



# Letters

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## Memento Morbi: Lam Qua's Paintings, Peter Parker's Patients

by Stephen Rachman

I feel particularly honored and lucky to be part of the 2003/2004 Fellows Program on Medicine, Health, and Society (MHS) at the Warren Center. Coming from Michigan, where I teach primarily nineteenth-century American literature and direct the American Studies Program, the weather in Nashville has been delightful, if mild to the point of raising my global warming anxiety quotient a touch. The new friends and colleagues I have made through the Center have confirmed my sense of the vibrant intellectual and academic life going on at Vanderbilt, and the Vaughn Home is such a congenial place to work that I am hardly disturbed by the construction on the Bishop Joseph Johnson Center going on next door. In fact, the construction site—with the drone of its generator, piles of rebar, and roving backhoe—is an apt metaphor for the program, because I am here at a time when MHS is constructing new interdisciplinary relationships throughout the University.

The new MHS Center in the College of Arts and Science and the Emphasis Program requirements for first- and second-year medical students are welcome curricular developments that signal an increased commitment to the exploration of the re-

lations among the humanities, medicine, and society. The diversity of the group of fellows assembled to meet each Wednesday afternoon this fall also reflects the sense of new growth and possibilities. Though we have only been meeting for a short while, we have spent a good deal of time dis-

would about other people's work, the concepts and theories they use, the books they read, and the specialized vocabularies they employ.

At the Center, each week I have the distinct privilege of sitting down with colleagues with backgrounds in history, ethics, sociology, theology, oncology, and health care systems. Whether discussing Anne Fadiman's *The Spirit Catches You and You Fall Down*, a study of a Hmong infant with epilepsy in Merced, California, or essays on the shifting concept of culture over the last thirty years (as we have done this semester), the seminars have been enlivened by this disciplinary mix. An exciting spontaneity also exists in the conversation; people feel free to think out loud, rather than merely recite their scripted

thoughts. While specialization brings focus and insight (one hopes) to one's intellectual pursuits, it inevitably produces blind spots as well. Our discussions have reminded me of the blindness of my own critical habits by exposing concerns I had not entertained or teaching me a great deal about subjects I thought I knew well. To cite just one instance, a reading on metaphoric language and the social construction of scientific knowledge—the ways and extent to which our understanding of nature is mediated by the social and political and expressed metaphorically—prompted one Fellow to remark that much of this debate turned on the philosophical tension between nominalism and idealism. For me, this resonated with the nineteenth-century debates about literary realism (an area in which I specialize), which frequently turned on questions of surface descriptions (nominalist) and deep concepts or essences (idealist), and from which many contemporary debates about the relativity of many truth claims have devolved. A little further along in the conversation, another Fellow attempted to formulate a concern about this kind of social and cultural relativism and



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## Parker was the first American medical missionary to gain wide cultural acceptance and respect for Western medicine and, to a lesser extent, Western religion.

disease. To what extent, he wondered, can we have an open-ended concept of disease and not have ideological turmoil? I liked this question because it seemed, in a broader context, to articulate a concern that is implicit in Fadiman's study and needs to be taken up as a whole. Once we recognize the multiplicity of medical beliefs within and between cultures, how do we live with it, intellectually and ethically?

I also enjoyed a shock of recognition in that I had written a related thought in an essay several years ago in which I spoke of "the powerful tensions between literature and medicine, the play between restricted and open-ended meaning inherent in the predicament of illness and the process of healing."<sup>1</sup> But in our seminar, it seemed to

me, the thought was being extended. Once we recognize the open-ended quality of disease concepts, what then? Over the last three decades medical humanists, literary scholars, philosophers, ethicists, physicians, and writers have been describing the connections between medicine and culture for a host of reasons: to promote moral and ethical reasoning, improve communication between doctor and patient, instill a deeper sense of medical history, explore the therapeutic value of storytelling, advance multicultural perspectives, and increase self-consciousness on the part of medical practitioners.<sup>2</sup> Whether one is interested in promoting any of these ends or merely in chastening an ambient or incipient sense of medical hubris, the need to locate literature in medi-

cine is generally recognized as a corrective to the last century's overvaluation of medical science and technology. Locating literature in medicine proceeds from the recognition that "every aspect of medicine's history," as Charles Rosenberg has observed, "is nec-



