

American College of Epidemiology

2018 Abraham Lilienfeld Award

Victor J. Schoenbach, Acceptance remarks

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President Mendola, President Kirby, President-Elect Bensyl, members of the Board of Directors, Committee Chairs, esteemed colleagues, and dear friends —

Receiving the College's Lilienfeld Award is a tremendous honor and a huge gift to me from the College. It would be disrespectful of me to question the judgment of the Awards Committee, but I cannot help feeling at least a hint of an imposter syndrome. Nevertheless I am immensely grateful and thank you and the many family, friends, teachers, colleagues, and students, who have enabled whatever contributions I have made.

My path to epidemiology was somewhat unusual. Thinking it may be of interest and might provide some reassurance to anyone here who may be feeling inadequate to their responsibilities, I have spent the past few days writing out my path. But with 50+ years to cover, reading it would way longer than my allotted time. So I will share just the flavor and look to post a fuller version on my website, go.unc.edu/vjs

I went off to college in 1961, without much enthusiasm and without a plan for a major or a career. Still unable to choose after two years, I returned home to Brooklyn NY and eventually took a 5-week course on IBM 1401 computer programming. Programming was like solving puzzles and figuring things out. It also offered something unavailable in any other context - a creature that listens to nearly all of one's requests, follows them obediently, and never asks for anything in return. Hmmm.

Without experience or a college degree, I went to nearly two dozen employment agencies before I found a job as a programmer - at First National City Bank (now called CitiBank).

During my senior year of high school I had had some experiences with anxiety - something I now think would have been diagnosed as panic attacks. I spent several years undergoing psychoanalytic psychotherapy, which affected me in a number of ways, possibly including a habit of personal disclosure. The therapy also brought me a 1Y draft deferment.

When I enrolled as a part-time student at the Columbia University School of General Studies a year or so later, choosing a major was much easier, because the bank paid the cost of tuition for courses related to banking, making economics a very appealing choice.

But as the Vietnam War escalated, I lost my draft deferment. I began reading intensively about the war, and my position changed from “Stop the bombing, start negotiations now” to “Immediate withdrawal”. I switched to full-time and fortunately received a student deferment.

During spring 1968, my senior year at Columbia, the university was shut down after a police bust to end a week-long occupation by two student groups. I wrote my senior honors thesis on poverty, and then went to the London School of Economics (LSE) to study for a masters in economic development. But I spent my time instead with the School’s Socialist Society – and began co-authoring the book, *LSE: The Natives are Restless*¹ about that school’s occupation.

I stayed on in London, spending a year volunteering with a New Left organization called AgitProp and another year puzzling. At AgitProp, my primary activities were distributing pamphlets by mail and at conferences, especially materials from the growing women’s liberation movement. I specifically remember “Our Bodies, Ourselves” from the Boston Women’s Health Book Collective.

I returned to Brooklyn NY in summer 1971, not knowing what to do, where to reside, or with whom to live. Needing to do something, I began a personal odyssey. I traveled through the mid-Atlantic and southeastern states, traveling on trains and buses, getting lifts from friends, and hitchhiking, spending the night with friends and acquaintances or in cheap motels, hostels, or campgrounds. If I knew where I was headed, I was not sharing that information with myself.

Anne Randolph, whom I had met in London, and her friend Bob Earl drove me to Emerald Isle, North Carolina from where I hitchhiked to Chapel Hill. Anne’s brother Tom and his roommate Jim Rumpfelt allowed me to camp out on their freshman dorm room floor for a week, during which I discovered the School of Public Health and Dr. Takey Crist’s course on human sexuality.

My odyssey took me as far as Austin, Texas. Then I said goodbye to a girlfriend in Waco and took Trailways buses back to Chapel Hill. After another week on the floor in Grimes dorm, I decided that UNC was where I wanted to be, so I rented an apartment in neighboring Carrboro, found a part-time computer programming job, and began looking for a partner.

Chatting up a woman waiting in line for a movie at the Students Union, I met Guy Steuart, chair of Health Education in the School of Public Health. He suggested I consider their masters program. With the support of its director, Louis Nidorf, I was admitted with a public health traineeship.

My courses in public health resonated in a way that my undergraduate courses had not. John Cassel led my required epidemiology course. In the words of Bert Kaplan, who became my epidemiology godparent, Cassel talked like “someone with a Talmudic education”.² Through Cassel’s lectures I came to see epidemiology as having real potential to improve society. Sherman James, whom Cassel recruited to the UNC faculty in 1973 recalls Cassel’s telling him

that “Epidemiology is fundamentally engaged in the broader quest for social justice and equality.”³

During my first semester I also met a fellow public health master’s student who later became my life partner, and my younger brother persuaded me to learn the practice of Transcendental Meditation (TM), which has proved of immense value in my life.

