

the reach of PrEP, reduce disparities in uptake, and help sustain its use over the long term. An additional benefit of widespread PrEP availability may include increased HIV and sexually transmitted disease testing, when an effective treatment plan is available regardless of the test result.

PROMISE AND POTENTIAL OF AN HIV VACCINE

As with previous disease eradication programs, success lies in the availability of an HIV vaccine and other long-acting HIV prevention tools (<https://bit.ly/2O1lR8r>). The MOSAICO Study (ClinicalTrials.gov: NCT03964415), currently under way in the Americas and Europe, will enroll thousands of men who have sex with men and transgender individuals to test HIV vaccine efficacy. But results are not expected until 2023, and concerns persist about whether the vaccine can sustain protection against a rapidly mutating virus. Nonetheless, a vaccine that would require shots every few years rather

than a pill a day regimen, as with PrEP, would be a game changer in the HIV elimination campaign.

As a primary prevention tool, an efficacious HIV vaccine could eliminate disparities in access, uptake, and adherence that inhibit the population-level effectiveness of current primary prevention methods such as PrEP. An effective HIV vaccine could also turn the tide against the growing HIV epidemic in the Southeast, as well as among vulnerable groups: men who have sex with men, transgender individuals, adolescents, African American women, and Asian/Pacific Islanders. In short, an effective HIV vaccine is the missing tool in the HIV elimination arsenal that can overcome the socioeconomic and political concerns that inhibit current HIV prevention efforts, ensure a decline in new cases, and sustain this decline for generations to come.

MONITORING AND SURVEILLANCE ARE KEY

Finally, disease elimination efforts are not new in the United States or the global community.

Important to remember is that early campaigns were not one-shot deals that yielded complete eradication of any of their target diseases. In fact, these programs continue to depend on vigilant monitoring and surveillance to rapidly identify and intervene in isolated outbreaks. Similar to how recent outbreaks of polio and measles were identified and addressed, the ability to monitor, identify, and intervene in isolated outbreaks is essential to sustaining EHE goals.

As seen with a recent HIV outbreak among people who inject drugs in Massachusetts, Alpren et al. (p. 37) report that the availability of systems to monitor new HIV cases in real time was essential to controlling this outbreak. New York and other states have implemented dashboards providing detailed data on HIV testing, incidence, and treatment outcomes. Similar systems are required in the Southeast and Midwest. In his article describing the New York City dashboard, Nash (p. 53) provides evidence of the importance of such systems both for monitoring HIV and HIV-related outcomes and for ensuring that measurement of HIV-related markers is consistent across place and time.

A COMMITMENT FOR THE LONG TERM

We are now in an era when the elimination of HIV is a real possibility. But attaining this goal rests not only on science—the presence of biomedical prevention tools or a vaccine—but also on tackling the pervasive and harmful political, social, cultural, and economic barriers that inhibit the success of these prevention tools and the ability to sustain these efforts over time. Taking innovative steps to confront these barriers is needed to make the possibility of ending the HIV epidemic a reality and to ensure the health and well-being of generations to come. **AJPH**

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CONFLICTS OF INTEREST

The authors have no conflicts of interest to disclose.

The Photographer's Intent: Understanding the Narratives We Amplify

 See also Kenny, p. 75.

In the article “Capturing Racial Pathology: American Medical Photography in the Era of Jim Crow” (p. 75), Stephen Kenny analyzes the photographic work of elite White surgeon Rudolf Matas. The images, published in the 1890s, were

“produced and assembled in parallel with the making, publication, dissemination, reception and use of Matas’s racialized medical research, in particular his influential 1896 pamphlet on “The Surgical Peculiarities of the American Negro” (p. 76).

Kenny includes three images to support the argument that the images were made, published,

and disseminated in parallel with Mata’s racialized medical research and the term he coined: “racial pathology.”¹

After reviewing the piece, Alfredo Morabia, *AJPH* editor in chief, asked me to consider the following questions: What do these pictures tell you as image editor? You look at so many

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images; what was your first reaction when you saw these? What do they tell you?

