’s left behind will be muscle, bone, sinew, organ.

After a while, curiosity trumped queasiness. I stole a few glances at the autopsies in progress. Now, I see that moment as instructive. I wanted to avoid death and its unpleasant reality. However, that’s not what public health is about. Public health is not about flowers and sunshine. It’s not about eyes averted. Its purpose is not to avoid but engage with our most intimate adversary—to stare, to probe, to investigate, to understand, and then to fight. All with the promise of making a difference and saving lives.

Public health has delivered on this promise again and again. From safe drinking water to vaccines, vitamin A, smokefree public places and many other hard-won successes, public health has extended lives and secured health for millions of people.

And, as this special issue of the magazine demonstrates, still more thrilling work is being done. The stories gathered here (and in the powerful essays and poems by our alumni at magazine.jhsph.edu/extras) tell us more. They also demonstrate how final and personal death is.

Cousins Jim and Bill Krantz (above) know this as well as anyone. They count 13 of their 18 family members have been diagnosed with cancer. Like many others in Frederick, Maryland, they blame the nearby Army base that developed bioweapons and buried chemical waste. They quite reasonably want to know what killed their loved ones and how others can be spared in the future. Untangling genetics, behavior, exposures from decades past, and other factors in cancer represents one of the great challenges of public health. Armed with science, data, knowledge and intuition, researchers and public health professionals peer into that blackness, seeking light.

At some point after my visit to the medical examiner’s office, I had an enlightening (and lightening) conversation with my son. I often ask him big questions out of the blue to gain insight into a 7 year old’s world. I asked him what he would like to do with his life. He thought a moment and then said, “Spend more time with it.”

Yes! That’s what it’s all about. The hard work of public health, the experiments, the slow accumulation of knowledge, the journal articles, the grant applications, the meticulously planned interventions—all seek to ensure people have enough time in their lives to work, to add something to the world, to live to their potential, to realize their dreams.

To spend more time with life.

Brian W. Simpson
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Poetry is both the most and least abstract of the literary arts. It paints the human condition in broad strokes, and yet it can’t do so without recognizable faces. Among the many subgenres of poetry, the elegy is, to me at least, among the most consoling. The beauty of the poem’s form itself, its diction, its music, help the reader’s or listener’s soul to make something, add something concrete to the sum of the world. The poem is not the same thing as what was lost; but it is something, and it suggests thoughts and feelings beyond its own boundaries. Though much elegiac poetry is religious, it needn’t be religious to begin redressing a loss. What Dickinson’s poem adds to the sum of the world is a strange, indeed unique, mixture of effects. Her poem is funny: Death is your polite Saturday night date with his own set of wheels. Her poem is Gothic and creepy. It’s a mystery, an allegory, a singsong ballad, a hymn. It dares to be everything, to cover a single, final day and all of experience. Even at funerals we find it permissible to laugh a little. America’s hermit poet is being social with us here, inviting us to smile even at the thought of our own demise.

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Because I could not stop for Death—
He kindly stopped for me—
The Carriage held but just Ourselves—
And Immortality.

We slowly drove — He knew no haste
And I had put away
My labor and my leisure too,
For His Civility—

We passed the School, where Children strove
At Recess — in the Ring—
We passed the Fields of Gazing Grain—
We passed the Setting Sun—

Or rather — He passed Us—
The Dews drew quivering and chill—
For only Gossamer, my Gown—
My Tippet — only Tulle—

We paused before a House that seemed
A Swelling of the Ground—
The Roof was scarcely visible—
The Cornice — in the Ground—

Since then — ’tis Centuries — and yet
Feels shorter than the Day
I first surmised the Horses Heads
Were toward Eternity—

—Emily Dickinson