REVISED PROPOSAL FOR
AN INTERDISCIPLINARY GRADUATE PROGRAM
IN MEDICINE, HEALTH AND SOCIETY

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1. EXECUTIVE SUMMARY

The proposed interdisciplinary graduate program in Medicine, Health, and Society (MHS) will offer the M.A. degree (24 hours + thesis or 30 hours without thesis) and a 15-hour graduate certificate. The M.A. will be available to graduate and professional students from existing programs in the six participating Vanderbilt schools. External candidates will also be considered for admission, as will Vanderbilt undergraduates applying through the new 4+1 program in the College of Arts and Science. The certificate will be available only to current graduate students. Courses for the curriculum will come from four schools, and affiliated faculty from all nine schools and colleges of the University. This is a new model — the first fully interdisciplinary and cross-school program in the rapidly growing field of health studies.

2. INTRODUCTION

This proposal comes from the Vanderbilt Center for Medicine, Health and Society (CMHS), with sponsorship from the College of Arts and Science (the proposed home school), the Divinity School, the Law School, Peabody College, the School of Medicine, and the School of Nursing. In the three schools that have departments, faculty and courses are expected to come from about twenty departments. In order to streamline the process for consideration of this proposal, they are not included as official co-sponsors.

The CMHS was officially established by Dean Richard McCarty of the College of Arts and Science in March 2003. It began informally almost three years earlier, in 2000, with an interdisciplinary and cross-school faculty planning group that came together to explore common interests. Their areas of research fell into three broad clusters: health and health care in contemporary society; comparative and historical studies of health and healing; and bioscience, technology, and the humanities. All, however, shared a commitment to the study of health and health-care in their social and cultural contexts, and to developing a new curriculum in health studies, innovative research, and new forms of outreach and community partnerships. The Center’s mission statement reads:

The Center for Medicine, Health, and Society is intended as a new way to link the humanities and social sciences broadly defined to a major academic medical center. In this transinstitutional and interdisciplinary model, research, teaching, and community outreach and service will be closely interconnected. MHS programs will be horizontally integrated across Vanderbilt’s nine schools and colleges, and vertically integrated, from freshman seminars to postdoctoral training and continuing medical education.

The Center now has over 300 affiliates from all nine Vanderbilt schools, Meharry Medical College, Fisk University, Tennessee State University, Middle Tennessee State University, and the Nashville health care community.

Education has been central the Center’s work from its inception. A proposal for an undergraduate interdisciplinary program in Medicine, Health and Society, with a contract major
and a minor, was submitted in spring 2003 and approved the following semester. A revised version of the major, including an honors track, was approved in fall 2005. We graduated our first class in May 2006: 6 majors and 5 minors. As of December 2006 we have approximately 75 majors. The undergraduate program will expand over the next several years as it becomes better known. The class of 2010 includes 43 students in the College of Arts and Science who identified MHS as their first or second choice for a major; that is 4.7% of the entering class. In addition, some students from Peabody can be expected to choose MHS as a second major.

Developing a graduate program will complete the curricular component of the CMHS. It is the primary goal in the second phase of a three-phase ten-year plan for the Center:

(1) 2002-2006: plan curricular component; implement undergraduate program

(2) 2006-2009: implement graduate program; plan expansion of research component

(3) 2009-20012: implement expanded research program, under the aegis of the new umbrella Institute for Medicine and Public Health at the Vanderbilt Medical Center.

We expect the graduate program and the new research initiatives to be mutually reinforcing. We have already begun to form interdisciplinary work groups in key MHS areas, each co-chaired by a faculty member from VUMC and another from University Central, which graduate students will be welcome to join. Two, one devoted to women’s health and the other to diabetes, have already been officially approved and have received small incubation grants. Three others are being organized: health disparities, HIV/AIDS, and medicine and literature.

The CMHS plans to offer four options to post-baccalaureate students:

(1) An interdisciplinary M.A. requiring either 30 hours of course work or 24 hours plus thesis. Students will ordinarily combine this program with a graduate or professional program in another field, though it will also be available as a stand-alone degree.

(2) A 15-hour graduate certificate program intended for graduate students in other fields.

* The institute, directed by Robert Dittus, M.D., M.P.H., is tentatively scheduled to occupy a new “dry lab” located in new construction at the site of Medical Center South. It will help coordinate the work of a range of centers at Vanderbilt, including, in addition to the CMHS, the Center for Health Services Research, the Institute for Community Health, the Center for Improving Patient Safety, the VA Geriatric Research, Education and Clinical Center (GRECC), the Quality Scholars Program, the Institute for Global Health, the Center for Biomedical Ethics and Society, the Joint Center for Nursing Research, the Center for Perioperative Research in Quality, and the VA Hospital’s Center for Patient Healthcare Behavior. Two new centers are planned for the coming year: a Center for Quality Aging, which will coordinate its activities with the GRECC; and a Center for Epidemiologic Research, which will include a Ph.D. program in epidemiology. The Department of Biostatistics also is developing a Ph.D. program in biostatistics that will complement these new programs and make additional courses available for MHS.
(3) A minor field for M.A. or Ph.D. students in other programs.

(4) A 15-hour continuing education certificate, intended for residents of the Nashville area. We are exploring the possibility of professional continuing education credit for members of health-care occupations.

Only the first and second options are included in this proposal. The third (a minor field) can be negotiated with individual departments and does not require special approval from the Graduate School or the University. It may or may not lead to the graduate certificate. The fourth will be part of a separate plan for a continuing education certificate program, being prepared by Martin Rapisarda, Associate Dean for Post-Baccalaureate Education in the College of Arts and Science. Students who receive this certificate may go on to complete the requirements for the degree of Master of Liberal Arts and Science, but they will not be candidates for any other degree at Vanderbilt. We have no plans at this time to propose a Ph.D. program in Medicine, Health, and Society. We believe that students who receive a disciplinary Ph.D. and an M.A. in MHS will be very strong candidates in the job market. We are much less confident of being able to place a student with a Ph.D. in the field until there are more curricular programs at other institutions similar to MHS. We can accommodate the occasional student with compelling reasons for traveling this path by using the Graduate School’s existing provision for special individualized, interdisciplinary programs of study.

This proposal calls for making the M.A. available to graduate and professional students enrolled in the six participating schools who can appropriately use it to enhance their primary degree. The graduate certificate will be available only to current graduate students. Students who wish to pursue the M.A. on a stand-alone basis will be enrolled in the College of Arts and Science. We will continue negotiations with the Divinity School, the Law School, the School of Medicine, and the School of Nursing about the possibility of formal joint-degree programs to which external candidates could apply. We do not, however, see establishing such programs as a precondition for implementing the MHS program. We will also continue discussions with the Owen Graduate School of Management, which up to now has remained an interested observer. Whether or not the MHS program becomes available to Owen students, the development of the new health care M.B.A. makes Owen a promising partner for other kinds of collaboration.

Because the program proposed here is a novel one, the description that appears below in §3 is followed by detailed discussions of the rationale (§4), the potential clientele and value of the degree (§5), and the differences between the MHS program and existing master’s-level programs in the health studies field, as well as some similarities with a few innovative programs in the U.S. and abroad (§6).

3. DESCRIPTION OF THE PROPOSED PROGRAM

Before describing the specific requirements for the M.A. and certificate, it is important to emphasize the program’s general distinguishing characteristics.

● It draws on the expertise of faculty from across the University rather than just a few related
departments. Not all teach regular courses that count for the M.A. and certificate, but all will be available to supervise theses or independent studies.

- The curriculum is designed to be as flexible as possible, to accommodate needs of students from different schools with various needs and interests. A one-size-fits-all model would defeat the purpose of the program.

**The M.A. program**

Students may choose a thesis option (24 hours of course work + thesis) or non-thesis option (30 hours). The thesis should draw on at least two disciplines.

**Requirements** include:

- The 3-hour core colloquium, MHS 300, an introduction to graduate-level interdisciplinary work in medicine, health, and society, drawing on the perspectives of anthropology, economics, history, political science and policy studies, philosophy, religious studies, and sociology. It will feature regular visits by guest experts.