I approached the images from the vantage point of professional image editor but with a layperson's interest, my work being visual communication generally rather than public health specifically. Although I had some specific reactions to each individual image, the bulk of my reaction was directed to the images as a set. My response felt visceral: the longer I studied the images, the more I wanted to look away.

Image context is critical. On the literal surface, there is the subject, what a viewer sees. But there is a subtle layering of messages within photographs. This is the story told by the photographer. It involves context, composition, and purpose. On a deeper level, there is message, mission, and integrity. All of this is perceived by the viewer, can dictate feelings, and can direct actions.

On the surface, the Matas photos appear flat. The stiff subjects give an initial impression of clinical objectivity, but very little medical information is explained or revealed. Despite being typical of the period, as diagnostic tools these photos are lacking. Lengthy examination reveals a more troubling story. There is no intimacy between photographer and subject or between photographer and viewer. The distance feels purposeful. The subjects are in positions that emphasize “peculiar conditions,” thus supporting Matas's theory of racial difference. All the subjects are all test subjects. I feel like a voyeur. These are images that I am not supposed to see.

On another level, the Matas photos challenge my current cultural definition of decency while simultaneously upholding

cultural messages I have been taught about brown-skinned people: specifically, brown-skinned people can be viewed as pieces or parts. Although I am seeing these specific images for the first time in the context of this specific article, they feel familiar. I am used to seeing these images and others like them. They are a typical, historical representation of brown bodies. Visually, these themes appear repeatedly in history books, comics, illustrations, advertisements, television, and movies.

Disengaging with the Matas photos, I am left with a single clear thought: I distrust this photographer.

THE PHOTOGRAPHER'S INTENT

The 2015 World Press photo contest was labeled “tumultuous” by writers of the *New York Times* LensBlog after a number of images were disqualified because of manipulation and excessive digital editing. One large prize was “revoked amid allegations of staging and misleading captioning.”

Photographer and contributor Donald Weber wrote at length about the intent of the photographer—specifically that the most important consideration for photography is how the photographer has decided to engage the viewer. According to Weber, viewers must look beyond the photographs to the photographer's intent. Weber warns, “Photographs lie, photographers do not.”¹ Similarly, other contributors supported the idea that the intent of the photographer is paramount to the integrity of the photograph and the story it depicts. There is an ethical line in photography

where images cease to depict reality, but rather uphold systems of belief.

In light of these ethical considerations, the work of Matas is deeply problematic. As Michele McNally, director of photography and an assistant managing editor at the *New York Times*, observed, “There are many societies where photographers work without accepted ethical guidelines, but with a long history of producing propaganda disguised as ‘news.’”¹ And the problem with propaganda lies in its purpose, which includes information, ideas, or rumors deliberately spread widely to help or harm a person, group, movement, institution, nation; the deliberate spreading of such information and rumors; and the particular doctrines or principles propagated by an organization or movement.

CAN A LENS CONDITION RACIAL BEHAVIOR?

Sarah Lewis, assistant professor at Harvard University, explores the relationship between racism and the camera. Her work examines how the construction of public pictures limits and enlarges our notion of who counts in American society.² In a 2019 essay for the *New York Times*, she asks, Why does inclusive representation matter so much? For this answer, she considers her grandfather, who was expelled as a high school student for asking why his school history books did not include images of African Americans (he later became a photographer).³

According to Lewis, the example of young children gazing up at Michelle Obama's portrait

by Amy Sherald at the National Portrait Gallery and images from former White House photographer Pete Souza of Barack Obama with young African American children make it clear: “You can't become what you can't accurately see.”² Matas created images that dictate both the way a subject sees himself and how the subject is seen, viewed, and treated by others. His work perpetuated prevailing thoughts about racism while simultaneously creating a new paradigm: racial pathology.

