




GRAPHIC MEDICINE REVIEW

An Interview with Matthew Noe on Graphic Medicine and Librarianship

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***“We’re Going to Need Genres and Forms of Storytelling
That Invite Greater Imagination” — Matthew Noe***



Artist Credit: Kelly Lund

ABSTRACT

Since 2018, Matthew Noe has been Harvard Medical School’s leading champion for Graphic Medicine at their Boston, MA campus’s Countway Library. In his role as Lead Collection and Knowledge Management Librarian, Noe — a Graphic Medicine International Collective (GMIC) board member — has brought a wealth of graphic medicine content to the collection as well as a number of virtual & on-site events, including the NIH traveling exhibition “*Graphic Medicine: Ill-Conceived and Well-Drawn*” and speakers from around the globe. *Graphic Medicine Review* had the opportunity to chat with him about his experiences at Countway, national book bans, and efforts for representation.

Received: April 2, 2024 **Accepted:** May 8, 2024 **Published:** July 28, 2024

Competing Interests: The author declares that they have no competing interests.

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INTRODUCTION

Since 2018, Matthew Noe has been Harvard Medical School's leading champion for Graphic Medicine at their Boston, MA campus's Countway Library. In his role as Lead Collection and Knowledge Management Librarian, Noe — a Graphic Medicine International Collective (GMIC) board member — has brought a wealth of graphic medicine content to the collection as well as several virtual and on-site events, including the NIH traveling exhibition "Graphic Medicine: Ill-Conceived and Well-Drawn" and speakers from around the globe. A. David Lewis, Co-Editor of the *Graphic Medicine Review* and longtime friend of Noe's, had the opportunity to interview him about experiences at Countway, national book bans, and efforts for representation. (Note: transcript edited for clarity.)

INTERVIEW

Lewis: *You have been extremely helpful in advising me on creating a graphic medicine collection at MCPHS University. What opposition, if any, have you faced not only with building a graphic medicine collection at your library but, more specifically, with specifically allocating resources towards it?*

Noe: I should start by saying that the graphic medicine collection at Countway isn't the first one I've ever built. The first collection I put together was at UMass Chan Medical School's Lamar Soutter Library, and there the primary issues were around funding more so than content. That collection started small, with 30-or-so titles as we thought about what would be most effective for the student population at that location. I also took the time while there to work with the Network of the National Library of Medicine's (NNLM) New England Region (now Region 7) to put together a dozen or so traveling book club kits (<https://www.nlm.gov/guides/region-7-graphic-medicine-0>). The big issue in this instance was deciding on what topics were going to be of most interest to the communities in the region, while also being accessible to non-comics readers.

Here at Countway, located on the Harvard Medical School campus, where we primarily serve the Schools of Medicine, Dentistry, and Public Health, the problems have been less about content or budget, and more about duplication of materials perhaps held at other libraries across campus and understanding the purpose of a browsing collection in 2024. As many readers will understand, academic libraries and public libraries and really every library across the country (and maybe across the world) have been under significant budgeting pressures for decades. These challenges haven't gone away — and in some places it's worse than others — but it affects even the most well-off institutions. One attempt to address these challenges has been to reduce duplication efforts across shared Library systems such as at Harvard. That is, Harvard Library is really made up of many individual libraries often with their own budgets and often with their own specific populations to serve. But they all fall under the umbrella of "Harvard Library." Our patrons can access materials in any of these libraries through our shared services and borrowing models, but we all are serving individual locations, and, in many cases, these individual locations are spread across a particular geographic area. Given this, I think it makes sense to have a localized collection where people are going to walk into the physical space and see the materials rather than only interacting with what they know exists through our shared catalog.

We can, and do, identify graphic medicine as a specific collection in the digital catalog, so you're still only going to come across it by accident or if you know you're looking for a comic. There are millions of items in the Harvard Library catalog after all. For many patrons, the idea of using comics in a health sciences setting is still new, so there is what I'd call "generating awareness value" in having local, physically-present items. When you walk into our reading room, you're going to see the kinds of collections that people raise their eyebrows at and go *oh this is an interesting idea, maybe I should explore this further*. That kind of serendipitous discovery is really what a curated, browsable collection in a library is all about, and that sort of thing that is less common in academic libraries nowadays. So, I guess in a way, you could say the opposition to the collection has mostly been that it's kind of a throwback to a way of academic medical librarianship that has become less and less common.