- An additional 21 or 27 hours (depending on the option) of courses approved for the MHS graduate program. At least 6 of these additional hours must be at the 300 level, including independent study, the graduate internship, and graduate service-learning. All students are strongly encouraged to take at least one graduate seminar. Students must submit a contract of courses for approval by their adviser and the MHS Director.

- A written examination, tailored to the student’s specific course of study, requiring the student to integrate material from the different disciplines. The MHS Director, in consultation with the MHS Curricular Committee, will appoint an examination committee consisting of the student’s adviser and two other faculty members, at least one of whom must be from a field different from the adviser’s. The examination committee will write up the exam, which the student will take during his or her last semester of study (or last summer session) and no later than the week of final exams.

  - For students in the thesis track, the examination committee will also constitute the thesis committee and will administer an oral thesis defense.

  - Students in the non-thesis option will submit for evaluation by the MHS Curriculum Committee one course paper demonstrating their ability to integrate approaches from different disciplines.

Length of the program: for students who can devote themselves to the MHS program full time, the norm will be three terms (i.e., two semesters and one summer or three semesters). However, the length of the program will be flexible to accommodate the divergent needs of different constituencies.

**The certificate program** (15 hours)
Requirements include:

- MHS 300

- An additional four courses drawn from the list of approved courses, of which at least one must be at the 300 level.

- A paper submitted to the MHS curricular committee for evaluation.

The decision to require 9 hours of work at the 300 level for M.A. candidates (including MHS 300) and 6 hours for candidates for the graduate certificate, but not to require a graduate seminar, is consistent with the design and goals of this interdisciplinary program. We would not be able to staff or populate health-related graduate seminars every year in anthropology, economics, history, sociology, and other relevant disciplines. Nor would it be reasonable to require, say, a student from the School of Nursing to take departmental seminars where they would have to compete with the departments’ own doctoral students, though we do urge students with the appropriate interests and background to take an appropriate seminar if one is available. We note that the very successful interdisciplinary M.A. program in Latin American Studies requires no work at the 300 level.

4. RATIONALE

This is the right time and the right place to develop an innovative program of this kind, which reflects recent trends in higher education but is distinct from other master’s level programs in health studies. (See §6 below for comparisons.) Vanderbilt is exceptionally well positioned to take a leadership role in an emerging field with great potential.

The right time

Three interconnected developments, one in American society, the second in medicine, and the third in the liberal arts, make this a propitious moment for an interdisciplinary graduate program in health studies.

(1) The growing importance of health care as an economic, social, and political issue in American society

Health care is an issue of exceptional importance for our society, because of the sheer size of the health care industry and of health care costs, which are rapidly escalating. Among economically active Americans, 1 in 12 works in health care. In 2004, the last year for which information is available, health care spending in the United States reached $1.9 trillion, nearly 15 per cent of our gross domestic product. Medicare alone accounted for 2.7% of GDP and about 13% of the Federal budget in 2005, figures that are projected to rise dramatically with the recent implementation of Medicare Part D (the prescription drug plan) and the ageing of the Baby Boon generation. We are paying more for health care. In 2005, employer health insurance premiums increased by 9.2% — nearly three times the rate of inflation.

Yet despite these expenditures, the U.S. lags behind other developed nations in key health and
health care indicators. Life expectancy falls below that of many other countries, and newborn mortality is the second worse in the developed world. Some though not all of the discrepancy can be attributed to our health care system. The World Health Organization has ranked the U.S. 37th among nations in the quality of care, and it is well known that many Americans do not have full access to health care, or to high quality care. At any given time, about 16% of the population lacks health insurance. Programs for the indigent and working poor are being cut; the recent disenrollments in TennCare are just one very familiar example.

We all confront these challenges as citizens and taxpayers and as current or future patients and family members of patients. Institutions devoted to research and higher education have an obligation to address them.

(2) Recognizing the behavioral, social, and cultural dimensions of health and health care

Medicine at the beginning of the twenty-first century is marked by two broad trends, which may seem contradictory but are in fact complementary: new forms of reductionism, which are realizing an old ambition of biomedicine by explaining health and disease and developing therapies at the molecular level; and forms of holism, less new than newly reasserted, which consider the patient as a whole person rather than a collection of organ systems, as a member of a community, and as part of a biosphere influenced by large environmental forces. This latter trend reconnects with an older tradition of hygiene and health maintenance, preventive medicine, public health, and community and environmental medicine. Genomics, proteomics and other forms of molecular biomedicine hold enormous promise, but biotechnology in general is not the only (or in some contexts the best) means to improve public health and patient outcomes, and it often raises a thorny set of ethical issues that are familiar to all of us from, for example, the ongoing debates on embryonic stem cell research. It is widely recognized that prevention is usually more both less expensive and more effective than treatment, and that many chronic degenerative diseases can only be managed, not cured. Patient behavior and “lifestyle” are as crucial to prevention and disease management as new technologies. Moreover, the health status of the population could be improved using existing therapeutic modalities if more individuals had access to the health care system, received a high standard of care, and complied with their treatment plan.

The question of unequal access and outcomes has received widespread attention in the last decade, as have patients’ interactions with providers and the health-care system. Reducing persistent disparities in health and health care has become a prominent goal for both the government and the medical profession. The U.S. National Institutes of Health has an entire center devoted to Minority Health and Health Disparities, and the American Medical Association has a Commission to End Health Care Disparities. Understanding cultural differences among population groups is widely seen as one way to help attain that goal, on the premise that miscommunications and misunderstandings between patients and providers are a major source of disparities in the quality of care and outcomes. The American Association of Medical Colleges has encouraged the development of courses in this area and created a “Tool for Assessing Cultural Competence Training.” Such training is becoming a fixture of the curriculum not only in medicine but also in nursing and other health fields. In 2005, one American state, New Jersey, went so far as to make it a requirement for licensure as a physician, with the explicit objective of
reducing disparities in health care. The classic text on cultural differences in medicine, Anne Fadiman’s *The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors, and the Collision of Two Cultures*, is a perennial bestseller. It tells the story of a girl suffering from epilepsy and the encounters that she and her family had with the health-care system in California in the 1980s. In Fadiman's account, the world of Hmong immigrants from Laos and the world of Western biomedicine are radically incommensurable, not only because they have divergent views of health and disease (“the spirit catches you and you fall down” is a literal translation of the Hmong term for epilepsy) but also because of other values and customs that shape relations between the Hmong and non-Hmong people.

One approach to improving the relationship between providers and patients from all cultural backgrounds is “narrative medicine,” developed by Rita Charon, M.D., Ph.D., a physician with a doctorate in English literature who directs the program in humanities and medicine at Columbia University's College of Physicians and Surgeons. Charon uses the techniques of literary theory to analyze patients’ stories. She also encourages her students to keep a “parallel chart,” in which they record their own reactions to each case, their attempts to understand the patient's experiences, and the ways in which patients react to explanations and information about their illnesses coming from health care providers.

Addressing the behavioral, social, and cultural dimensions of health and health care requires us to draw on a broad range of social science and humanities disciplines, ranging from fields typically represented at medical centers (health services research, epidemiology, biostatistics, health policy and bioethics) to health psychology, community psychology, medical sociology, health economics, religious studies, literature (as we have just seen), and history, which can provide comparisons of policies and practices across time as well as space. There are existing programs that provide specialized technical training in fields such as epidemiology (see §6 below); the MHS program is intended to provide a broad interdisciplinary background.

(3) Health studies and the liberal arts
At the same time that medicine has come to recognize the behavioral, social, and cultural dimensions of health and health care, questions relating to medicine and more broadly to health, disease, death, sexuality, the psyche, and the body occupy a growing place in both the social sciences and the humanities, and interdisciplinary health studies are emerging as an important field in arts and science programs. Specialized journals in the humanities include *Literature and Medicine*, founded in 1982, the *Journal of Medical Humanities* (1989), and *Medical Humanities* (2000). A much larger body of scholarship appears in journals and monograph series not exclusively devoted to medicine.