One might admit that today inclusive representation matters. But did it matter, even during the time when Matas created his images? To that end Lewis offers the following:

Frederick Douglass knew it long ago: Being seen accurately by the camera was a key to representational justice. He became the most photographed American man in the 19th century as a way to create a corrective image about race and American life.²

ANTIRACIST ACTION

At its core, public health is antiracist work. Practitioners, workers, and writers in the field know that ignoring the impact of racism on racialized health disparities enables the perpetuation of these inequities. “As public health researchers, students, and practitioners, we have a similar responsibility to directly confront, analyze, and dismantle racism.”^{3(p28)}

From my image editor's perspective, it is imperative that photos published in the journal accurately depict their subjects and be created by photographers sharing a transparent truth

with their viewers. Images must engage truthfully and challenge respectfully, adding to rather than directing narrative. The cover of the October 2019 issue of *AJPH*—Racial Biases and Health Disparities 400 Years Since Jamestown—showcased the work of visual narrator Texas Isaiah—artist, African American, transman. Texas Isaiah looks

through a lens that matches his subject matter with empathetic eyes. Honoring voices rather than dictating narrative is crucial for public health antiracist work. *AJPH*

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The author has no conflicts of interest to declare.

Somali American Adolescent Girls and Women—A Hidden Refugee Population With Barriers to Health

 See also Fox and Johnson-Agbakwu, p. 112.

Globally, we are facing the worst refugee crisis since post-World War II¹; however, since 2017, the United States has continued to resettle historically low numbers of refugees. In fact, researchers estimate that only 18 000 refugees will be accepted to the United States in fiscal-year 2020, a number lower than any time since Congress established our current refugee program in 1980.² Meanwhile, executive orders have been put forth, legally rejected, and ultimately upheld, barring acceptance of refugees from Somalia, Chad, Libya, Iran, Syria, Yemen, and North Korea.³

Within this backdrop of current global crisis and politics, Fox and Johnson-Agbakwu (p. 112), in this issue of *AJPH*, performed a challenging and landmark study, difficult in the best of times but all the more challenging when the population studied was from one of the banned refugee arrival groups—Somali American refugees.

Currently, more than two million Somali refugees are

displaced, stemming from decades of war, systematic violence, and starvation.⁴ From 2010 to 2016, more than 47 000 Somali refugees were resettled throughout the United States.⁵ Fox and Johnson-Agbakwu address a knowledge gap by studying a “hidden population”—that of adolescent girls and women from Somalia who have resettled in Arizona, which ranks fourth in the United States for initial Somali refugee resettlement during fiscal years 2010 to 2016.⁵

CULTURALLY SENSITIVE STUDY DESIGN AND TRUST

This systematic large-scale study recruited female community mobilizers and trained them in confidentiality, human participant protections, and use of an electronic survey. They were matched by ethnicity (Somali or Bantu) to study participants. Questionnaires were forward- and back-translated in both Somali and Maay Maay

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domestic violence, rape, and female genital mutilation or cutting (FGM/C).⁶

Approximately 98% of Somali females aged 15 years and older have had FGM/C, most often performed between ages five and nine years.⁷ FGM/C has significant short- and long-term morbidity and is a long-standing form of gender-based violence.

In the first comprehensive large-scale study of its kind, Fox and Johnson-Agbakwu examined this hidden population of Somali adolescent girls and women and systematically questioned how exposure to violence over an individual’s life course affects health—not only access and barriers to health but also reported health morbidity. The demographic data alone are invaluable; in a cohort of more than 850 Somali adolescent girls and women, ethnically either Somali or Bantu, they report prevalence of FGM/C and type, educational attainment, and years residing in the United States.

In their study, Fox and Johnson-Agbakwu questioned how Somali American adolescent

(the language of the Somali Bantu population). Data collection was notably performed in 2017, and notwithstanding the presumed significant chilling effect of refugee bans and decreased refugee arrival numbers, Fox and Johnson-Agbakwu had the support of more than 12 Somali community-based organizations and were able to collect data on more than 850 Somali adolescent girls and women.

TRAUMA EXPOSURE AND HEALTH

Refugees and migrants who flee areas of conflict are, by definition, exposed to traumatizing events. Given their vulnerable status in many societies, female refugees and migrants are at significant risk for such exposures, which include gender-based violence—forced child marriages,

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