I ended up starting the TM teacher training course in fall 1976, during which I decided I should get a PhD in epidemiology and document TM’s benefits for public health. Bert Kaplan supported my application, even learning TM himself so that I would feel more certain about pursuing the degree.

I completed TM teacher training in spring 1977 and entered the epidemiology doctoral program that fall. Since I had not taken biology or chemistry at the college level, I had a lot of catch-up to do and often skated on thin ice. Fortunately I did well in epidemiology methods, such as they were in that era, and had many lucky breaks.

My enthusiasm for epidemiology and my studies carried over into my teaching, making me a popular teaching assistant. When I completed my degree and was beginning a one-year postdoc with Bert, my interest in teaching introductory epidemiology gave me an opportunity to be hired onto the UNC Epidemiology faculty.

A newly minted PhD and now with a faculty appointment, I attended the June 1980 SER meeting in Minneapolis. Many SER members were voicing concerns about the new American College of Epidemiology, incorporated the preceding year with the objective of certifying who was actually an epidemiologist.

In response, Abraham Lilienfeld and several of the original board members convened an informal session to respond to questions and comments. I knew Abe Lilienfeld only from having read his textbook, which Bert had suggested I read before beginning my doctoral program. I attended the meeting about ACE and questioned the need for an organization to certify epidemiologists.

When the College was discussed at a faculty meeting, I remained uncertain about whether or not to join. Although he was a founding board member, our chair, Michel Ibrahim, did not seem an enthusiastic advocate. Nevertheless, in the spirit of Pascal’s wager about faith in God, I decided to take the opportunity to be grandfathered in, rather than risk having to pass a certification examination should membership be deemed obligatory. When I later participated on a subcommittee to write questions for the examination, I was glad that I had not opted to take it!

In the early-mid 1980s, the National Cancer Institute published RFAs for smoking prevention and cessation research. In collaboration with quit smoking expert Tracy Orleans and Edward Wagner, I submitted my first successful data collection proposal, for a randomized trial of self-

help approaches to smoking cessation. Soon afterwards, NCI issued an RFA for smoking prevention and cessation for black populations.

Cecil Sheps and Gordon DeFriese provided an introduction to Dr. Charles Watts, senior vice president and medical director at the North Carolina Mutual Life Insurance Company. Tracy and I recruited collaborators and proposed a group-randomized trial of a self-help quit-smoking intervention delivered by NC Mutual insurance agents. When both projects were funded, I was well-situated in my career, funded at a respectable level, a success story in my department, and woefully underprepared for the challenges that faced me.

Working with NC Mutual home office and field offices confronted me with the stark contrast in resources in the black and white populations and institutions. Conversations with African American colleagues and presentations at the annual Minority Health Conference organized by the Minority Student Caucus at the UNC School of Public Health helped to raise my consciousness. Stark racial/ethnic disparities in health were also highlighted when I began doing HIV research, in collaboration with Suzanne Landis and David Weber.

Barbara Hulka, then chair of my department, encouraged me to respond to a new NCI initiative seeking to expand minority cancer control research. With her active assistance, a group of faculty (including Paul Godley, Russell Harris, Eugenia Eng, David Strogatz, and Sandra Headen) proposed a program of studies, including Paul Godley's doctoral dissertation research on prostate cancer.

The proposal included the plan to collaborate with the Minority Student Caucus' Minority Health Conference, but it turned out that the conference did not take place in 1989 and 1990. So Assistant Dean William T. Small, Jr. met with minority students to re-energize the Caucus and the Conference.

When in 1991 ACE President Ray Greenberg announced his intention to create an ad hoc Committee on Minority Affairs in the College, I volunteered to serve. Ray asked me to be chair. I was dubious, but committee member Sherman James encouraged me. "Vic, you'll do what we tell you to do, and we won't have to put in the time."

The Committee held its first meeting during the 1991 ACE Annual Meeting in Atlanta. Sherman, Bill Jenkins, and conference committee chair Gladys Reynolds were among those present.⁴ The meeting, with the theme "Morbidity/Mortality Gap - Is It Race or Racism?" and many powerful presentations, was a consciousness-raising experience for me.

A few days later, SAAPHI – the Society for the Analysis of African American Public Health Issues – was created as an APHA-related organization. Bill Jenkins, who helped plan the 1991 ACE meeting, was a principal founder.⁵

During the seven years I chaired the Minority Affairs Committee, drafted a Statement of Principles for the College, published three papers, and became a standing committee. I was elected to the Board of Directors and began to become involved in other areas of the College.

When the College needed to change management firms in the late 1990s, ACE President Sally Vernon asked me to download the website. I then managed the College's website for several years and chaired the Communications Committee. I also chaired the Finance Committee for one year. Several years ago I returned to the Board a second time and served on a strategic planning committee. My work with the College over some three decades has been a continuing source of collegueship and fulfillment, and has certainly advanced my career at home.