In general, work at academic medical centers that draws on the social sciences and humanities is directly oriented toward improving public health and patient outcomes, whereas arts and science programs have their own agendas and the practical benefits are typically less direct. But there is no bright line dividing the two arenas. On the one hand, there is a long tradition of medical humanities courses and programs at medical schools, usually embracing history, literature, and
the arts, intended primarily to private cultural enrichment for medical students. Their role is increasing. The venerable tradition of physician-writers (Friedrich von Schiller, Anton Chekhov, Sir Arthur Conan Doyle, W. Somerset Maugham, William Carlos Williams...) is very much alive; Bellevue Hospital even launched its own journal, the *Bellevue Literary Review*, in 2001. On the other hand, many studies in published in social science journals have direct implications for patient care, though they are unlikely to be read by medical practitioners. The CMHS, which draws its affiliates from all the schools of the University, is dedicated to crossing the boundary between the Medical Center and the rest of the campus, and the proposed multi-school graduate program, which is designed to be both integrated and flexible, reflects this principle.

**The right place**

Vanderbilt is exceptionally well positioned to take the lead in developing a graduate program in interdisciplinary health studies. One major advantage is our location in Nashville, a major center for the health care industry and the site of Meharry Medical College. Meharry is dedicated to reducing health disparities and improving health care for underserved populations, two major concerns for the MHS program; it publishes the *Journal of Health Care for the Poor and Underserved*. The CMHS has been working within the framework of the Meharry-Vanderbilt Alliance, a partnership established in 1998, to develop cooperative programs.

In addition, Vanderbilt has made a commitment at the university level to developing health care studies and research across its various schools and colleges. One prominent recent initiative is the new health care M.B.A. at the Owen Graduate School of Management. The Law School is giving increased attention to health-care law. The umbrella Institute for Medicine and Public Health will help link these and other enterprises across the campus and will strengthen the relationship between the CMHS and such key partners as the Center for Biomedical Ethics and Society and the Institute for Global health. Having a medical center that is contiguous to the main campus will greatly facilitate the movement of faculty and students among schools and facilities; the Eskind Biomedical Library, for example, is only a 5-minute walk from the center of the main campus. Finally — and most important for the purposes of this proposal — the CMHS, with its 300+ affiliates, interschool contacts, faculty networks, and experience in curricular development provides a crucial infrastructure for building a new graduate program.

We also believe that what is not at Vanderbilt creates a space in which the proposed program can grow and flourish.

- **We do not have a school of public health.** One response to the growing interest in the social dimensions of health and health care has been to create new schools. The Association of Schools of Public Health now has 37 members and another 5 associate members awaiting full membership. Vanderbilt has only a master of public health program of a special kind, located in the Department of Preventive Medicine at the School of Medicine. This two-year program is intended for physicians and other doctoral-level health care professionals preparing for careers in clinical and patient-oriented research. Subjects include epidemiology, biostatistics, clinical trials, research study design, program and policy evaluation, clinical economics and decision analysis, environmental health, research ethics, and scientific communication. The program is does not offer the full panoply of options that would be available at a school of public health.
● Nor does Vanderbilt have a department of social medicine, like Harvard Medical School, the University of North Carolina School of Medicine in Chapel Hill, or the University of Bristol in the UK, or a hybrid department like the Department of Anthropology, History, and Social Medicine at the University of California, San Francisco, School of Medicine.

● We do not have a department or division of, or program in, the medical humanities, as do many medical schools, sometimes combined with medical ethics. As noted earlier, such programs exist primarily to serve medical students; very few offer degrees. They are, however, stakeholders that claim a large part of interdisciplinary health studies as their domain.

Schools, departments, and other vertical structures can serve the useful function of facilitating cross-appointments for faculty, but they have a major drawback: they tend to capture and isolate health studies, reducing participation by faculty and students from many disciplines. The MHS program will benefit from Vanderbilt’s institutional arrangements, including the Institute for Medicine, and Public Health, and from an administration committed to promoting horizontal connections across the campus.

5. POTENTIAL CLIENTELE AND VALUE OF THE DEGREE

Three key points should be emphasized at the outset.

(1) The M.A. in Medicine, Health, and Society is a broadly interdisciplinary liberal arts degree rather than a professional credential, of the sort described in §6, below. It is not intended in itself to prepare the student for a particular career.

(2) However, it can very usefully enhance a graduate or professional degree in health-related areas. We expect that most students in the program will be candidates for another Vanderbilt degree that will prepare them for careers as academics or as health-care providers or managers.

(3) Both the M.A. and the certificate program are designed to be as flexible as possible to accommodate the needs of students from divergent backgrounds.

The clientele for the degree will consist of three groups: graduate students in the College of Arts and Science, Peabody College, the Graduate Department of Religion, and the graduate program in Nursing Science; professional students in the School of Medicine, the School of Nursing, the Divinity School, the Law School, and Peabody College; and students seeking the M.A. as a stand-alone degree. Graduate students will also be eligible to apply to the graduate certificate program.

*Among them: East Carolina University, Harvard University, Indiana University, Loyola University of Chicago, Michigan State University, New York University, Northwestern University's Feinberg School of Medicine, Pennsylvania State University, Southern Illinois University, the State University of New York Upstate Medical University, University College, London (the most prominent such program in the UK), the University of Arkansas, the University of California, Irvine, the University of Rochester, the University of Texas Health Science Center at San Antonio, and the University of Texas Medical Branch in Galveston.
Graduate students
In the College of Arts and Science, the potential clientele for MHS includes doctoral candidates in departmental programs who are interested in medical anthropology, health economics, medical history, literature and medicine (English, French, German, Spanish, or Spanish-Portuguese), philosophy and bioethics, health psychology and clinical psychology, and medical sociology. Students in the interdisciplinary program in social psychology and students in the interschool Graduate Department of Religion who are interested in religion, health and healing are comparable groups. At Peabody, the key graduate programs are Psychology and Human Development (Clinical Science Program) and Community Research and Action. The A&S and Peabody psychology programs have a common set of requirements, but the departments have different strengths and emphases. The Peabody program “has a particular concern with the discovery of new ways to bring psychological knowledge and research skills to bear on societal problems, especially those amenable to intervention during the early years of life” (from the description in the Graduate School catalog). Community Research and Action has a community health component; Isaac Prilletensky, the director of graduate studies in Community Research and Action, has been an active member of the CMHS.

Graduate students would benefit in two ways from adding an M.A. or certificate in Medicine, Health, and Society. First, the program’s interdisciplinary approach would strengthen their preparation for careers in their chosen subdiscipline. For example, a future medical ethicist working toward a doctorate in philosophy or religious studies would gain a great deal from studying medical sociology, medical history, health economics, and health policy. Second, the M.A. program would be excellent preparation for teaching in the growing number of undergraduate programs similar to MHS at other institutions. Examples include Brandeis University, Cornell University, Michigan State University, Pennsylvania State University, the University of Calgary, the University of Pennsylvania, the University of Rochester, and the University of Washington. Health studies curricula are under consideration at Yale and Emory, which have studied Vanderbilt’s program as one possible model. For both these reasons, we believe that students with the MHS credential will have a competitive edge in today’s very tight job market.

Professional students
The M.A. program in Medicine, Health, and Society will appeal in a different way to professional students and can be tailored to meet their needs. Future health care providers, for example, will be interested in the political, social, economic, and cultural contexts of health care, and in such topics as patient-provider relations, health policy, health economics, disparities and cultural differences, and global health.

School of Medicine
The MHS program could be of interest to medical students planning careers in any area other than scientific research. They could take a year or a year and a summer to do the M.A. after the first, second, third, or fourth year of medical school, following the model used by the existing Medical Scholars Program. (That program sometimes sponsors students working in MHS-related areas,
but serves a very different purpose. Medical Scholars receive a stipend to work full-time for a year to a research project; they may enroll in only one course, and the program does not lead to a credential.)

The MHS program will benefit greatly from synergies with the new Emphasis Program, which started at the School of Medicine in 2004. Prior to that date, medical students had to satisfy a requirement in biomedical research. Now that field is just one of nine in which students can pursue an independent project during the first year, the following summer, and the second year, under the guidance of a faculty mentor. Five of the options are in MHS-related areas, and students who chose one of them might consider going on to the MHS master’s program: Medical Humanities, Community Health Initiatives and Health Outreach, International Health, Patient-Oriented Research, and Law. MHS has cooperated with the Emphasis Program since its inception, helping to find mentors from outside the School of Medicine, and has a particularly close working relationship with the Center for Biomedical Ethics and Society, which is responsible for the Medical Humanities track, and the Institute for Global Health, which is responsible for the International Health Track.