I would, of course, be remiss if I didn't acknowledge that there is still occasional pushback to the idea of spending medical school money on, you know, comic books. I never get this from students; most faculty and staff don't have any issue with it once they get past the initial shock of seeing a whole collection of comics on campus.

Lewis: *Yes, I've noticed a similar reaction at my own school.*

Noe: But there are still the occasional people who think comics are "lesser than" or "not academic enough" for this environment. Most of the time, you can explain to people what the collection is about and give them a sense of why they might use it, especially in public health, and they back off. But I've come to accept that there will always be some folks who remain convinced that comics are a lesser medium, or that comics can't possibly be used as a serious communication tool or as a serious academic endeavor.

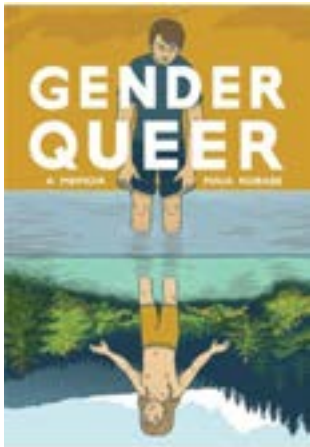
The key is making sure that you have enough allies in positions with the ability to support the work and are going to say *no, we understand and we want this here*. That's what I've been lucky to have from the beginning with my library director. One of the very first things I did when hired was get started on building the graphic medicine collection. It was actually an expected thing, and I shared my aims for Graphic Medicine during my interview: It wouldn't be much of a stretch for me to say that part of the reason I was hired was explicitly to develop this and other more browsable collections.

Lewis: *You mentioned the surprise some library patrons have when they see the comics on the shelves. Has Graphic Medicine appearing on Harvard's shelves and catalog led to any changes in the field's perception?*

Noe: Well, as much as I hate to bank on, you know, the scholarly and cultural reputation of Harvard, for some things I think it would be foolish to not admit that I think there has been an impact. I remember some colleagues in the field commenting, when I got my job here, *it'll be great for Graphic Medicine because there's weight behind Harvard and it'll lend credibility to the field*. I can say for sure that the collection has inspired the continued growth of other libraries building graphic medicine collections that are specific to their community. At least six or seven times a year, I am still offering advice and suggestions and help for how people can get started in their library. I've used the collection here as an example in several book chapters as a sort of test case for how you can go about building a collection and what considerations you would take into planning and approaching your own local collection.

One thing I am especially proud of is that our collection is all cataloged using National Library of Medicine (NLM) classifications. This is something I insisted on when I started even though it means a slower turnaround time for getting new purchases on the shelves. That turn-around time is exactly the reason I have us doing this; it's slower because there's seldom an existing NLM-classed record for these comics, making copy cataloging unavailable. This means that we're providing a benefit for the entire Library community and, ultimately, for patrons by taking the time and resources available to us and cataloging these items in NLM so that it's available to others to copy going forward. This is not to say that you can't use Library of Congress classification for Graphic Medicine in an academic library setting, but I absolutely would encourage any Health Sciences Library to stick to using NLM. It makes a big difference in browsing the collection, especially given that so often comics in LC are crammed into a tiny little range that when you're trying to browse the call numbers aren't much help.

Lewis: What title or titles has been the most challenging to include in the collection? Has “Gender Queer: A Memoir” (Kobabe & Kobabe, 2019) – the most banned book in the country (Kobabe, 2023) – been at all problematic? Or something with a higher price point? Or something so popular it often goes missing?



Since we're a private academic health sciences library, we're not facing the same kind of pressures and challenges that public libraries and school libraries and some public academic libraries are facing. So, really, content has not been any issue for us other than me trying to determine where the scope and boundaries of Graphic Medicine are (which is a large topic that isn't really the question here). We do have *Gender Queer* in the collection, and it is one of our most popular titles. In fact, I've had to buy a second copy and a replacement copy because they get so worn down. Another title that's had this issue was [Lissa: A Story about Medical Promise, Friendship, and Revolution](#) (Hamdy et al., 2017) which has proven extremely popular here and is one that is probably less commonly mentioned in other library settings.

Lewis: Ha! You're right, “Lissa” is terrific. It hits so many separate areas related to Graphic Medicine.