Fig. 1. Lew Akin

essarily 'social,' whether acted out in laboratory, library, or at the bedside.<sup>3</sup> If scientific paradigms have sought to render language transparently neutral, and medicine has used the presumed transparency of scientific language to describe diseases and patients, then the cultural study of medicine, doctors, patients, and disease entities—the cultural frame of illness—must become visible once more.<sup>4</sup> In this sense, the function of literature, culture, and history in medicine is to restore language to our sight. This, as I say, has been going on for several decades, but once the process of recognition has taken place, what then? Interdisciplinary endeavors like MHS and our seminar are the places through which we can begin to find adequate answers to such questions,

and this reflects a crucial development in the paradigm of interdisciplinary medical humanities.

Of course, the other goal of the Warren Center is to help facilitate the research of its Fellows. The specific project I am working on is entitled "*Memento Morbi: Lam*

*Qua's Paintings, Peter Parker's Patients.*" I have two articles deriving from it that will appear early next year and plans for a book as well. At the core of this project is a remarkable series of at least 114 oil paintings made between 1836 and 1852 in the studio of the highly regarded Cantonese export artist known as Lam Qua. All of these paintings depict Chinese patients of a leading medical missionary Reverend Dr. Peter

Parker, an American Presbyterian minister and physician who, in late 1835, opened an Ophthalmic Hospital in Canton (Guangzhou) and soon acquired a reputation as a surgeon of such skill that it quickly became a general hospital in which he treated thousands of cases. Parker used his hospital and the charitable practice of Western surgical techniques as a means to facilitate religious conversion. Arguing that medicine could be the "handmaid of religious truth," he offered free medical care to bring the Chinese to God and held regular services in the hospital. Among the thousands of patients were a number afflicted with mature tumors (five to thirty-five years old) which Parker had Lam Qua paint. When viewed in the context of Parker's corresponding case notes, Lam Qua's paintings

become even more complex images of cultural confluence and exchange, of East and West, orient and occident, portraiture and clinical documentation, Christian and heathen, rich and poor, revealing the collaboration and contestation of the Chinese and the American at a moment when notions of these terms were in embryonic stages of development.

By combining approaches from art history, cultural studies, and the history of medicine, I have a number of stories to tell. First, there is the cross-cultural relationship between Parker and the Chinese in general and Lam Qua in particular; second, there is the tension between the religious and the medical aspects of Parker's practice; third, there is Lam Qua's Anglo-Chinese painting; fourth, there are the individual cases and the task of interpreting the paintings and their historical and cultural significance.

There is also the setting of Canton itself in the 1830s and '40s, a hotbed of cultural and commercial competition in the period of the Opium Wars. Bounded to the south by the Pearl River and cut off from the general population by the city's sizable and well-guarded walls, the claustrophobic foreign factory sector of Canton, adjacent to the old walled city was small enough to be measured in footsteps by its pent-up foreign occupants: two hundred seventy paces from one end to the other along the riverfront and a mere fifty from the shore to the shops and factories, or hongs, as they were called. On this strip of land, all of the trade between China and the West was carried out. For the bulk of their acquaintance, both Parker and Lam Qua labored in this factory district. Their workplaces became favored destinations, sites of brisk traffic and frequent visitations. Parker circulated among the Chinese of Canton in the way that

## Each day, patients would line up by the hundreds where a porter would issue them numbered bamboo tickets and the doctor would see as many as he could.

Lam Qua circulated among the Westerners. Parker was the first American medical missionary to gain wide cultural acceptance and respect for Western medicine and, to a lesser extent, Western religion in Canton; Lam Qua was the first Chinese portrait painter to be favorably exhibited in the West. The acceleration of trade, trade hostilities, and print media in the 1830s and '40s allowed for much wider acclaim than was previously possible and consequently both were widely viewed in their day as pioneers who apparently broke through long-standing cultural barriers.