School of Nursing
There are special affinities between MHS and Nursing, which focuses on the patient and is strongly committed to cultural competency. Candidates in the M.S.N. program would normally do the work for the MHS degree between the first (pre-specialty) and second (specialty) years. The MHS program may appeal especially to nursing students specializing in mental health, women’s health, or health systems management, but students in a variety of other clinical fields or clinical management may also be interested in studying the political, social, economic, and cultural contexts of health and health care.

Divinity School
The MHS program will be of interest to students in the Religion and Personality and the Ethics tracks of the Master of Theological Studies program who plan careers — and perhaps additional graduate study — in counseling or medical ethics. The other master’s program at VDS, which leads to the Master of Divinity degree, is intended to prepare students for the practice of ministry, though not all graduates enter the clergy. Candidates who have a strong interest in pastoral care in health-care settings may elect to earn a second master’s degree in Medicine, Health, and Society.

Law School
The relationship of the CMHS with the Law School is still evolving, as the school gives greater attention to health care law and moves toward a more interdisciplinary curriculum under the leadership of its new dean, Edward Rubin. Dean Rubin explains that he wants “to broaden the scope of legal education to encompass the various ways in which the study of law intersects with the study of economics, psychology, biology, business and a host of other disciplines.” Two faculty members recruited from Harvard Law School to launch a new doctoral program in Law and Economics, Kip Viscusi and Joni Hersch, have worked on such topics as health and safety risk, smoking regulation, and health disparities.
Peabody College
The MHS program may be of interest to some candidates for the M.Ed. degree in Human Development Counseling.

**Students seeking the stand-alone degree**
The M.A. in Medicine, Health, and Society will also be of interest to some students not enrolled in other Vanderbilt programs. One source of candidates will be the new 4+1 (5th-year master’s) program in the College of Arts and Science, directed by Martin Rapisarda, Associate Dean for Post-Baccalaureate Programs. We believe that the MHS program will be particularly appealing to graduating seniors who plan to enter a professional program in the health-care field and would like to strengthen their application profile by doing a year of graduate work first. The M.A. program may also attract the occasional health care professional, who would space out the course work over a number of years. We expect, however, that most health care providers will opt instead for the continuing education certificate described above on page 4.

In 2006-2007, MHS has two students working toward the M.A. under the Graduate School’s provision for individualized interdisciplinary programs. One is a premedical student who received her B.A. from Vanderbilt in May 2006. The other, who is primarily interested in medical history, comes to us from Belgium.

6. COMPARISON WITH EXISTING PROGRAMS AT OTHER INSTITUTIONS

This section has two purposes:
● To distinguish the MHS program from master’s level professional programs (the M.A. in Medicine, Health and Society is not a professional degree)
● To compare it with a small number of existing programs with which it shares at least some common features, including a liberal arts component. There is no other model precisely like MHS, but there are enough programs that start from similar premises to indicate the beginnings of a trend which Vanderbilt is well positioned to lead.

**Professional programs**

**Master of Public Health**
This is the most familiar master’s-level degree in the health field. M.P.H. programs, some located in schools of public health and some not, vary greatly in curricular design and in the composition of their student bodies. Most cater to a mix of clinicians and non-clinicians, though some (like Vanderbilt’s) are targeted to health-care professionals. They offer training in such areas as epidemiology, family and community health, health care management, health policy, international health, occupational and environmental health, quantitative methods and biostatistics, and the social and behavioral foundations of health/health education. Various joint degree programs are available, as well as some special interdisciplinary tracks (in gender and women’s health, for example.) One unusual program, the Columbia University M.P.H. track in History of Public Health and Medicine: Ethics, Policy, and Society, is discussed below in the subsection on
programs somewhat similar to MHS. Three things distinguish nearly all M.P.H. programs from MHS: they make limited use of faculty from outside the school of public health (and/or medicine); they are not broadly interdisciplinary; and they serve a narrowly defined group of students who plan careers as public health scientists, practitioners, and leaders.

The last decade has witnessed a sometimes confusing proliferation of other master’s-level programs in the health field, which are intended to prepare students for specific careers and typically last two years.

Master of Business Administration, Health Care Track
Owen is one of the first business schools to offer this option. The program trains students for careers in the pharmaceutical industry, biotechnology, and health care services and plans, with courses in such areas as microeconomics, macroeconomics, strategic planning, and human resources. The emphasis is on business skills rather than health care.

Master of Health Administration
These programs train students to operate a health care facility, with courses in such areas as management/supervision, conflict resolution, business development and planning, and marketing. This is the most common master’s-level credential for health-care executives. The degree of Master of Science in Health Administration or Master of Science in Health Services Administration caters to the same clientele.

Master of Health Sciences
Programs vary considerably in content, but all are oriented to the health care professional. The Bloomberg School of Public Health at the Johns Hopkins University has a new department of Health, Behavior, and Society, founded in 2005, which offers an M.H.S. in Behavioral Sciences and Health Education. At the University of Chicago, the Department of Health Studies within the Division of Biological Sciences trains health care professionals in biostatistics, epidemiology, and health services research to prepare them to carry out clinical and epidemiological research. The degree is called Master of Science in Health Administration or Master of Science in Health Services Administration caters to the same clientele.

Master of Science in Health Services (or Health Services Research)
The emphasis is on research methods in health services; the degree can serve as the first step to a doctorate in this field. The Weill Graduate School of Medical Sciences at Cornell University offers an M.S. in Clinical Epidemiology and Health Services Research.

Master of Public Administration
A few programs have developed health-specific curricula. The M.P.A. at Pace University has a health-care track; the Hatfield School of Government at Portland State University offers an M.P.A.: H.A. degree (public administration with a concentration in health administration); the Robert F. Wagner Graduate School of Public Service at New York University offers an M.P.A. in Health Policy and Management. These programs prepare students for health-related careers in government and public service.
There is much room for less conventional curricula in the health studies field, and some programs are harder to classify. The Harvard School of Public Health, for example, has a Department of Society, Human Development and Health, with four areas of interest: health and social policy; human development; planned social change; and social determinants of health. It offers 80- and 40-credit master of science programs and a dual degree master’s program for nurses, as well as a doctoral program leading to Doctor of Science or Doctor of Public Health degree.

This brief description hardly does justice to the range of master’s-level professional degrees in the health studies field. What they have in common is that they are applied programs intended for present or future clinicians, public health practitioners, and health care managers with specific career goals. The proposed MHS program is not intended to replace or compete with such programs. As explained in §5, above, it is intended for a different clientele.

**Programs somewhat similar to MHS**

We are aware of no other graduate program in interdisciplinary health studies that reaches across as many disciplines and schools as the proposed MHS program, or offers as much flexibility to accommodate students with different backgrounds and career plans. However, there are a very few existing master’s level programs in the U.S. and abroad which are at least somewhat comparable and reflect a growing interest in the field.

**Programs in the U.S.**

The handful of American programs are based in academic medical centers and serve professional students. The Columbia M.P.H. track in the History of Public Health and Medicine: Ethics, Policy, and Society has already been mentioned. It is sponsored by units from three Columbia schools: the Center for the Study of Society and Medicine in the College of Physicians and Surgeons; the Department of Sociomedical Sciences at the Mailman School of Public Health; and the Department of History (Graduate School of Arts and Sciences). Its object is to train health professionals in historical methods and contemporary policy analysis. At Northwestern University, the degree of Master of Arts in Medical Humanities & Bioethics is available exclusively to students in the Feinberg School of Medicine who wish to earn it concurrently with the M.D. Interdisciplinary programs at some other institutions support courses and special programs but do not offer degrees. The University of Wisconsin, for example, has a Transdisciplinary Studies of Health and Society Working Group, which brings together faculty from the social sciences, ethics, population health sciences, environmental sciences and history. It aims “to build integrative, multi-scale approaches that will address a variety of concerns about what constitutes ‘best evidence’ in health policy and practice, how to translate and use forms of evidence across disciplines, how to incorporate understandings of relevant cultural, political and ethical issues, and how to communicate evidence among scientists, policy makers and publics.” Although it does not have a curricular program, the group has awarded seed grants to dissertators working in the area of health and society.
Programs outside the U.S.
The closest analogues to the proposed MHS program can be found overseas. We plan to learn from their experience. Since its inception, the CMHS has sought to collaborate with colleagues at other institutions. We are pleased that the University as a whole is now committed to internationalizing its mission and has a new Assistant Provost for International Affairs, Joel Harrington, charged with developing partnerships with foreign institutions.