Noe: The real challenge for our collection has to do with ability to purchase outside of traditional library vendors. Most libraries have this problem, where it's difficult to impossible, depending on one's location or library type, to purchase things directly from creators or to go to comic conventions and buy things there – or to even buy international titles! Some of this has to do with efficiency of workflow, and some of it has to do with policy level restrictions. If you're in a municipal government setting for example, there are often strict parameters about what you can and cannot buy due to spending rules and regulations. Regardless of setting, sometimes it's internal financial policies - which we really should be trying to change.

This gets into a larger issue within Graphic Medicine where the books that we have available and discuss most often are largely representing certain white, Euro- and American-centric, middle-class experiences of health and illness, which is reflective of traditional publishing in general, not just in Graphic Medicine and not just in comics. Some ways to address this include being able to buy directly from small, independent creators, to back [Kickstarters](#) and other crowdfunded works and initiatives,

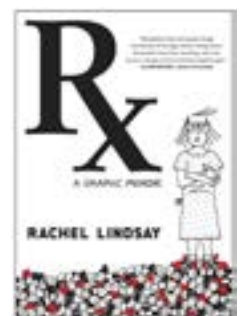
and to buy more internationally. If we're going to address the diversity of our individual collections, these are some of the ways we can do that; in addition to putting pressure on publishers to change their practices. Ultimately though, buying power is our biggest asset as a library when trying to encourage publishers to make changes. Here at Countway, I have been able to secure permission to back [Kickstarters](#), to attend and purchase from creators during local and international comic conventions, and buy directly from creators via their website while sitting at my desk. These processes entail more complex workflows, but here the argument that we are aiming for as wide a collection scope as possible was compelling. It helps, too, that comics remain, frankly, cheap compared to other health sciences purchasing.

Thoughtful acquisition of works of Graphic Medicine in languages other than English is also underway at Countway, and I hear, at a few other U.S.-based libraries. In addition to the purchasing barriers this poses, libraries must also address language barriers in cataloging these works. If we intend to present a full picture of the scope of Graphic Medicine, collecting globally is something we must do. To date, I have begun purchasing titles in Spanish and French, and we aim to add Japanese to purchasing plans in the coming year, with the goal to continually add new languages on a rolling basis; in this way, we can broaden our scope while not burning out our workflows and staff.

Incidentally, you mentioned price point. In general, the price of comics, especially when looking at print, isn't typically one of the major issues surrounding comics acquisition in libraries. If one is in an archive and trying to buy first editions of older titles, original artwork, or otherwise more rare things, that's another matter. For the kinds of materials, we are typically talking about for circulating comics collections, individual titles are usually in the \$10 to \$50 range, with the average being under \$30 (in 2024, US dollars). What are we spending on the latest editions of *Harrison's Internal Medicine* (\$300)? What are we spending on any given journal throughout the year (multiple thousands of dollars)? Comics are a bargain, especially when you look at cost per use (if that's a metric that your institution cares about). You're lucky if most of your journals, other than major titles like the *New England Journal of Medicine* or the *Journal of the American Medical Society*, are hitting a price point of \$15 or less per use. Most comics hit that in one or two uses. Basically, my point here is don't let finances be the issue. Space can be an issue. Community buy-in can be an issue. Ability to program around the collection can be an issue. But I find it difficult to swallow claims that limited collection funds are preventing a library from starting a graphic medicine collection.

Lewis: In terms of programming, what events have driven the most engagement, whether that be live and in-person or virtually and online? What process do you employ in terms of arranging such talks and workshops?

Noe: For programming, I always feel like I need to talk about pre-pandemic and post-pandemic (as in, post-March 2020, not as in COVID-19 is no longer with us). Prior to 2020, Countway was doing a lot of in-person events and we were basically doing no virtual events. Looking back, that was obviously limiting in terms of accessibility, and I think that's a big part of why hybrid is here to stay. Anyway, some of those events were indeed comics-related. The best-attended were things like author talks where we would invite a comics creator to come, give a lecture, and then do a book signing. The most successful of those was with Rachel Lindsay, the cre-



ator of *RX: A Graphic Memoir* (2018), which we co-ran with our neighbors at the Massachusetts College of Pharmacy and Health Sciences (or MCPHS University, as I think they're officially known now). We'd also do these "show up and make buttons and draw comics" pop-up events with other Harvard libraries; those were always hit or miss, since it depended on the time of year and how the students were feeling. But they were a good way to make comics a regular part of our conversations. Additionally, it's always worthwhile, every couple of years, to host an (other) "Introduction to Graphic Medicine" event, like a small mixed lecture and hands-on educational session. Since every year brings new students, and the turnover among faculty and staff never really stops, it is important to offer entry-points often.