Peter Parker established the Ophthalmic Hospital in the midst of this commercial hive. He believed that the hospital could genuinely facilitate "social and friendly intercourse" between the Chinese and foreigners, diffuse knowledge of Euro-American arts and sciences and, above all, replace "pitiable superstitions" with the gospel truth. As he saw it, the key to reaching the "millions of this partially civilized yet 'mysterious' and idolatrous empire" was that his work must be entirely without fee, free from any form of "pecuniary remuneration." At all times, his motive "must appear to be one of *disinterested benevolence*."<sup>5</sup> Over the entrance to the hospital a sign was placed that read *P'u Ai I Yuan* (Hospital of Universal Love). In a city utterly dedicated to getting and spending, gratuitous care raised suspicion among the hong merchants. They assumed that Parker must have some ulterior motive and placed him under surveillance, planting a spy (who worked as a linguist) in the hospital.<sup>6</sup> His motive was to gain influence and converts, but there was nothing particularly devious about it. Gratitude for relief from medical complaints would break down the barriers between China and the West. In Parker's theory, grati-

tude for bodies cured was a path to the Chinese souls he wished to save.

In practice, the hospital gave Parker unprecedented access to the bodies of all ages and classes, male and female, from near and far. Originally, Parker intended to treat primarily eye diseases—blindness (which was reportedly very widespread) and secondarily, the deaf and dumb; one hears the aura of Christ at Bethesda in this decision, to make the blind see, the deaf hear, the mute speak. It was not merely demographic incidence of disease in the Chinese population that was driving his specialization. An early case note from November 1835 reveals Parker ministering to Akeen, a thirty-one year old blind merchant, telling him (through an interpreter) "of the world in which he may see, though never again on earth; that in heaven none are blind, none deaf, none sick."<sup>7</sup> In his first year, he received over 2,100 patients with cataracts and a host of eye complaints, tumors, abscesses, cancer, goiter, bladder stones, scoliosis, hepatitis, pneumonia, impetigo, ulcers, and "opium mania." Each day, patients would line up by the hundreds where a porter would issue them numbered bamboo tickets and the doctor would see as many as he could. The ferocious demand for his services could scarcely be met and, like a line worker coping with a ruthless speed-up, Parker worked himself into a state of exhaustion. Nor would the gratitude he inspired always come in what he deemed theologically ac-

ceptable forms. Patients frequently kowtowed to him and he was at pains to pull his grateful patients from the floor; one patient even requested a painting of Parker to which he might offer daily prayers. But the cases came before him in an endless inundating stream, compelling him to revise his medico-spiritual agenda. The encounters were intense and complex, and it was from the pressure of this onslaught that the collaboration with Lam Qua was born.

The enormity of the tumors and the surgical challenges they presented seemed to warrant illustration. Parker probably planned

colleagues, but that museum never came about.<sup>8</sup> He did, however, deposit a set of portraits at Guy's Hospital in London, which may have been an expression of the original plan.<sup>9</sup> Upon his return to the United States in 1840–41, Parker used the paintings on at least one occasion to illustrate his lectures before medical audiences as a way to advertise his work, raise funds for the hospital, and to recruit young missionary doctors.<sup>10</sup>

One can perhaps quickly get a sense of these paintings by considering Parker's display of them during his presentation to the Boston Medical Association in 1841. One of the images he exhibited was of a patient named Lew Akin (Fig. 1). A healthy but rather emaciated twelve-year-old girl, she was accompanied by her parents and admitted to the hospital in Canton on April 17, 1837. Parker determined to remove the large tumor, which had grown to a size and heft that the girl had to lean forward to keep her balance while walking. He placed her on a "generous



Fig. 2. *Woo Kinsheng*

to donate them to an "Anatomical Museum of the Medical Missionary Society in China," a group formed in the late 1830s to institutionalize the medical missionary approach exemplified by Parker and his English and American

diet" to strengthen her for the operation and ten days later removed the tumor in a procedure that lasted two minutes and fourteen seconds. The growth, weighing seven pounds, measured two feet in circumference at its base

## The effect of these paintings is to force upon the viewer the experience of tumors.

and “much larger at the middle.” Lew Akin made an excellent recovery, gaining weight and, in a week’s time, walking without pain or injury to the incision.