In Europe, the European Union is developing a series of transnational, multischool, interdisciplinary programs. The *Erasmus Mundi* initiative is intended to develop master’s-level programs; it could be considered a potential competitor for MHS, since its stated aim is “to open European higher education to the rest of the world by ... enabling students and visiting scholars from around the world to engage in postgraduate study at European universities.” The most relevant program for our purposes, a 2-year master’s degree in Dynamics of Health and Welfare, is sponsored by a consortium that includes the École des Hautes Études en Sciences Sociales (Paris); the Universidade de Évora (Portugal); Linköpings Universitet (Sweden); and the Universitat Autònoma de Barcelona (Spain). Students take courses in such areas as political science, public health, history, sociology, anthropology, philosophy, demography, epidemiology, economics, education, public administration, and law. The programs and degrees differ somewhat among the four host institutions. Paris offers the degree of Master of Social Sciences, with a concentration in health, population, and social policy; Évora, a master’s in European historical studies, with a health emphasis; Linköping, a Master of Arts and Science in Health and Society; and Barcelona, a master of Health and Community Welfare.

In the U.K., Oxford Brookes University has a Centre for Health, Medicine, and Society which runs an M.A. program in that field; despite the broad title, it focuses on the history of medicine and public health. In Wales, the Cardiff Institute of Society, Health and Ethics promotes interdisciplinary health research. The institute is a collaborative venture between Cardiff University (Cardiff School of Social Sciences and Cardiff Law School) and the Wales College of Medicine (General Practice). The University has had an M.S. program in Health, Medicine & Societies in its School of Social Sciences, but it is not currently offered. In London, King’s College has a new M.A. in Literature and Medicine. Candidates study “among other things, the use and abuse of literary concepts in medical practice and of medical ideas and history in literature; representations of the body in literature; and illness and the nature of artistic experience.”

Finally, in Australia, the Centre for Health and Society in the University of Melbourne’s School of Population Health offers a research-oriented Master of Social Health degree. Concentrations include aboriginal health, health care history, health ethics, medical anthropology, and interdisciplinary studies.

7. PROGRAM MANAGEMENT AND FINANCES

The management and financing of the new program will be the responsibility of the Center for
Management
The day-to-day administration of the program will be the responsibility of the CMHS director, the associate director, and a six-member steering committee, supported by the CMHS administrative assistant. Two other bodies also play a role: the CMHS Curricular Committee and the CMHS Advisory Board.

The MHS leadership
On July 1, 2006, Arleen Tuchman, Associate Professor of History, succeeded the MHS founding director, Matthew Ramsey, who served since March 2003. She was joined by Holly Tucker, Associate Professor of French, as associate director. Professor Tuchman has primary responsibility for graduate studies in Medicine, Health and Society, and Professor Tucker for undergraduate studies, but each will play a role in both programs.

The MHS steering committee
Membership in the committee is evenly balanced between the Medical Center and University Central. In addition to the MHS Director and Associate Director (both currently from the College of Arts and Science), the steering committee for 2006-2007 includes Larry Churchill, Ann Geddes Stahlman Professor of Medical Ethics, Professor of Medicine, Professor of Religion, Professor of Philosophy, and co-director, Center for Biomedical Ethics and Society; Sten Vermund, Amos Christie Professor of Global Health, Professor of Medicine, Professor of Obstetrics and Gynecology, Professor of Pediatrics, Professor of Preventive Medicine, and Director of the Institute for Global Health; and Kenneth Wallston, Professor of Psychology in Nursing, Professor of Psychology (Peabody College), Professor of Psychology (College of Arts and Science), and Professor of Human and Organizational Development, and Tony Brown, Assistant Professor of Sociology.

The MHS Curricular Committee
This committee was originally constituted to deal with curricular matters for the MHS undergraduate program. It will review operations of both the undergraduate and graduate programs, including recruitment, admissions, and course offerings. Current members include:

Kathryn Anderson, Associate Professor of Economics
Karen Campbell, Associate Professor of Sociology
Larry Churchill, Ann Geddes Stahlman Professor of Medical Ethics, Professor of Medicine, Professor of Religion, and Professor of Philosophy
Jay Clayton, William R. Kenan Jr. Professor of English
Beth Conklin, Associate Professor of Anthropology
Kate Daniels, Associate Professor of English and Associate Dean for Undergraduate Education, College of Arts and Science
Carolyn Dever, Professor of English
Dennis Dickerson, Professor of History
James Foster, Professor of Economics
Volney Gay, Professor of Religious Studies and Chair of the Department, Professor of Anthropology, Professor of Psychiatry, and Co-Director, Center for the Study of Religion and Culture

Leah Marcus, Edwin Mims Professor of English
John McCarthy, Professor of German and Professor of Comparative Literature
Matthew Ramsey, Associate Professor of History; CMHS founding director (2003-2006)
Ruth Rogaski, Associate Professor of History
David Schlundt, Associate Professor of Psychology
Arleen Tuchman, Associate Professor of History; CMHS Director
Holly Tucker, Associate Professor of French; CMHS Associate Director

We plan to invite Holly McCammon, Professor of Sociology and incoming Associate Dean for Graduate Education in the College of Arts and Science, to join the committee, together with a new colleague, Katharine Donato, who came to Vanderbilt in fall 2006. Other new members will come from the professional schools; the committee’s current composition, heavily weighted toward the College of Arts and Science, reflects its initial responsibility, which was overseeing an A&S major and minor.

The MHS Advisory Board
The MHS Advisory Board emerged from a cross-school working group that put together the original proposal for a Center for Medicine, Health, and Society. It is consulted on basic changes in the work of the center, such as this proposal for a graduate program. Current members include:

James Blumstein, University Professor of Constitutional Law and Health Law and Policy; Director, Health Policy Center, Institute for Public Policy Studies.
Monica J. Casper, Associate Professor of Sociology; Director, Women’s and Gender Studies Program.
Larry Churchill, Ann Geddes Stahlman Professor of Medical Ethics, Professor of Medicine, Professor of Religion, Professor of Philosophy; Co-director, Center for Biomedical Ethics and Society.
Ellen Wright Clayton, Professor of Pediatrics, Professor of Law, Rosalind E. Franklin Professor of Genetics and Health Policy; Co-Director, Center for Biomedical Ethics and Society.
Beth Conklin, Associate Professor of Anthropology.
Kate Daniels, Associate Professor of English; Associate Dean for Undergraduate Education, College of Arts and Science.
Robert Dittus, Albert and Bernard Werthan Professor of Medicine; Director, Center for Health Services Research.
James Foster, Professor of Economics; Senior Fellow, Institute for Public Policy Studies.
Volney Gay, Professor of Religious Studies and Chair of the Department, Professor of Anthropology, and Professor of Psychiatry; Co-Director, Center for the Study of Religion and Culture.
Holly McCammon, Professor of Sociology; Associate Dean for Graduate Education.
Bonnie Miller, Associate Dean for Undergraduate Medical Education, Assistant Professor of Medical and Education Administration, Associate Clinical Professor of Surgery.
We plan to add additional members from Peabody and Divinity, and a proposal to include one or two faculty members from Meharry Medical College is under discussion.

**Finances**

The proposed program can be launched without additional financing, using current faculty and the CMHS staff, space, and annual budget ($20,000 for FY 2007). In addition to the regular MHS lectures, seminars, and symposia, which will be of interest to graduate students, the budget could fund a few special activities and small graduate research or travel grants.

Some grant support is available that would aid in developing the new program. The National Endowment for the Humanities, for example, awards curriculum development grants of up to $100,000.