Post-pandemic – which is really only, for us, getting back to full-scale programming in the last year – has been slower to start. We have a lot of virtual events going on, but I didn't really dive back in with comics events until January 2024 when we hosted the [National Library of Medicine's "Graphic Medicine: Ill-Conceived and Well-Drawn"](#) exhibit. For the exhibit, I went 'all-in,' so-to-speak, and as part of the exhibit held [a program every week that the exhibit was here](#) (six weeks). These events included everything from an introductory panel to a book club to a cartooning workshop and even zine-making open session, with a couple of other live "learn a little bit about comics in history and how you can use them today" events. Inadvertently, the breakdown worked out to an even split between hands-on workshops and lecture/presentation events.

Lewis: *And I should note how much I appreciated being included in that programming!*

Noe: As with all library programming, attendance varied. Some events pulled in nearly 100 people, while others brought in more like 5-10; in my opinion, though, if you can get five people to attend an in-person library event during the school day, that's a win. There's value in having those smaller group attendances, too. With the large events, it's great to have that much interest and engagement, and to reach so many people in one go. But with the smaller events, you get to do more relationship-building, including more one-on-one time, which helps to understand exactly what those patrons are looking for or are invested in.

An important thing to keep in mind, because we're working in a field with cartoonists and with non-affiliated academics and researchers, it's vital, even more than normal, to make sure you have funding to pay your speakers. That's one of the complicated issues with the field, and within the graphic medicine community, since we have everyone from tenured academics and clinically engaged physicians who might be making hundreds of thousands of dollars a year to cartoonists who are scraping by selling \$15 mini-comics. (Examples chosen to illustrate the huge range, not to suggest that these are the only people in the community, nor that all academics are so well-off.) It is vital that all of those experiences are shared, and it's also vital that we pay people for their time and effort.

For the zine-making workshop, titled "[Zine Your Thesis](#)," I worked with a colleague from across the river at Harvard's Tozzer Library, Julie Fiveash, who had run a similar event at their library in the Fall. Essentially, the idea was to offer a chance for people to come in and learn a little bit about zines and then make their own, with a goal of encouraging people to think of ways to share complex information (such as a thesis) in a more accessible format that can be easily mass produced. In addition, zine-making can encourage practitioners, researchers, and students to think through how the average person can more easily understand their research topic. This is especially important for public

health, and health communication is receiving increased recognition in medicine and dentistry, but researchers should also be encouraged to think about lay communication. There are a ton of great tutorials online about how to create zines and, really, the appeal of a zine is that anyone can make them! If you're thinking about doing a whole series of creative workshops, this one could be a good one to start with because it takes some of the pressure from drawing up front. A zine can literally just be words; some of the most successful ones are just playing with size and font and different colors, but it still gets people thinking about presenting information in an artistic and creative way. We are thinking about setting up a regular open craftspace event in the library, maybe twice a month, where people can just drop in and take an hour or two to work on something creative. In addition to the communication benefits, we are always thinking about the impacts of stress and burnout in health sciences library settings nowadays. Creative arts and other forms of play are great ways for the library to help combat these issues, and, in addition, use it as a chance to promote the collection and other events going on.

Lewis: Mental health, cancer, elder care, and women's health are among the most prominent or most numerous topics covered in a number of collections. What other illnesses or health concerns do you feel need to be better represented in growing Graphic Medicine collections?

Noe: Ultimately, I'd like to see better representation for every illness or health concern because, while we do have these topics like cancer and mental health that have a dozen or more comics about them, they're, as I mentioned earlier, still largely written from a specific socio-economic, socio-cultural background.

