Legacy in motion
2018 Donor Honor Roll

M E D I C I N E  •  D E N T I S T R Y  •  R E S E A R C H  •  P U B L I C  H E A L T H
Dear Alumni and Friends,

I believe that Meharry represents more than an education. I have heard enough heartwarming stories to know that we are much more than a place to earn a professional health care degree. At the core, Meharry represents opportunity. Rather, the meaningful opportunities that are a product of an education guided by purpose. I believe those very opportunities provide the inspiration to dream and the desire to reach farther than one ever thought possible. Without those opportunities, we are stuck. With them, we can live better, be better and do better. Ultimately, it allows us the ability to give more of ourselves in order to help others in profound ways—an intangible concept with unimaginable results.

As you look through this publication, you will see the people and programs that are responsible for transforming Meharry each and every day. You may or may not be featured in these pages, but your gift made during FY 2018 is central to our past growth and to our future successes. I hope that you take ownership and pride in being a part of something meaningful.

Supporting the college directly impacts others in ways you may not have considered. I ask that you take a moment to reflect upon just how impactful furthering a student’s education can be. Your generosity is empowering. Your support matters.

The founding of Meharry in 1876 was based on gratitude and the desire to pay forward a good deed. If you are not familiar with The Salt Wagon story, I encourage you to read about it on our website at www.mmc.edu. This tale remains central to our mission, and the vision we have for tomorrow.

I thank you again for entrusting that Meharry will steward your contribution in a way that is reflective of the spirit of which it was given.

Warmest regards,

James E.K. Hildreth Sr., Ph.D., M.D.
President and Chief Executive Officer
Dear Alumni and Friends:

If you've ever witnessed Match Day at Meharry Medical College, you know that the anticipation in the room is palpable. As each student learns where he or she will be spending their residency, there are tears of joy and sighs of relief. I think of it as the “What’s next?” in the journey to becoming a health care practitioner.

In fact, it is the same question that motivates me each day as senior vice president of institutional advancement. Health care is constantly evolving, and it is my role to help the college remain on track by supporting our next steps toward academic merit and “Service to Mankind.”

How does that relate to you?

I call it the concept of infinite giving—your patronage pays itself forward over and over again. To put it simply, because you give to Meharry, a chain reaction begins—first with our students, our graduates and then with those they heal, and then with their families and on and on. It is profound that your single good deed manifests itself in immeasurable ways. You are the initiator of that series and someone somewhere benefits in an unforeseen way. You have the potential to open possibilities and affect lives. Your generosity releases the potential for greatness.

You are the beginning—the fundamental part of the equation.

I am often humbled by the selflessness of those who invest in the future of this school. It is my role and that of Institutional Advancement to serve as the conduit to connect you with the aspirations of our students and the community we serve, guided by the vision of the college. You enable Meharry to find the answers to our question of “What’s next?” as we look to what lies ahead.

As you read about our many achievements and outreach to those we serve, keep in mind: it’s because of our benefactors that we continue our proud legacy—and our promising plan for tomorrow.

Striving for a better Meharry,

Patrick H. Johnson
Senior Vice President
Institutional Advancement
Meharry Medical College has been at the center of indigent care in Nashville since its beginnings in 1876. For more than 14 decades, it has trained physicians, dentists, health policy professionals and researchers to go into the world, regions, cities, towns and homes to care for those who need it most, fulfilling the mission in the motto: Worship of God through Service to Mankind.

The statistics have always been apparent: Four out of five—83 percent—of Meharry’s medical and dental alumni serve in underserved rural and urban communities to care for the indigent. Approximately 50 percent of medical school graduates enter primary care residencies each year where the need is greatest, and roughly 81 percent of dental alumni serve in general dentistry.

Among the many manifestations of the Meharry motto, the most significant continues to be the mission at home—to the underprivileged of Tennessee, specifically Nashville. While Meharry alumni practice in almost every state, close to 20 percent of physicians and dentists practice in Tennessee, and more than 10 percent deliver services in Nashville and Davidson County.