The main challenge will be to find financial support for students. The College of Arts and Science is prepared to discount tuition for some individuals but not to offer stipends. At the outset, we expect to recruit several students through the 4+1 program; they will pay their own way, and some of the tuition money will come back to MHS and can be used to support other students in subsequent years. A few students may come with funding, as is the case for the two who are doing a special individualized M.A. program in 2006-2007. One has an external award; the other, who graduated from Vanderbilt in May 2006, has a year of eligibility remaining on her athletic scholarship. Some doctoral students may be able to complete the requirements for the M.A. over a period of years without taking an additional year to work on it full-time. We also plan to negotiate with individual schools and departments about the possibility of support for particular students. In the long run, we hope to raise a dedicated endowment to pay for graduate fellowships, which would allow the program to grow substantially. But it can succeed on a smaller scale without this resource.
8. ADMISSIONS AND RECRUITMENT

Admissions
Given current levels of staffing and funding, we plan to admit up to 10 students a year.

The procedures will vary somewhat, depending on how the student comes into the program. All applications to the M.A. program will be assessed by the MHS Curricular Committee, co-chaired by the CMHS Director and Associate Director. If joint degree programs are created with one or more professional schools, the admissions decisions will be made separately for the two programs. Applications to the certificate program will be assessed by the CMHS Director.

Outside applications for the M.A.
External applicants will submit an academic transcript or transcripts, 3 letters of recommendation, a statement of purpose, a writing sample, and GRE scores. These requirements may possibly be modified for future joint degree programs.

Vanderbilt undergraduates applying to the 4+1 program
The admissions process will be governed by the procedures for the 4+1 program. Generally speaking, admission will occur in two stages. (1) Students will first consult with the Associate Dean for Post-Baccalaureate Education in the College of Arts and Science. The next step is to discuss the plan of study with the CMHS Director. With the Director’s approval, the student will then submit a transcript, a statement of purpose, and a letter of recommendation from his or her academic adviser. Once MHS has confirmed the student’s qualifications for the program, he or she will be admitted by MHS to its 4+1 track. (2) Students must apply to the Graduate School in time to achieve graduate student status for the beginning of the fifth year of study. The application should include a preliminary program proposal, two letters of recommendation from Vanderbilt faculty, and a current transcript. MHS will then decide whether to recommend to the Graduate School that the student be formally admitted to the M.A. program. Graduate student status will not be established until after the student has the B.A. in hand.

Current graduate and professional students applying to the M.A. program
Students already at Vanderbilt will submit an academic transcript or transcripts, 3 letters of recommendation, a statement of purpose, and a writing sample. In the case of graduate students, one of the letters must be from their adviser and one from their department chair. In the case of professional students, one of the letters must be from the cognizant dean or associate dean.

Current graduate students applying to the certificate program
Acceptance to the program requires a minimum GPA of 3.3, satisfactory performance of B+ or better in MHS 300, and the approval of both the student’s adviser and the MHS Director.

Recruitment
We will focus first on the 4+1 program and current graduate and professional students but will also start publicizing the program externally, via advertisements in journals and announcements on e-mail lists such as H-MED-TECH and H-MED-ANTHRO. The new program will be
prominently featured on the CMHS Web site. We also plan to work with department Ph.D. programs in which MHS has significant strength, such as History, Philosophy (medical ethics), and Sociology, to make their prospective students aware of the possibility for interdisciplinary health studies at Vanderbilt.

9. FACULTY

The program can begin without new hires; additional faculty lines in key areas would enable it to grow. Apart from MHS 300, and supervision for independent study, internships and service learning, we will be using existing courses. MHS 300 will be taught on a rotating basis by members of the MHS core faculty. We have adequate faculty numbers to provide an adviser for each M.A. student in his or her general area of interest.

A full list of current members of the graduate faculty with MHS-related interests appears below. They come from all nine schools and colleges of the University. Some MHS affiliated faculty are not now members of the graduate faculty either because they do not hold tenure-track or tenured appointments, or because they do not have an appointment in a department that awards the Ph.D., which is typically the case for clinical faculty at the School of Medicine. We have been authorized to request appointments for such faculty members who are important to the success of the new program; their membership in the graduate faculty would apply only to their work for MHS. We have already nominated Dr. Sten Vermund.

List of affiliated faculty, with titles/affiliations and main MHS-related interests