More specifically, I am always hoping to see more examples on chronic and invisible illnesses, and specifically about pain. Admittedly, the pain element is a little self-serving, as chronic pain is my own personal cross-to-bear, but lifelong, chronic illnesses present their own challenges that we don't always get representation for, and that medicine is often ill-equipped to address. (And yes, as Cathy Leamy is always telling me, I should create my own comic on this; maybe one day.) I always think part of the reason we don't see as many of these stories in comics might be the expectations of a narrative arc in American storytelling: we expect this high-drama moment and some sort of resolution at the end of a story. Yet, for someone who has a chronic illness, or nerve damage for example, there really is no end to the story. We might see something like a "how did this happen" and a "here's how we got diagnosis" or "didn't get diagnosis," and here's the "800 different variations on treatment that have been tried," but then the story would end with a "this is life now, maybe you're coming to terms" moment sort of thing. Or maybe a coming to anger sort of moment, right? There's not necessarily going to be a happy or comfortable ending to these stories, and that's the kind of thing that I want to see more of. This is part of why I am thinking more and more about anthology options for Graphic Medicine — not only do they allow multiple, perhaps conflicting, understandings of any given health concern, but they encourage snapshot approaches to storytelling given the limited space available.

I'm also always looking for more representation in different genres and types of comics, both in graphic medicine collections and in scholarship and discussion about Graphic Medicine. Most of what we're seeing, especially in (academic) library collections, are memoirs, biographies, and the handful of readily available educational comics. Meanwhile, there's a whole host of fiction out there, and, though we do see some fiction on core collection lists of course, they all tend to have a "high literature" bent

about them, right? Where are the superheroes, where's the sci-fi and fantasy, and where are all of these other ways of exploring complicated ethical messy human topics for Graphic Medicine? You and I both know that these things exist to a limited degree; Jane Foster in *Thor* is a great example of a superhero comic, right?

Lewis: Yes, her battles with cancer, particularly as a healthcare worker herself, has been some amazing work.



Noe: There's also, in the creator-owned comics space, the Eisner-nominated *Ripple Effects* (Hart, 2022), featuring new-to-the-super-hero-gig George Gibson, who is invulnerable to physical harm but is also living with an acute case of type 1 diabetes. In addition to being a fun superhero comic that touches on the complexities and vulnerabilities that come with a chronic, incurable disease, the book also includes an essay after each issue, written by someone with their own experiences with a chronic, invisible illness. This approach helps reach readers who aren't all that interested in a memoir but can still benefit from learning about the experiences of living with invisible illnesses. I'm such a fan of this approach, and of the story that Jordan Hart wove using his own experiences with thrombophilia, that when Fanbase Press asked if I would contribute a foreword to the trade edition of the book, I jumped at the chance.

And if you want to discuss, say, the climate crisis with Graphic Medicine, then there are some great sci-fi examples, so I think we need more of that. That's in terms of both what we should be collecting and what we should be discussing. Memoirs and educational comics and biographies all have an important place, don't get me wrong, but if we're going to truly tap into this idea that stories are going to be how we move medicine and public health forward, that they're how we change minds and impact the practice and experience of medicine, then we're going to need these genres and forms of storytelling that invite greater imagination.

Lewis: What's a common misconception about Graphic Medicine that you frequently have to correct?



Noe: I think there are two, really. The first is less about Graphic Medicine specifically and more about comics in general, but it's the constant refrain that comics are unserious or for kids or a throwaway kind of medium. There is a long history that leads us to why this is the mindset so many have, but ultimately it gets us into trouble in health sciences librarianship because we are here for "professionals" and that comes with a host of assumptions about professionalism that comics butt up against. How I address this misconception varies depending on how familiar with comics the person I'm talking to in the moment is; there's nuance to these conversations. My goal is to convince them without needing to reference comics like *Maus* (Spiegelman, 2020) or *Fun Home* (Bechdel, 2007), because while those are certainly worthy of reference, they also pigeonhole us in another way (as mentioned above re: genre and representation).

The second is that the term “graphic medicine” itself often causes problems both because people think it’s graphic, as in explicit or gory or violent — and it *can* be those things - but it isn’t *often* those things. And then there’s the limiting factor to the word “medicine” that also comes up, leading some people to think that nursing, public health, or all these other things that are related to health and illness (such as dentistry, veterinary medicine, climate change, environmental health, etc.) but aren’t explicitly “medicine” don’t fit. I think this is just the nature of coming up with a term to define a community in genre, especially one that is fractured.

Lewis: What do you mean by “fractured” in this context?

Noe: I don’t mean fractured in a negative way – but fractured along different views and understandings and definitions themselves. There was never going to be a term that perfectly worked, but I think Graphic Medicine works well enough, and it’s the term that we have right now. You never know, 10 to 20 years from now, maybe there’ll be another term that encapsulates all of this more cleanly and succinctly, but I can’t predict what that will be. If I had to guess, we may see a transition to something like “graphic health,” in the same way we’ve seen some transition in the larger medical/health humanities space. I spent a lot of time talking about this, as students at Boston University can attest from a recent talk I gave with their Graphic Medicine Club, so if any readers ever want to overanalyze defining and scoping the field with me, let’s get a coffee!