First erected in South Nashville and moving to North Nashville in 1930, the George W. Hubbard Hospital—Meharry’s first—began
serving Nashville’s black community. Most black Nashvillians turned to Hubbard Hospital for care until the 1960s. A new building bearing the Hubbard name featuring an 11-story tower and 400-bed facility, was constructed in the late 1970s on the Meharry campus. In the 1990s, a mutually beneficial collaboration developed between Meharry Medical College and the Metropolitan Government of Davidson County resulting in renaming the facility Nashville General Hospital at Meharry.

More than 100,000 people in the city of Nashville—15 percent of the population—are considered medically underserved. They vary in race, age, what they do, where they live, how far they attained in school—but they lack health insurance or the means to pay their medical bills. Meharry Medical College has always been at the center of initiatives to care for this community.

Those who lack resources for health care are plentiful in Middle Tennessee. They are uninsured or underinsured in having what they need to cover medical expenses. The emergency room is their default when they need medical care, resulting in more than 270,000 visits to Nashville-area emergency rooms in 2017. And, the cost of indigent care for the city’s three major hospital systems—Ascension Saint Thomas Health, HCA Healthcare and Vanderbilt University Medical Center—amounts to $153.5 million annually.

Among the many manifestations of the Meharry motto, the most significant continues to be the mission at home—to the underprivileged of Tennessee, specifically Nashville.

With Meharry Medical College’s core mission to serve the underserved, Meharry and Nashville General Hospital provide more than $83 million in uncompensated care to the city’s indigent, an amount more than half of that provided by the three major hospital systems combined—and Meharry accounts for providing nearly a third of that—$29 million. The two institutions have been key to Nashville’s safety net in caring for those without resources, and Meharry Medical College has always put the patient first.

Since former Nashville Mayor Megan Barry’s call to close inpatient services at Nashville General Hospital in 2017 and the backlash from the community that followed, Meharry once again found itself at the center of the city’s indigent care discussion with the Stakeholder Work Team—community leaders looking for sound answers to the most difficult
questions in how to continue caring for those in the community with the most need. Those answers took the form of BetterHealth Nashville™, the proposal presented to city leaders March 5, 2019. The concept includes coordination of indigent care through area safety net entities like federally qualified health care organizations (FQHC) and inpatient care among the three major hospital systems with Nashville General Hospital at the hub and managed by Meharry Medical College which will also coordinate patient information through its Data Science Institute. Care would be based on the patient centered medical home (PCMH), with strong consideration toward social determinants of health.

Next steps for BetterHealth Nashville™ include the commitment of local leaders to the plan and establishment of a centralized planning entity involving key stakeholders to move the program forward. Regardless, Meharry Medical College will play a key role since the college’s mission aligns with the goals of BetterHealth Nashville™—and Meharry trains many of the physicians and health care professionals who will care for the underserved—just as it has for more than 140 years.
In this year’s *Legacy in Motion*, while recognizing those who support Meharry Medical College financially, we’ve taken the opportunity to acquaint you with Meharrrians who serve the underserved of the city, the state and the world through their vocations. From the School of Medicine, we highlight Dr. Millard Collins whose practice of medicine takes the college’s mission to heart. From the School of Dentistry, we’ll take a road trip with the mobile dental unit and see what a day is like with the student dentists taking their skills to areas in need of dental practitioners. And, from the School of Graduate Studies and Research, we’ll introduce you to Nicklas Sapp, a Ph.D. candidate studying the sub-microscopic molecular world of DNA, the nucleus of the cell and what specifically attracts HIV to intertwine with the building blocks within the nucleus.

These are just three Meharry stories that exemplify the people who make Meharry different—and worthy of your support.
Dr. Millard Collins meets with a patient at the Meharry Medical Group clinic.
Millard Collins, M.D., sees the state of indigent patient health in Nashville through an automotive metaphor— likening a patient’s wellness to the condition of a car. “Some people, if they’re fortunate, they have a car [with] not as many miles, not as many issues, and the preventive maintenance is a little bit easier,” Collins said.