Kathryn Anderson, Associate Professor of Economics. Health policy, human resource development.
Victor Anderson, Associate Professor of Christian Ethics; Associate Professor of African American and Diaspora Studies; Associate Professor of Religious Studies. Experience of HIV/AIDS among men of color in the southeastern United States.
Gregory Barz, Associate Professor of Musicology (Ethnomusicology); Associate Professor of Anthropology; Associate Professor of Religion (College of Arts and Science); Associate Professor of Music and Religion (Divinity). HIV/AIDS in Africa.
Michael Bess, Professor of History. Robotics, genetics, and human identity.
Leonard Bickman, Associate Dean for Research, Peabody College; Professor of Psychology, Peabody College; Director, Center for Evaluation and Program Improvement, Peabody College; Professor of Psychiatry; Member, Vanderbilt Kennedy Center for Research on Human Development. Mental health services; health policy.
Mark Bliton, Associate Professor of Medicine; Assistant Professor of Philosophy; Associate Professor of Obstetrics and Gynecology; Chief, Clinical Ethics Consultation Service, VUMC. Medical ethics.
James Blumstein, University Professor of Constitutional Law and Health Law and Policy; Director, Health Policy Center, Institute for Public Policy Studies. Law and health policy.
Tony Brown, Assistant Professor of Sociology. Racial and other social disparities in health and mental health.
Peter Buerhaus, Valere Potter Chair in Nursing; Professor of Nursing; Senior Associate Dean for Research, School of Nursing; Professor of Nursing. The nursing profession.
Karen Campbell, Associate Professor of Sociology and Interim Chair of the Department. Competition among health professions; state regulation of nurse practitioners.
Laura Carpenter, Assistant Professor of Sociology. Gender, sexuality, and health over the life course.
Monica J. Casper, Associate Professor of Sociology; Director, Women’s and Gender Studies Program. Women's health; environmental health and justice; feminist studies of science, technology, and medicine; bioethics; gender, bodies, sexuality; health aspects of security and war; reproductive technologies.
Vera Chatman, Professor of the Practice of Human and Organizational Development; Professor of Medical Education and Administration. Management of health care organizations; training of health care professionals; minority health.
Larry Churchill, Ann Geddes Stahlman Professor of Medical Ethics; Professor of Medicine; Professor of Religion; Professor of Philosophy; Co-Director, Center for Biomedical Ethics and Society. Medical ethics.
Ellen Wright Clayton, Professor of Pediatrics; Professor of Law; Rosalind E. Franklin Professor of Genetics and Health Policy; Co-Director, Center for Biomedical Ethics and Society. Medical ethics; genetics and health policy.
Bruce Compas, Professor of Psychology, Peabody College; Patricia and Rodes Hart Professor of Psychology and Human Development; Professor of Pediatrics; Member, Vanderbilt Kennedy Center for Research on Human Development. Coping and self-regulation in response to stress and adversity in children, adolescents, and adults – especially in connection with illness and psychopathology.
Beth Conklin, Associate Professor of Anthropology. Medical anthropology; cross-cultural health beliefs and practices; body concepts; death and mourning; indigenous populations; primary health-care delivery in non-industrial societies.
Kate Daniels, Associate Professor of English; Associate Dean for Undergraduate Education, College of Arts and Science. Medicine and literature.
Richard D'Aquila, Addison B. Scoville Professor of Medicine; Professor of Microbiology and Immunology; Director, Center for AIDS Research. HIV/AIDS.
Carolyn Dever, Professor of English. Gender; history of sexuality.
Dennis Dickerson, Professor of History. American medicine; Afro-American physicians.
Katharine Donato, Professor of Sociology. Religion, migration, and health; U.S.-Mexico migration flows.
Sara Eigen, Assistant Professor of German. Medicine and the life sciences in the eighteenth century.
Stuart Finder, Assistant Professor of Medicine; Assistant Professor of Philosophy; Director, Center for Clinical and Research Ethics. Medical ethics.
James Foster, Professor of Economics; Senior Fellow, Institute for Public Policy Studies. Social and economic disparities in health and health care.
Kathy Gaca, Associate Professor of Classics; Associate Professor of Religion. Ancient medicine.
Volney Gay, Professor of Religious Studies and Chair of the Department; Professor of
Anthropology; Professor of Psychiatry; Co-Director, Center for the Study of Religion and Culture. Psychoanalysis; theory of emotions in cultural contexts.
Lenn Goodman, Andrew W. Mellon Professor of Humanities; Professor of Philosophy. Medieval Arabic and Jewish medicine and philosophy; ethics.
Thomas Gregor, Professor of Anthropology. Psychological anthropology; gender roles and sexuality; psychoanalysis and culture.
Craig Anne Heflinger, Associate Professor of Human and Organizational Development; Senior Fellow, Institute for Public Policy Studies. Child and adolescent mental health; substance abuse; health services, especially the impact of managed care.
Joni Hersch, Professor of Law; Professor of Economics. Smoking regulation; health disparities.
George Hill, Levi Watkins Jr. Professor; Professor of Microbiology and Immunology; Associate Dean for Diversity in Medical Education. Racial health disparities.
Kathleen Hoover-Dempsey, Associate Professor of Psychology and Chair of the Department of Psychology and Human Development; Associate Professor of Education. Role of family and schools in children's development.
Gary Jensen, Professor of Sociology. Crime as a public health problem.
Carl Johnson, Professor of Biological Sciences; Investigator, Vanderbilt Kennedy Center for Research on Human Development. Human biology; biological clocks.
Rolanda Johnson, Assistant Professor of Nursing. Racial identity, socio-demographic factors, health beliefs, and health-promoting behaviors in African-Americans.
Kazuhiko Kawamura, Professor of Electrical Engineering; Professor of Computer Engineering; Professor of Management of Technology. Humanoid robots; memory structures for a robot brain; human-robot symbiosis.
Lynda L. LaMontagne, Professor of Nursing. Relationship between organizational behavior and health outcomes, especially among health-care professionals.
Jane Landers, Associate Professor of History. African belief systems and practices evident among African-descended peoples in the Americas which relate to well-being, disease, and death.
Jana Lauderdale, Associate Professor of Nursing; Assistant Dean for Cultural Diversity, School of Nursing. Minorities in the health professions.
Pat Levitt, Professor of Pharmacology; Director, Vanderbilt Kennedy Center for Research on Human Development. Developmental disabilities.
Elizabeth Lunbeck, Nelson Tyrone, Jr., Professor of History. History of psychiatry; gender.
Melanie Lutenbacher, Associate Professor of Nursing; Associate Professor of Pediatrics; Member, Vanderbilt Kennedy Center for Research on Human Development. Systems of care for high-risk families, psychosocial predictors of abusive parenting; community response to violence.
Leah Marcus, Edwin Mims Professor of English. Literature and medicine; constructions of the body; psychoanalytic perspectives on the relationship of psyche and soma.
John McCarthy, Professor of German; Professor of Comparative Literature; Director, Center for European and German Studies. Goethe and the life sciences; poet doctors; mental and physical health in literature; genetics and Guenter Grass.
Timothy McNamara, Professor of Psychology; Associate Provost for Faculty. Cognitive science; how people learn, remember and navigate their environments; the nature and causes of gender
and cultural differences in spatial cognition.
Linda Norman, Professor of Nursing; Senior Associate Dean of Academics, School of Nursing.
   The nursing profession; cultural competence.
F. Carter Philips, Associate Professor of Classics. Ancient medicine.
Randolph Rasch, Professor of Nursing. HIV/AIDS; men's health.
Matthew Ramsey, Associate Professor of History; Founding Director, Center for Medicine, Health and Society (2003-2006). History of medicine and public health; the medical profession; alternative medicine and quackery.
Ruth Rogaski, Associate Professor of History. Chinese medicine; medicine and imperialism.
Norbert Ross, Assistant Professor of Anthropology. Medicine and culture; folk biology and ecology.
Michele Salisbury, Assistant Professor of Nursing; Lecturer in Women’s Studies. Women’s health.
Shawn Salvant, Assistant Professor of English. Literature, race, and science/medicine.
David Schlundt, Associate Professor of Psychology, College of Arts and Science; Assistant Professor of Medicine. Health psychology; racial and ethnic health disparities.
Charles Scott, Distinguished Professor of Philosophy; Director, Center for Ethics. Ethics.
Arnold W. Strauss, James C. Overall Professor of Pediatrics and Department Chair, and Professor of Molecular Physiology and Biophysics (School of Medicine); Investigator and Senior Fellow, Kennedy Center. Children’s health.
Lucia Tanassi, Assistant Professor of Medicine; Assistant Professor of Anthropology. Intersections of medicine, ethics, and anthropology.
Benigno Trigo, Associate Professor of Spanish. Medicine and literature.
Arleen Tuchman, Associate Professor of History; Director, Center for Medicine, Health and Society (2006-2009). History of medicine and science; gender and medicine; women's health.
Holly Tucker, Associate Professor of French; Associate Director, Center for Medicine, Health, and Society. Obstetrics and embryology in literature; cultural history of organ transplantation.
Kip Viscusi, University Distinguished Professor of Law and Economics. Health and safety risk.
Kenneth Wallston, Professor of Psychology in Nursing; Professor of Psychology, Peabody College; Professor of Psychology, College of Arts and Science; Professor of Human and Organizational Development. Health psychology and behavioral medicine.
Lynn Walker, Professor of Pediatrics; Director, Division of Adolescent Medicine; Professor of Psychology, Peabody College; Associate Professor of Psychology, College of Arts and Science; Investigator, Vanderbilt Kennedy Center for Research on Human Development. Psychological and biological determinants of variations in health outcomes.
Kenneth Wong, Professor of Public Policy and Education, Department of Leadership and Organizations (Peabody); Professor of Political Science; Associate Director, Peabody Center for Education Policy. Institutional redesign in public agencies.
David W. Wright, Assistant Professor of Chemistry. Malaria research in developing nations.
Areas of strength

The core faculty strengths of MHS are in bioethics (Bliton, Churchill, Ellen Clayton, Finder, Scott, Tanassi), literature and medicine (Jay Clayton, Daniels, Dever, Eigen, Gaca, Marcus, McCarthy, Philips, Salvant, Trigo, Tucker), medical history (Dickerson, Lunbeck, Ramsey, Rogaski, Tuchman), medical sociology (Brown, Carpenter, Casper, Donato, plus another position to be filled in 2006-2007), and psychology (Bickman, Compas, Heflinger, Hoover-Dempsey, McNamara, Prilleltensky, Schlundt, Walker, Wallston). In three other fields — medical anthropology, health economics, and religious studies — the numbers are smaller and some faculty members do not currently offer courses in the MHS area or have major commitments that will prevent them from participating actively in the program. In political science, we have only one faculty member from Peabody with a secondary appointment. The resources are adequate for now, but we hope for growth in future years.

In addition to these core disciplines, we also have faculty who could supervise student projects in such areas as health policy, international health, and medicine and the law. Some Meharry faculty can informally advise students interested in health disparities and underserved populations.

10. CURRICULUM

The bulk of a student’s program will consist of current courses listed in the Graduate School catalog, drawn from the offerings of four schools: the College of Arts and Science, the Divinity School/Graduate Department of Religion, Peabody College, and the School of Nursing. We are introducing a new required interdisciplinary colloquium, MHS 300, and options for graduate-level independent studies, internships, and service-learning projects. We are working with Dr. Sten Vermund and the Institute for Global Health to develop service-learning opportunities overseas, building on the experience we have acquired at the undergraduate level. Twenty students took a class in spring 2006 on Health and Society in East Africa; it was followed by a month of service-learning work in Kampala, Uganda, under the supervision of Professor Gregory Barz and Mark Dalhouse, Director of the Office of Active Citizenship and Service. Over time, we also hope to develop permanent courses under the MHS rubric, starting with narrative medicine and the ethics of biomedical research, which are now being offered as special topics courses.

