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Closing Remarks

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2020 New England Graphic Medicine Conference
March 26-28, 2020

Closing Remarks

A. David Lewis

In the keynote speech, Brian Fies quoted Larry Gonick suggesting, “Comics work like the mind works.” I agree with that, in essence. But I want to suggest that *we* work like comics. That is to say, “comics work like the mind works” – and *we do too*.

It should not be surprising in any way that I think a lot about comics. If you’re watching this, you likely do too. Odds are that you do not need me to tell you that “comics” itself is a tricky term, even before we link it to things like narrative theory, religious studies, or graphic medicine. *Comics* has no one set definition. They have been offered, of course, from R.C. Harvey’s position that comics are the combination of word and image at their essence, to Scott McCloud’s “Juxtaposed pictorial and other images in deliberate sequence, intended to convey information and/or to produce an aesthetic response in the viewer.” (I *almost* have it memorized.)

I’m raising these variations in our understandings of comics here at the conclusion of our virtual summit on Graphic Medicine particularly because of that idea of conclusion. That is, I hope – and believe – that this virtual summit was enjoyable to people; also, I hope and believe it was thought provoking to its attendees and presenters. As its organizer, and one too close to it all to be subjective, I think the whole enterprise was worthwhile. But...we *cannot* be satisfied with it.

Both Harvey and McCloud’s definitions suggest, in their own ways, that comics must always be open ended. The connection between word and image suggests, from their nucleus, further connections – to additional images, to more words, to a whole visual grammar and syntax approaching closure but perhaps never entirely cinching it? And McCloud’s concept of *sequential art* itself implies that there is ever another panel ahead, imagined or otherwise. (As an aside, I’ve long felt that the single-panel cartoon fits McCloud as well as Harvey, usually with the true humor or punchline taking place in the imagined next panel or the unseen set-up panel that occupies the readers’ minds. But that’s a subject for another day.)

We cannot be satisfied with this event because it is not over. Like any comic – a system as viewed by Thierry Groensteen or an unfolding language when analyzed by Neil Cohn – it always continues. Whether it’s the serial superhero with their “never-ending battle” or a supposedly stand-alone work having an afterlife, an influence, and a growing discussion in its wake, the end of our sessions this weekend do not actually bring us to a conclusion – only a new and maybe clearer set of challenges.

How could we improve? First of all, greater inclusivity. NEGM may have had reasonable gender parity, age span, and LGBTQ representation – ok, good. But it has been stunningly Caucasian, present company included. Moreover, it has been attended by those who *could*, not necessarily those who *need* or *want*. We cannot grow complacent or congratulatory in Graphic Medicine’s diversity while still too many, to quote Cathy Leamy, are not here in the room with us.

Second, this was a trial by fire in the virtual space during, as we all know, a global pandemic. I feel we functioned well under pressure and were, nicely, charitable and forgiving of everything from tech issues

to personal distractions. (And an organizer needed to lounge in a recliner for a poor achy back.) I applaud that kindness, a sorely needed commodity right now. But it also means that we were all graded on a curve. In better times, in healthier times, we would want to present a more robust conference – inks to accompany the beautiful line work, hand lettering to add flourish in place of digital fonts.

Like comics, we always have boundaries to widen and new content to explore. As such, I want to use these concluding remarks to solicit new trajectories ahead: the healing we will help others do when we have completed our own.

I'm asking for proposals for further virtual Graphic Medicine events. The Graphic Medicine Association is launching a weekly "Drawing Together" virtual hangout, and there have been additional discussions of book groups and resource sharing meet-ups mentioned, all of which I think sound excellent. But, what's the next seminar or project endeavor we might want to attempt, even virtually or digitally? New England, what else can we put out into the world – and, world, how else might you want to interact with us? If you have ideas about the next NEGM project, I'd like to hear from you via e-mail with precisely that Subject Line: "Next NEGM Project" please. We've heard about the need for police instruction in recognizing epilepsy; we've heard about new GM works needed for the YA set. We've been given the Fies Framework, the Jagers Themes, and the Leamy Method, all of which could be put to use immediately in spaces like the Annals of Graphic Medicine, WebToons, or GraphicMedicine.org. Your idea does not have to be a complete thought; to quote Peter Quill, it can be 12% of plan, but it's a start. That's how everything begins, so let's see what new beginnings you have in mind. "Next NEGM Project" care of...me.

Also, New England Graphic Medicine started with the NNLM NER, came to my MCPHS University, and is going...where? 2021 may feel very, very far away, I know, but there is always a need for people to step up and invite this fledgling conference-by-way-of-virtual-summit to their own institution. No one has to do it alone – we have many motivated scholars, artists, librarians, clinicians, and pharmacists to call upon – but I do want to pass the baton to the next organizer of this enterprise. So, look for a forthcoming call to assemble a Planning Committee to that end in the coming weeks. If you've attended, presented, or remotely monitored the proceedings today – and you are *motivated* – then you are eminently qualified!

As J.D. Lunt demonstrated, as Beth Barnett, Liz Bolduc, Issy Manley, Natalie Wardlaw, and many others have shared, all of this need not be done in haste. We can discuss, mull, reflect, and prepare. We can wait...but we cannot postpone. Graphic Medicine remains needed both *now* and into the *future*. It's my private hope that some of the kids who have snuck into the videos over the weekend will also pick up a brush, a diploma, or a reflex hammer and continue the Graphic Medicine work we've begun over these past ten years.

In conclusion, if comics are a sequence, a language, a medium, or a system, what does that make us, the Graphic Medicine enthusiasts, creators, scholars, librarians, practitioners, and allies as a group? During the Opening Remarks, I suggested that we are all friends – and I stand by that, surely. But, more directly, more specifically, I want to suggest that we are a structure, the consensus, concerted outline of something yet to come. What that will be, what architecture we are collectively creating, can't necessarily be known yet.

But, without question, there are still stories to build, and all of you, this structure stretching across New England and well beyond, are carpenters as well as foundations. And the doors to this construction remain *wide open*.