“What Meharry gets is cars that are 10, 15, 20 years older.”

And that’s putting the metaphor mildly, according to Collins. Those who seek help from Meharry clinicians come with a myriad of problems to uncover that may have been ignored for years, he said. “We’ve learned to prioritize how to be good stewards of the limited resources that are available to get our patients back into a good state of health.” Patients don’t usually come for preventive visits, he said, and, according to Collins, their idea of health care is the emergency room where many times, “they get just a band aid” when the condition requires more treatment or monitoring.

“You know, we get patients all the time that come in with high blood pressure,” Collins said, “and I ask them, ‘Where’s your blood pressure pills?’ and they’ll give me a bottle [that’s] seven, eight months old, and they’ve only got 10 pills from the emergency room. That’s seven months
that they’ve gone without it because they don’t have access or they just
don’t understand the nature of their disease,” he said. “But, I’m never
surprised to find out that patients really appreciate when you take the
time and tell them that the clinic is the best place for you to come…It’s
cheaper, and we can stop things from happening…When you go to the
emergency room, you’re catching it on the back end.”

Through a mixture of faith, professionalism and dedication, Dr. Collins
embodies the soul of care at Meharry Medical College. He is both healer,
taking care of the indigent and underserved of Nashville, and educator,
leading the next generation of practitioners to spread the Meharry
mission and carry on the effort. Both roles have combined to produce
a mentor to the college’s students and a source of comfort to Nashville-
area patients.

On this day in April, Dr. Collins sat in an examination room of the newly
renovated Meharry Medical Group clinic on the college campus.
While he took time to reflect on his career, other Meharry physicians
in adjoining rooms were seeing to the needs of clinic patients. These
days, as chairman and associate professor in the Department of Family
and Community Medicine at Meharry, Collins finds himself more on the
administrative, educational end.

“Going into family medicine for me, I was able to do the most good for
the most people,” he said. “You know, [family medicine docs] treat 90
percent of whatever comes in through the door,” Dr. Collins said. “I’ve
done it all—in patient, outpatient, maternity care—I love taking care of
babies,” he said. “Man, I’ve actually grown a passion for the geriatrics
sector and dealing with end-of-life issues. Consoling the loved ones to
realize that it’s about the patient and not about them and their wants and
hopes and being that conduit to let them know that it’s okay to let go.”

Good medicine means being able to listen well, Dr. Collins
said. “That’s one of the most effective tools you can have as
a health care provider…I think I’ve prided myself on being
a good listener,” he said. “It’s not always what the patient
says, it’s what the patient means. You have to pick up on the unspoken
body language, you know, or the glances from a loved one who is in the
room when certain things are brought up. I love being able to put that
puzzle together and try to help them reach a solution.”

“Unfortunately, as I shifted to more of an administrator, I don’t see
patients like I used to. But a mentor years ago told me before you can be
an effective health care administrator, you have to be a great physician.
I love patient care—absolutely love it—and when I get back into the
clinical setting, it’s refreshing,” he said. “All the other noise goes away,
you know, the emails, and the curriculum, and all those meetings…and I can just focus on trying to fix that patient’s problem.”

Millard Collins grew up in New Orleans. The “chocolate city,” as former mayor Ray Nagin called it, is a unique place—everything is there.

“It can be so seductive. It’s the city that never sleeps,” Collins said. “You have the culture, the music, the food, the people, the diversity”—and the poverty, he said, with “large disparities of the have and have nots” driving the crime rate. “At one point, we were number one in terms of the murder capital—something that you’re not proud to be a part of.” Many who grow up there don’t get outside of the city, he said, but some feel the need to escape and try to broaden their horizons.