As extraordinary as this particular tumor was, what interested Parker most about Lew Akin’s case was the patient’s doting father. The father attended the operation, but when he saw the gaping ten-inch incision in his only child’s backside, he was overwhelmed and fled the room in tears. When his daughter cried out at the pain of receiving stitches, he returned to her side only to flee again from the equally harrowing sight of the wound being sewn up. Parker was impressed by the father’s constant vigilance, reporting that he displayed “the strength of natural affections, equalled only by his gratitude for the relief afforded his daughter.” “We cannot suppose the fond parent will remain insensible to the obligations of gratitude when he returns to his home, or fail to speak there of the *excluded foreigner* who had gratuitously restored his child to the blessings of health. We conceive there cannot be a more direct avenue to influence than will be presented in this department.”

Parker’s Boston audience responded powerfully to his presentation. The association immediately passed a resolution commending the Christian and medical nature of Parker’s efforts. Members of the audience further resolved to bring his efforts to “the attention of men of property,” inviting the wealthy to help finance the permanent establishment of more medical missions, and they formed a committee to facilitate the interest and recruitment of medical men for hospitals in China. This painting and the others that he displayed, however, elicited a different kind of reaction. “They were truly Cyclo-

pean,” a reporter declared. Parker removed a tumor “from the nates of a little girl that would startle the surgeons in this part of the world with all their tact and science.”

The rhetorical impact of Parker’s appeal was conventional, wholly consistent with regular accounts of westerners that were bringing enlightened science and the gospels to the benighted east. But the visual impact of the painting of Lew Akin inspired wonder and curiosity even from an experienced medical audience. “I am indebted to Lam Qua,” Parker explained in his case notes on Lew Akin, “who has taken an admirable likeness of the little girl and a good representation of the tumor.” What Lam Qua captured was not merely the verisimilitude associated with Western portraiture. Rather the curious power of his portraits derives from the way they invite in the viewer a kind of gestalt where the eye and the mind travel between the likeness and the representation, as Parker terms it, the normal and the pathological, the subject and the object.

The contrast between the giant, ball-joint like growth and the petite figure of the Chinese girl seated on a stool looking rather demurely over her right shoulder with an almost questioning look on her face overwhelms the viewer. The pose that Lam Qua has opted for restores to Lew Akin a kind of balance and poise, of which the tumor had deprived her when walking or standing, and the delicate orderliness of the fingers of the right hand at rest force the viewer to confront the explosive morphological tension between the normal and the pathological. While the lecture affirmed the power of western science and the dignity of the missionary enterprise, the painting excited a more subliminal cu-

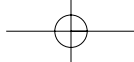
riosity, “startling” and disturbing the equilibrium of Western “tact and science.”

In another case that Parker likely presented to his audience, that of Woo Kinsheng (Figure 2), the tumor appears as the patient’s prop, as a musician might pose with his cello as the eye shuttles between these two ways of seeing. Parker describes Woo Kinsheng as having a ten-year old tumor that had “attained a very great magnitude resembling in figure a tenor viol.” Because the shape and size of Woo Kinsheng’s tumor resembles a familiar non-pathological object, a “tenor viol” as Parker calls it, Lam Qua’s image elicits a further curiosity. In fact, Parker informs us that Woo Kinsheng would rest on his growth like a mattress. Referring to the tumor as the patient’s “old companion” and calling Woo Kinsheng at several points “the old gentleman” (though he was only 49), the indirection or redirection of the pathological gaze toward some other object produces the ludicrous effect, reinforcing the tumor’s status as curiosity. While deformities and pathologies have always made for objects of curiosity, tumors add to this a general absence of function; they seem to serve no purpose but to deform. The effect of these paintings is to force upon the viewer the experience of tumors, in and of themselves, as curiosities. As masses of new tissue growth, independent of surrounding structures having no apparent physiological function but to divert the resources of the body, all tumors call into question the purpose of their existence. But the very massiveness of these tumors, sometimes rivaling the size of their host, makes their apparent purposelessness all the more obvious. They seem to be giant physical manifestations of a kind of extravagance, or excessiveness, a breaking out of bound-

aries, form and structure. In this context, Parker’s extirpations of them become a restoration of the self from an enormous irrelevancy. If curiosities are curious because, in Barbara M. Benedict’s words, they “have no function but to be looked at,” then Lam Qua’s pictures of giant tumors elicit curiosity in a double sense. They are at once formless and functionless.