A third thought that came to mind as I was saying that bit about comics is that some people think of comics as a genre (usually imagining capes, tights, and long-winded sanctimonious speeches) rather than as a medium or practice or way of thinking. It is important that we think of comics as the medium rather than as a genre because the genre could be memoir or history or fantasy or sci-fi or any of these other things that we call genres. But comics it’s not the genre; it’s the medium. One wouldn’t think of film as a genre, right? So why would people think of comics that way?

Lewis: In “[Getting Started with Graphic Medicine in Public Librarianship](#)” a piece for the *Graphic Medicine website*, librarian *Brittany Netherton (n.d.)* suggests that these collections should be tailored to one’s community. How would you characterize the interests of the Harvard Medical School community? Are there more didactic texts in *Graphic Medicine* that are pertinent to this readership?

Noe: Yes, Brittany is absolutely right. Good collection development 101 is really built around knowing who your communities are. Notice I said communities, plural, since I can’t think of a single library with only one community they serve. Developing a collection around their various, possibly competing, wants, needs, interests, etc. is the primary work of collection management folks like me. In the case of Countway Library, our primary audience – the people we report to, I guess you could say – is Harvard Medical School, but we also serve the schools of Public Health and of Dental Medicine. And then, we also serve more than a dozen affiliated hospitals, Harvard University at large, visiting fellows and faculty, and the Global Research community. If you imagine this like a seismograph, with expanding circles, it starts at the center with HMS and then expands out to Harvard and then to the world, right? So, in short, when thinking about collection development, we’re thinking about what our students, faculty, staff, and clinicians need first.

In the case of our graphic medicine collection, however, I also have a (somewhat self-imposed) mandate to develop it to be as large, full-scale, and encompassing of the field community in general as I can. My goal is to build as large a collection as physically possible, ultimately bringing in comics from across the globe in as many languages and formats as we can. You might begin to see why I spend so much time thinking about definitions and scope, right? If all I was focused on was our primary community, I could say, “we’re building just for the medical school and because we’re building for the medical school we’re going to focus specifically on biomedicine and memoirs about clinical encounters.” That’s the scale that most folks are working at, and it is where I started too, but since I have both financial and administrative support, it feels important to reach out into those further afield community circles.

You mentioned didactic texts, and I think that really gets to a question that I’m not sure there’s a clear answer to. So, there are texts that are specifically designed to teach people something, right? There are comics like Cathy Leamy’s *Diabetes Is after Your Dick!* (2012), which takes a humorous approach but is ultimately trying to teach people why they should care about diabetes and managing their health.

Lewis: [Laughs.] I love “*Diabetes Is after Your Dick!*” There’s simply no way to ignore it or dismiss it.

Noe: There are also examples aimed at children, like Booster Shot Comics’ *Iggy and the Inhalers* (Thomas, A & Ashwal, G, 1993) and ones for adults that are less... dramatically humorous like *No Ordinary Flu* (Li Vollmer, V et al., 2021) published by Seattle & King County Public Health. These are teaching comics



that we do have in the collection, and they are appropriate for our various audiences, either for themselves and/or with patients. Our practitioners might like to know about them so they can use them with their patients, but I wouldn’t say that we have a specific usage goal in mind when collecting these kinds of comics, other than their being representative of Graphic Medicine. Another version of this might be teaching materials in a more scholarly vein. We collect scholarship on Graphic Medicine as well, so there are monographs that have only comics in them as examples, but they’re here because they are scholarly works examining the field. For example, *The Walking Med: Zombies and the Medical Image* (Servitje & Vint, 2016) is a book in the Graphic Medicine series from Penn State University Press; it is not a comic, and, though it contains some comics examples, it’s a work of academic scholarship.