He and his father would have a lot of long talks while young Collins was growing up. “He passed in 2006, and I miss those…he would always ask me where do I want to go, and what do I want to do…I liked people, and he would always try to nurture that,” Dr. Collins said. Growing up, Collins also had a strong role model in his pediatrician—an African-American doctor. “I thought he was just the coolest guy in the world because, for me as a young kid, he always had the answers. He looked like me and he was like a super hero. And I can only imagine how that impacted my life,” Collins said. “I wanted to do the same.”

Having those strong influences, Dr. Collins said, helped him to reach beyond what New Orleans offered. After his graduation from Xavier University of Louisiana, he came to Nashville and Meharry Medical College. “I’ve been here more than half my life now,” he said. “I came from New Orleans in ’97 and been here ever since.”

The Nashville community, Collins said, has education, lots of diversity and, when he graduated from Meharry in 2001, “it just seemed like the right place for me and my wife to be.” They plugged into the life of a local church where his faith keeps him grounded. There, he said, he realized there are many ways to serve the community. “I think the one constant that remains…the definition of underserved may change a little bit, but Jesus’s work is never going to be done until He comes back.”

And, through the years, the concept of Nashville’s underserved community has indeed changed.

With gentrification in the city surrounding the Meharry campus, the indigent
of North Nashville have dispersed into the periphery of Davidson County. And not only is the indigent population around the college relocating, but, Dr. Collins said, the definition of “underserved” is changing as well to include members of the LGBT community, the incarcerated, and addiction patients among other segments. Meharry is also embarking on an initiative with Indian Health Services where there is tremendous need, he said.

“Much like the diversity piece and the minority piece, they expand the definition,” Dr. Collins said. “Meharry is trying to stay ahead of the game…as to what ‘underserved’ truly means…Meharry will be poised and prepared to deal with those, whether [they] come from lower socioeconomic status, or they’re just marginalized.”

According to Collins, every chance to encounter someone is an opportunity to serve. “I think it’s important that we remember that. I think for me, it helps to keep me grounded,” he said. “You know, there’s many misconceptions that doctors are rich, and we drive nice cars, and we live in big homes, and we drink with our pinky out, and we just have a certain air about ourselves,” Dr. Collins said, “but for me, it’s important…to be down to earth, approachable, and someone who can meet those patients where they are and I think that comes from my faith and who I am…”

The role of the physician—particularly the primary care physician—among indigent, underrepresented populations is unlike almost any other community leader, Collins said. With suspicions of prejudice in authority figures, “the one place where anyone can go for help should be their health care provider,” he said. “Something about that white coat, when someone comes in completely vulnerable looking for help, that’s something very, very powerful.” Dr. Collins said the effect of seeing the white coat on a black doctor is also powerful with minority children, “when they can see people who look like them that actually don the cape or the hero garb.” Studies show that by reaching out to children now, Collins said, you can reinforce the value of education and stop them from making decisions that will affect the rest of their lives “just by giving them the capacity to dream.”

Being part of an institution like Meharry Medical College keeps us accountable, Dr. Collins said. “We can’t ignore things for the purposes of making a buck. I always say it’s hard to worship two masters, and when you’re teaching, sometimes you get into the details a little bit, the patient care process is a little slower…But when you’re a clinician, it’s very easy to get pushed around by the tantalizing effects of the dollar…whether that’s from the higherups above who are looking at the bottom line, or the insurance plan that says you’re not making enough,” he said.

“I think that’s why a place like Meharry is so important because we have done a good job of doing both. But…our academic initiatives are our key to the future.”
Delivering dental care within the tight space of the Meharry mobile dental unit
For career long-haul truck driver David McFarland, it takes extra skill to navigate some of the Tennessee backroads required to deliver Meharry’s mobile dental unit to its work-day destination. Today’s route on an early December morning brought McFarland winding through narrow, frosty country back roads past hardscrabble farm houses with firewood stacked against them, horse stables and unremarkable gray-brown fields still rough with stalks and stubble from harvested corn. “And this isn’t the worst,” he said. The most challenging route so far was near the Natchez Trace. “It’s real curvy—real scenic like…I t’s a little treacherous to get in there with this thing,” McFarland remembered.