My experience doing epidemiologic research in African American populations led me to conclude that rather than leading such studies, I should work with African American principal investigators. I participated in collaborations led by Dorothy Browne, Adaora Adimora, and Paul Godley.

Biostatistician Lloyd Edwards invited me to join his Minority Health Project, which presented an annual short course on minority health research, with portions broadcast via satellite. He left for Duke the following year, passing me the project's leadership.

My major innovation was to generate an email list with several thousand addresses I extracted from my collection of emails and use this to publicize the broadcast. Essentially, I was an early spammer! I also helped the Minority Health Conference to start webcasts of their keynote lecture. These two annual broadcasts have showcased leading health disparities researchers, many themselves underrepresented minorities, to thousands of students, researchers, and practitioners.

After 20 years teaching the introductory epidemiology course for epidemiology majors, I was re-assigned to teach the required course for non-majors - hundreds of students each year, in person and online.

Although I never got around to doing research on TM, I have told my students and others in public health about it for many years. I also served on a scientific advisory board for an NIH-funded center led by Dr. Robert Schneider at Maharishi University of Management in Fairfield, Iowa.

There are hundreds of published studies on TM, including several meta-analyses. A significant problem is research summaries that fail to differentiate between types of meditation, which risks muddying the water.

When I stopped teaching introductory epidemiology in the classroom five years ago, I teamed up with Bill Jenkins to teach a seminar course on "Social justice and equality - in search of John Cassel's epidemiology"⁶ – harkening back to the quote that Sherman James had recounted

when he gave the department's John Cassel Seminar in the late 1990s. I created a companion "virtual library" of resources⁵ on social justice and public health from a very broad perspective.

Life is complex - it represents emergent behavior from the interactions of billions of people, each with billions of neurons and trillions of other cells, in an environment with uncountable other organisms and influences.

Reductionism is essential to do anything. But we are thus always oversimplifying and looking at only a small slice of the outcomes.

Human behavior is the proximate or intermediate cause of many of our most vexing public health problems. We are well aware of that for behaviors regarded as unhealthy to the practitioner, like smoking. But we tend to ignore the many behaviors where the harm occurs to others or to the environment. A huge amount of suffering arises from greed, or even the ordinary functioning of our market economy and huge investment pools.

Toxic corporate and political behavior are destroying our social fabric, the efficacy of our institutions, and our environment. How can it be that with our sophisticated knowledge and technology, huge wealth, and rapid communications, so many of us are narrowly focused on getting more for ourselves even at the cost of children's wellbeing and the sustainability of our ecosystem? For example, what leads some billionaires work to mislead the public about climate change while others donate to advance global health?

Can epidemiology help us to understand not only the adverse impacts of these behaviors but their etiology? Can epidemiology make use of the expanding knowledge of neuropsychology and neurobiology to identify ways to broaden awareness, increase kindness and generosity, and reduce greed and other toxic behaviors?

Now that I am retired I will have the luxury to think about these questions – hopefully I will even get to publish something. But in the meantime I will keep putting material in my virtual library, at <http://go.unc.edu/sjae> (for "social justice and equality")! Perhaps I can inspire you to do the research I have not done.

References

1. Paul K. Hoch, Vic Schoenbach. *LSE: The Natives are Restless*. London: Sheed & Ward, Ltd., 1969
2. Berton H. Kaplan. Interview with Victor J. Schoenbach. January 17, 2011, Chapel Hill, NC. Audio recording.

3. Sherman A. James. Interview with Bill Jenkins. February 17, 2014, Chapel Hill, NC. Video recording.
4. The membership of the full program committee for the 1991 ACE meeting was Gladys Reynolds (chair), Bill Jenkins (co-chair), James Ferguson, Terry Fontham, Eugene Gangarosa, Clark Heath, Sherman James, and Manuel Torres-Anjel. The original members of the Committee on Minority Affairs were Lucile Adams-Campbell, James A. Ferguson, Sherman A. James, Bill Jenkins, Shiriki Kumanyika, Vickie M. Mays, John T. Nwangwu, Gladys H. Reynolds, Victor J. Schoenbach, and Grethe S. Tell. Glenn Solomon joined October 1995.
5. Rebecca E. Hasson, Diane L. Rowley, Cheryl Blackmore Prince, Camara P. Jones, and William C. Jenkins. The Society for the Analysis of African-American Public Health Issues (SAAPHI) *American Journal of Public Health*, November 2014;104(11):2072-2075.
6. See <https://go.unc.edu/sjae>

Note:

More information about the history of the Minority Affairs Committee can be found in presentations I have given at past ACE meetings (see <https://go.unc.edu/VictorSchoenbach>). That page also contains presentations and interviews in which I have elaborated on my thinking about epidemiology and directions it might take, as well as my personal history.