There are also things like *Clinical Ethics: A Graphic Medicine Casebook* (Myers et al., 2022), also out from that same Graphic Medicine series, but this is meant more as a clinical tool that people can use with patients; it includes comics and tips on making comics and using comics for clinical purposes. So, there are a growing number of things along those lines that we include in the collection. And we do make a specific point of collecting these, but I don’t know that one would have a very large or robust or useful collection if the only focus was on buying academic monographs at this point. If it’s only focused on clinically relevant graphic medicine works or tools, there are going to be fewer still unless one is being creative about how they’re using existing comics. A good example of this is making use of Peter Dunlap-Shoal’s *My Degeneration: A Journey through Parkinson’s* (2015) in a clinical setting as an educational tool for patients and their families, even though it was not explicitly designed as a clinical

or educational tool. So, I think that's where the definition of what we're talking about with didactic comes into play, because, really, I would argue nearly any of the comics we consider Graphic Medicine can be used in that way; it becomes a question of were they created with that in mind or not, and how well can you develop a program to make use of them. There's a long conversation to be had about why, historically, educationally driven comics tend to fall flat, but thankfully, the newer comics coming out with education in mind are doing a much better job of it – especially when it comes to imaginative use of the medium. In another five years, there might even be enough of these to make a decent collection all their own!

Lewis: *You mentioned Countway hosting the National Libraries of Medicine's highly successful traveling exhibition, "Graphic Medicine: Ill-Conceived and Well-Drawn," that has been featured all around the country. Post-pandemic, are there any elements or exercises you would recommend now be added to it?*

Noe: I think the exhibit itself still stands well because the banners are largely exploring relatively static concepts. They're about what comics are and what they can offer to the practice of medicine, as well as exploring the way stories are constructed. The banners serve as a kind of a starting point for additional programming. I think people sometimes forget that there is a curricular component to the exhibit, too, offered through the NLM Exhibits website, that includes not only a college-level set of programming and classroom ideas, but K-12, as well. I think the suggestions that are included there are still great, but I do wonder if there are opportunities for more co-creation in these kinds of lessons that we're doing. Often, we're thinking of the classroom as an individual learning space even though we're doing it together and don't think about co-creation as much as we could. And comics are fundamentally a collaborative effort. There are the rare people who are like author/illustrator/letterer/colorist all in one, and you see that in a lot of memoir comics, but in most other genres of comics there is going to be, at minimum, a writer and illustrator collaborating. So, if we're thinking about incorporating comics into our classrooms and in our instruction, maybe we should be thinking about pairing people in that space together. Because, when we're teaching comics creation – and especially in non-artistic classroom settings – we're not worried as much about the illustrative talent itself as much as we're concerned with students crafting the story and expressing whatever they're trying to express, whether that's a moral or information or just fun. I think that's something that's really missing in most of our graphic medicine instruction as well as with the exhibit.

For the exhibit itself, I do think it would be worth revisiting with an eye on the COVID-19 pandemic and all the comics, and comics processes, that emerged out of the last 4 years. I might even suggest a separate exhibit because I don't want to bog down or detract from what the purpose of this main graphic medicine exhibit is. It's called "ill-conceived and well-drawn," and it's really thinking about conceptions and boundaries and what comics are and can do. It's not focused on any one condition; it's not focused on necessarily diary comics or specifically educational comics. It's broad, right? So maybe what we're looking at here, instead of adding on to this exhibit, is thinking about what the *next* graphic medicine exhibit looks like. That's where the COVID-19 piece comes in. There've been several efforts to capture and categorize and try to catalog all of the comics that emerged in the early years of the pandemic and are continuing to be made today, but there's this massive corpus to explore, through primary documents, what those years were like. We've got multiple comics anthologies called *COVID Chronicles*, we've got webcomics captured on GraphicMedicine.org, we've got research

projects attempting to capture and analyze Instagram comics, and so we could use an exhibit to explore what it was like. There's learning how to filter your own air and masking and the ways that COVID intersected with the environmental crises we're seeing across the globe, such as in both California and in Australia in 2021. And you've got the efforts to educate on vaccination and, unfortunately, there's all kinds of political cartoons against vaccination and against masking. Then you've got the diary comics from people who were just like, "Today sucked and I haven't left my house in 6 months and I'm lonely and this is miserable." That might to some seem like social media whining or something, but ultimately that's a first-hand account of what it was like for this person during this point of time and this location. Those are the kind of first-hand documents that will become primary sources for historians down the line. So, if we can think of a way to craft an exhibit around these things now – to capture and archive these comics now — we're setting ourselves up for success in the future, avoiding historical or cultural forgetting. We're already starting to see some of this rewriting of what that time was like for political gain. An exhibit showcasing what was happening might push back against that.

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