The response to these portraits illustrates not merely the collision of sensibilities of Boston and Canton in the 1840s, nor the domination of the western gaze of science, but elements of both. The paintings functioned for Parker as visual testimonials to his medical skill and the nature of the Chinese as he found them. He selected patients to be painted on a principle similar to the one he used to cull the cases worth reporting from the thousands that came through the hospital doors. Some cases were chosen, as he wrote in 1848, “for their interest in a surgical point of view, others illustrating different shades of the character of the Chinese.”<sup>11</sup> Like the many scrolls of tribute that grateful Chinese patients would frequently bestow on Parker, the paintings emphasized the enormity of the task he had accomplished.<sup>12</sup> The paintings must have served as a form of spiritual compensation for the doctor who took no fees. “God has signally smiled upon efforts to benefit the body,” Parker noted in his journal for March 1843. “...It was from the bended knee in one room that I went to take the knife in another. God heard the petition offered....”<sup>13</sup>

From chapel to table, from prayer to cutting, the doctor moved, and he saw surgical outcomes (at least the positive ones) in providential terms. Many of the paintings were, indirectly, the mementos of answered prayers,



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visual analogues for his entire missionary enterprise. Grotesque fusing of diseased bodies and the strivings of a missionary doctor's soul, Lam Qua's paintings become, as my title is intended to suggest, *Memento Morbi*, tokens of disease and cure. The paintings are genuinely interdisciplinary artifacts that cut across the borders of medicine and culture, at once open-ended and restricted in their meanings. In looking to the past that these paintings summon up in all its strangeness and wonder, I hope through this project to begin to imagine and construct anew the relationships among medicine, health and society.

1. Stephen Rachman, "Literature in Medicine" in *Narrative Based Medicine: Dialogue and Discourse in Clinical Practice*, eds. Trisha Greenhalgh and Brian Hurwitz (London: BMJ Books, 1998): 126.
2. M. Faith McLellan and Anne Hudson Jones, "Why Literature and Medicine?" *Lancet* 348 (1996): 109-11.

Kathryn Montgomery Hunter, "Toward the Cultural Interpretation of Medicine," *Literature and Medicine* 10 (1991): 1-17.

3. Charles E. Rosenberg, "Introduction: Framing Disease: Illness, Society, and History" in Rosenberg and Janet Golden, eds., *Framing Disease: Studies in Cultural History* (New Brunswick: Rutgers Univ. Press, 1992): xiv.

4. Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception*, trans. A.M. Sheridan Smith (New York: Vintage Books, 1975), most forcefully articulated the emergence of the transparent medical gaze in the 18th-century French clinic, and the point has been reiterated in a variety of contexts by students of literature and medicine. See, for example, Rita Charon, "To Build a Case: Medical Histories as Traditions in Conflict," *Literature and Medicine* 11 (1992): 118-25, and Arnold Weinstein, "The Unruly Text and the Rule of Literature," *Literature and Medicine* 16 (1997): 2-3.

5. Thomas Colledge, Peter Parker, and E.C. Bridgman, "Suggestions for the Formation of a Medical Missionary Society Offered to the Consideration of

all Christian Nations, More Especially to the Kindred Nations of England and the United States of America": 3-5.

6. Edward Gulick, *Peter Parker and the Opening of China* (Cambridge: Harvard University Press, 1973), 55-8.

7. *Christian Review (CR)* February 1836: 466.

8. Article six of the regulations indicates that the "museum of natural and morbid anatomy" would include "paintings of extraordinary diseases, &c." (*CR* "Medical Missionary Society: Regulations and Resolutions" May 1838: 34).