Proposed new courses

300. Graduate Colloquium. Introduction to graduate-level interdisciplinary work in medicine, health, and society, drawing on the perspectives of anthropology, economics, history, political science and policy studies, philosophy, religious studies, and sociology.

390a–390b. Independent Study. A program of independent readings and research in a minimum of two disciplines, to be selected in consultation with a faculty adviser and subject to the approval of the CMHS Director. FALL, SPRING. [3–3].
393a-b-c. Graduate Internship. Under faculty supervision, students can gain experience in a broad range of public and private agencies, institutions, and programs devoted to health care, public health, or health-related policy and research. After completing the internship, all students must write a thorough report. Note: All work for an internship must be completed during a single semester or summer.

393a. Internship Training. Must be taken concurrently with 393b and/or 393c. FALL, SPRING. [3]

393b. Internship Research. Students will write a substantial research paper under the supervision of a Vanderbilt faculty member. FALL, SPRING. [3]

393c. Internship Readings. Readings and a substantial interpretive essay on topics related to the internship training, under the supervision of a Vanderbilt faculty member. FALL, SPRING. [3]

394a-b-c. Graduate Service Learning. Under faculty supervision, the student will design a program of community service associated with a set of learning objectives. The service component (294a) should benefit both the recipient and the provider of the service, offering the latter opportunities for the development of skills and knowledge. A central objective must be firsthand experience of a central issue or issues studied in sociology, psychology, political science, economics, or another academic discipline. The other component(s)—394b and/or 394c—will consist of an independent study in the relevant discipline and must be closely linked to the issue(s) addressed in 3943a.

394a. Service Learning. Must be taken concurrently with 394b and/or 394c. After completing the experience, all students must write a thorough report. FALL, SPRING. [3].

394b. Service Learning Research. Students will write a substantial research paper under the supervision of a Vanderbilt faculty member, on a topic related to their service learning experience. FALL, SPRING. [3]

394c. Service Learning Readings. Readings and a substantial interpretive essay on topics related to the service learning experience, under the supervision of a Vanderbilt faculty member. FALL, SPRING. [3]

398. Master’s Thesis Research. [0]

Other approved courses

Additional courses not on this list may be approved at the discretion of the CMHS Director.

ANTHROPOLOGY: 240, Medical Anthropology; 250, Shamanism and Spiritual Curing; 260, Medicine, Culture, and the Body; 267, Life, Death, and the Human Body; 329, The Anthropology of Death: Body, Place, and Memory.

DIVINITY/RELIGION: 3053, Seminar: Contemporary Psychotherapy and Pastoral Counseling; 3060, Freudian Theories and Religion; 3061, Post-Freudian Theories and Religion; 3062, Research in Religion and Health; 3066, Health and Salvation; 3068, Religion and Coping; 3069, Theories of Personality; 3084, Readings in Heinz Kohut and Self-Psychology; 3099, Pastoral Care for Persons with Addictions and Mental Disorders; 3752, The Religious Self
According to Jung; 3755, Critical Issues in Psychotherapy; 3452, Ethics, Law, and Medicine; 3464, Seminar in Clinical and Research Ethics; 3951, Methods in Ethics; 3977, Reading Course in Medical Ethics; [Variable credit]; 3504, Freud and Jewish Identity.

ECONOMICS: 268, Economics of Health; 312a–312b, Health Economics.

ENGLISH: 243, Literature, Science, and Technology (as appropriate). Note: topics vary; the CMHS Director will approve versions with sufficient MHS content for credit toward this program.

HISTORY: 204, History of Medicine; 205, Historical Perspectives on Women, Health, and Sexuality; 206, Medicine, Culture, and the Body (same as Anthropology 260); 221, Sexuality and Gender in the Western Tradition to 1700; 222, Sexuality and Gender in the Western Tradition since 1700; 248, History of Chinese Medicine.

MEDICINE, HEALTH AND SOCIETY: 290, Special Topics.


PHILOSOPHY: 239, Moral Problems; 245, Humanity, Evolution, and God; 256, Philosophy of Mind; 270, Ethics and Medicine; 335; Philosophy and Medicine; 336. Philosophy and Medicine: II.

PSYCHOLOGY: Note: “P” after a course number indicates that the course is offered at Peabody. 215, Abnormal Psychology; 231, Social Psychology; 232, Mind and Brain; 235, Biological Basis of Mental Disorders; 240, Cognition, Consciousness, and Self; 243, Feminist Approaches to Clinical Practice; 244, Introduction to Clinical Psychology OR 2690P, Introduction to Clinical Psychology; 245, Emotion; 246, Schizophrenia; 247, Depression; 250, Control of Human Behavior; 252, Human Sexuality; 266, Interpersonal and Intergroup Relations; 268, Health Psychology OR 2560P, Health Psychology; 277, Brain Damage and Cognition; 2250P, Infancy; 2320P, Adolescent Development; 301a-b, Advanced General Psychology, as appropriate [topics vary; the MHS associate director for curricular programs will approve versions with sufficient MHS content for credit toward this program]; 306, Evolutionary Psychology; 307, Group Process and Structure; 310, Research Methods in Clinical Psychology; 342, Seminar in Social Psychology; 352, Seminar in Clinical Psychology; 361, Interdisciplinary Seminar in Social Psychology.


SOCIOLOGY: 220, Population and Society; 237, Society and Medicine; 257, Gender, Sexuality, and the Body; 264, Social Dynamics of Mental Health; 268, Race, Gender, and
Health.
SPANISH: 211, Spanish for the Medical Profession.

11. IMPACT ON PARTICIPATING SCHOOLS AND DEPARTMENTS

We expect that the M.A. and certificate in Medicine, Health, and Society will help the participating departments and schools recruit both students and new faculty with health-related interests. Many other positive impacts of the program have been described throughout this proposal, and follow from its unique status as a fully interdisciplinary and cross-school program in the rapidly growing field of health studies.

The program will place no undue burdens on any participating department or school. Ten students a year in courses spread across the University will not significantly increase instructional responsibilities in any given department or school. Responsibility for supervising independent studies and master’s theses will be similarly dispersed. The burden of staffing MHS 300 will rotate among departments. The one area in which the new program may put noticeable pressure on faculty resources is service learning, since relatively few faculty members have relevant experience and not all of that small group are currently members of the graduate faculty. We expect that this situation will improve, as the CMHS and the University work to recruit new faculty into service learning. Finally, no department or school will be required to make a financial commitment, apart from discounted tuition in the College of Arts and Science. We will ask schools and departments to consider providing support for individual students on a case-by-case basis, but if necessary the program can move forward without such contributions. In the longer term, we plan to seek funding for fellowships from internal and external sources.

We are aware that participating in the proposed certificate program in continuing education will place an additional demand on faculty time. We would need to offer five or six courses, one a semester, over a three-year cycle. Faculty would have to teach these courses as an overload (for which they would be compensated), since the classes meet in the evenings or on a weekend. Because we would need to provide only one a course a semester, we are hopeful that we can meet the needs of both the graduate and the continuing education programs. If there is any conflict, however, the graduate program will come first.

12. TIMETABLE

As mentioned earlier, two students enrolled in 2006-2007 to study for an M.A. in Medicine, Health and Society under the provision of the Graduate School for special individualized programs. Their course of study is like the one proposed here, except that MHS 300, the interdisciplinary colloquium, is not available. Their experience will provide guidance for implementation of the official program. If this proposal is approved in 2006-2007, we plan to begin the program on a small scale in 2007-2008, drawing on current Vanderbilt graduate and professional students. At the same time, we will advertise the program nationally and begin recruiting Vanderbilt undergraduates for the 4+1 track. Full implementation will come in 2008-2009.
13. CONCLUSION

The proposed graduate program in Medicine, Health and Society builds on the work of the Center for Medicine, Health, and Society in establishing a very successful undergraduate major and promoting the study of health and health care in their social and cultural contexts across the University. It can be implemented using existing faculty and resources. It will provide a new way of preparing students for careers in health-related professions or academic fields. Vanderbilt is positioned to be number one in both senses of the term: the first to establish a fully interdisciplinary, cross-school graduate program in health studies; and the top institution in what promises to be a rapidly expanding field.