9. William Lockhart, *The Medical Missionary in China: A Narrative of Twenty Year's Experience* (London: Hurst and Blackett, 1861), 171.

10. Peter Josyph, *From Yale to Canton: The Transcultural Challenge of Lam Qua and Peter Parker* [Exhibition catalogue] (Smithtown, NY: Smithtown Township Arts Council, 1992), 5, claims that Parker displayed these paintings widely during his travels in 1840-1, but I have found less evidence of this. For one account of Parker exhibiting the paintings, see *Boston Medical and Surgical Journal* April 21, 1841: 177.

11. *CR* March 1848: 133.

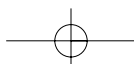
12. Parker's hospital reports are dotted with these testimonials. For example, here is Parker's translation of a scroll: "Sie Kienhang of the Province of Kwangsi, presents his respects the very benevolent Dr. Parker and moved by polite attention, addresses to him the following sentiments: 'One book of healing wisdom he to regions far imparts, And thousand verdant orange trees by the fountain's side he plants.'" Parker, *Report of the Ophthalmic Hospital at Canton for the years 1850 and 1851* (Canton, 1852): 26-27.

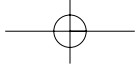
13. George B. Stevens, *The Life, Letters, and Journals of the Rev. and Hon. Peter Parker, M.D., Missionary, Physician, Diplomatist, The Father of Medical Missions and Founder of the Ophthalmic Hospital in Canton* (Boston and Chicago: Congregational Sunday-School and Publishing Society, 1896): 236-7.

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*Stephen J. Pyne (center), professor of biology and society at Arizona State University, stands with Harry C. Howard, Jr. (Vanderbilt B.A., 1951), and Marilyn Murphy, professor of art at Vanderbilt University, following Pyne's presentation of the annual Harry C. Howard Jr. Lecture, titled "American History, with Fire in its Eye." The group stands in front of Murphy's oil painting, "Lawn Bowlers," one in her series of paintings titled "Fire!" which were on display at the Warren Center during the week of the Howard Lecture.*





# Gender, Sexuality, and Political Action Conference

To culminate the 2002/2003 Fellows Program of the Robert Penn Warren Center for the Humanities, Vanderbilt University hosted a conference on gender, sexuality, and political action, which brought together scholars and political activists for discussion about the rich intersections between academic and activist work on issues of gender and sexuality. The conference, on October 31st to November 1st, was sponsored by the Warren Center, with additional support from the Department of History and the Program in Women's Studies.

Local as well as global issues were addressed in the conference sessions. Opening remarks were delivered by Provost and Vice Chancellor of Academic Affairs Nick Zeppos. Participants from the Vanderbilt and Nashville, TN, communities included Victor Anderson, Associate Professor of

Christian Ethics, who represents Brothers United, an education program designed to provide HIV prevention education to gay and bisexual men of color as well as to promote self empowerment and community building; Jennifer Carlisle, a senior in the College of Arts and Science and chair of the Vanderbilt Living Wage Campaign; Pamela DeGross, spokesperson and newsletter editor for Tennessee Vals, a support group for transgendered people; Carolyn Dever, Acting Director of Women's Studies, Associate Professor of English, and 2002/2003 Spence and Rebecca Webb Wilson Fellow of the Warren Center; José Medina, Assistant Professor of Philosophy and 2002/2003 Fellow, Warren Center; Alison Piepmeier, Associate Director of Women's Studies and Senior Lecturer in Women's Studies; Rowena Olegario, Assistant Professor of History; Abby Rubenfeld, a

Nashville attorney whose practice focuses on family law, sexual orientation issues, and AIDS-related issues, who serves on the Board of Directors of the Human Rights Campaign; John Sloop, Associate Professor of Communication Studies and 2002/2003 Jacques Voegeli Fellow of the Warren Center; Becca Stevens, Chaplain, St. Augustine's Chapel at Vanderbilt, who founded Magdalene, a residential housing and recovery program for Nashville women with a criminal history of prostitution and drug abuse.

Visiting speakers included Monica J. Casper, an internationally recognized medical sociologist and biomedical ethicist, who serves as Executive Director of the Intersex Society of North America; Lillian Daniel, the Senior Minister at the Redeemer United Church of Christ, New Haven, and chair of the Board of Directors of the Connecticut Center for

a New Economy, a non-profit organization dedicated to improving the economic and social well being of working families in Connecticut's urban centers; Meri Nana-Ama Danquah, author of *Willow Weep for Me: A Black Woman's Journey Through Depression* (1998), the first book published by an African-American to address the topic of depression; Emi Koyama, a multi-issue social justice activist who synthesizes feminist, Asian, survivor, dyke, queer, sex worker, slut, intersex, genderqueer, and crip politics; Scott Marks, leader of the New Growth Outreach Ministries, who serves as the New Haven director of the Connecticut Center for a New Economy; and Minnie Bruce Pratt, a member of the Graduate Faculty of the Union Institute and author of numerous publications including *S/HE* and *Walking Back Up Depot Street*.

## Educators Learn About Constitution in Regional Workshop

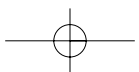
From July 8th to 16th, 2004, the Warren Center will host the Eastern Regional Summer Institute of "We the People: The Citizen and the Constitution." The selective institute is a workshop for upper elementary, middle, and high school teachers. Its purpose is to give educators a fundamental understanding of the U.S. Constitution and the skills and tools to teach it to their students. For the past three years, the Warren Center has hosted the state institute, which was directed by Mary Catherine Bradshaw, an educator at Hillsboro High School and adjunct instructor at Peabody College. Ms. Bradshaw is the director of the regional institute this year, and we will continue the partnership.

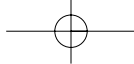
Teachers from east of the Mississippi will apply to be among the thirty-six selected to spend nine days on Vanderbilt's campus working closely with constitutional scholars and other educators. The work is divided into six units which examine the following: the historical and philosophical foundations of our country's ideas about constitutional government; the creation of the Constitution; organization of the national government; development of the Constitution; expansion of rights during the last 200 years; and the roles of citizens in American democracy. At the end of the week, the workshop culminates in a simulated congressional hearing. Teachers can then use this program in their own classrooms, including guiding their students through a simulated congressional hearing in either a competitive or non-competitive setting. High school classes that opt for the competitive route have the potential to compete on a national level in Washington, D.C.

The institute is directed by the Center for Civic Education and funded by the U.S. Department of Education by act of Congress. For more information, visit [www.civiced.org](http://www.civiced.org).



Last summer, the Warren Center hosted a statewide summer teacher institute entitled "We the People: The Citizen and the Constitution." Pictured here are: front row: (l-r) Lisa Bressman, Vanderbilt University professor of law; and participants James Coley, David Young, Matthew Herbert; second row: Sue Gilmore, Susanna Depalma, Margaret Baertel, Carol Gilmer, Mary Catherine Bradshaw, Peter Gunn; back row (l-r): Christian Sawyer, Marshall Digman, Stan Vickers, Stan Harris. Not pictured: Judy Wilder.





## Brown v. Board of Education 50th Anniversary Commemorative Series

The Warren Center is coordinating a year-long lecture series marking the 50th anniversary of the U.S. Supreme Court's historic *Brown v. Board of Education* decision. The *Brown v. Board* decision on May 17th, 1954, sparked a national debate in the United States that continues to this day. The lecture series

provides opportunities to reexamine the place of this decision in U.S. history, as well as opportunities to reflect upon the future of public education in our nation. "Brown is the most compelling, accessible case in constitutional law. But its simplicity and rightness masked great complexity. We're still coming to grips with it," said Nick Zeppos, Vanderbilt's Provost, Vice Chancellor for Academic Affairs, and Professor of Law. The series is a University-wide project sponsored by fifteen departments on the campus.

On January 20th, 2004, Juan Williams will present the annual Martin Luther King Lecture Series' Keynote Address in the Ingram Auditorium at

the Blair School of Music at 6:00 p.m. Williams is a leading U.S. political writer and is presently a senior correspondent for NPR and a political analyst for Fox Television. He is the author of three books: *Eyes on the Prize: America's Civil Rights Years, 1954-1965* (1987), *Thurgood Marshall: American Revolutionary* (1998), and *This Far by Faith: Stories from the African-American Religious Experience* (with Quinton Hosford Dixie, 2003). Noted singer and songwriter Kate Campbell will open for Juan Williams that evening by performing several songs about her experiences during the civil rights movement.

Judge Damon Keith will be speaking on April 1st, 2004 as part of the Chancellor's Lecture Series, and will be addressing issues related to *Brown v. Board* in his lecture. Judge Keith served as Chief Judge for the United States District Court for the Eastern District of Michigan from 1967 to 1977. President Jimmy Carter appointed him to the Court of Appeals for the Sixth Circuit, where he served until he took senior status in 1995. Judge Keith

has received numerous honors and awards, including the NAACP's highest award, the Spingarn Medal, the 1997 American Bar Association's Thurgood Marshall Award, and the Distinguished Public Service Award for the National Anti-Defamation League of B'nai B'rith. Time and location for this event will be announced.

To close the series, Peabody College is sponsoring an all-day conference on Friday, April 2nd on the implications of the *Brown* decision. For more information about the conference, please contact Professor Ken Wong.

The first two lectures in this series occurred during the fall semester. On Wednesday, October 8th, Michael Klarman, James Monroe Distinguished Professor of Law at the University of Virginia spoke on "Brown v. Board of Education: Law or Politics?". On November 13th, Gary Orfield, Professor of Education and Social Policy at Harvard, delivered a lecture titled "Brown v. Board After a Half Century: The Gains of Integration, the Consequences of Resegregation."



Juan Williams

## Race and Wealth Disparity in 21st-Century America

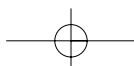
On February 26, 2004, Kenneth Wong, Professor of Public Policy and Education, Political Science, and Associate Director of the Peabody Center, will give a public lecture as part of the "Race and Wealth Disparity in 21st-Century America" Lecture Series. The talk is tentatively titled "Federal Education Policy as an Anti-Poverty Strategy." (Lecture time and location will soon be announced.)

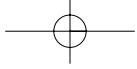
The lecture series is an off-shoot of the research circle cosponsored by The Warren Center and the Vanderbilt Law School. The project is funded by the Ford Foundation and directed by Beverly Moran, professor of law and sociology at Vanderbilt University. Members of the research circle are working to bridge the gap between their separate disciplines by sharing each field's unique insights and methods with one another and with the general public, through a series of private work-

shops and public lectures, as well as the development of teaching materials for use in the classroom.

Participants in the program include faculty members from five colleges within Vanderbilt University (College of Arts and Science, Law School, School of Medicine, Owen School of Management, and Peabody College), Fisk University, Meharry Medical Center, and Tennessee State University. Also participating in the program is Michele Flynn, executive director of the Tennessee Network for Community Economic Development, a not-for-profit organization committed to increasing asset acquisition among the working poor. Recently, Ms. Flynn gave a lecture in the series titled "The Wealth of the Fathers: Impacting the Next Generation."

The lecture series began in the fall of 2002 and will continue through spring of 2004.





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*2003/2004 Fellows. Front row: Leonard Hummel, Ruth Rogaski, Stephen Rachman, Craig Anne Heflinger. Back row: Arleen Tuchman, Matthew Ramsey, Larry Churcill, Peggy Thoits. Not pictured: Scott Pearson.*

## THE ROBERT PENN WARREN CENTER FOR THE HUMANITIES

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### Statement of Purpose

Established under the sponsorship of the College of Arts and Science in 1987 and renamed the Robert Penn Warren Center for the Humanities in 1989, the Center promotes interdisciplinary research and study in the humanities, social sciences, and when appropriate, natural sciences. Members of the Vanderbilt community representing a wide variety of specializations take part in the

Warren Center's programs, which are designed to intensify and increase interdisciplinary discussion of academic, social, and cultural issues.

Vanderbilt University is committed to principles of equal opportunity and affirmative action.

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