The total burgundy-colored trailer pulled by a white truck bearing a generator for remote operation is about 65 feet long, he said—the trailer itself is 53 feet in length. “With the truck underneath it there, it’s going to be another 12 or 13 feet,” McFarland said. But, the rural roads that lead to the various out-of-the-way places the dental unit is called to were seemingly built more for smaller farm vehicles than commercial 18-wheelers.

McFarland’s day began this morning at 4:30, staging from Nashville after serving another location the day before. He said he usually leaves Knoxville—where the dental unit is kept in a secure facility—at the beginning of the week and makes sure it arrives wherever it’s needed,
usually serving up to three Tennessee locations every week. A long-haul trucker since 1975, McFarland said he has taken the mobile dental unit over about 23,000 miles since he began the weekly runs across the state in February 2018 to this December trip.

Today, the mobile dental unit is operating at a remote facility for juveniles, the name withheld for security reasons. As of late 2018, the mobile unit serves seven such facilities.

The three Meharry student dentists on this trip, all D4s—fourth-year students—will see patients ranging in age from 10 to 17 years old. Having started at around 7:45 a.m., their workday will run until 4:30 or 5 p.m. Today, the cases will range from evaluations and cleanings to comprehensive exams and fillings—22 cases today (the most seen in one day so far was 36).

All day, the air is filled with coarse white-noise suction sounds mixed with the undulating high-register whine of dental power tools and the clacking of instruments in trays on their way from the autoclave and storage to the patients. One student dentist calls across the room for additional supplies while another is taking information from a patient as still another passes down the narrow aisle from the back of the trailer to the front.

The chatter is constant:

“You have gauze over there?”
“Number 14 has a minimal fracture and decay there…”
“Open wide, wide, wide, wide, wide—alright.”

The mobile dental unit houses four treatment bays and a small central station for coordinating activity and autoclaving and preparing tools—everything necessary to take care of most cases the student dentists will see, all confined to the inside area of a commercial trailer.

Space is at a premium, according to D4 Kahled Bay from Charlotte, North Carolina, today making his fifth trip with the clinic. There’s not a whole lot of leg room in the aisleway, he said, taking a brief break and leaning on a counter next to the autoclave. A handmade colorful poster over his shoulder declares the mobile dental unit students as “Superheroes of Dentistry.”

“You know, you might really have to adjust your ‘A’ game or scootch in from time-to-time if you are a taller person,” he said, describing the cramped quarters as their biggest challenge. Students work in half the
space they’re used to in the college’s clinic cubicles, Bay said. But Bay is headed to service in the Navy after he graduates from Meharry, and the close confines of the mobile clinic will get him ready for shipboard dental space. “You know, the more you do it the more you get used to it and the more confidence that you build whenever you do have ideal conditions.” Bay said he’ll likely make two more mobile clinic trips in the spring before graduating.

The veteran on today’s trip is Erica Robinson, a D4 who was on the clinic’s inaugural run in February. This is her fourth or fifth trip, she said, and her leadership skills have improved since the first time out. The open nature of the clinic—no walls or curtains between patients—can pose its own problems in such tight quarters, she said. “[The patients] are wondering, ‘What’s going on over there?’…‘Is it going to happen to me?’…No matter who the patient is, you have to reassure them that everything is okay.” The overall process has matured since her first road trip, she said. “There were no assistants, we were still figuring everything out…Everything is running much smoother.”

The clinic leader is Dr. Sarah Mohammadu, a Howard dental school graduate and general dentist, originally from Smyrna, Georgia outside Atlanta. As of today, she’s been with Meharry’s mobile dental clinic for three months. She said she’s familiar with the mission of taking dentistry to remote areas. “When I was doing residency…we did a lot of travel teams across Tennessee…so we covered
up into Northern Alabama, parts of Eastern and Western Tennessee, all the way to Southern Kentucky,” she said.

“The South is the South, pretty much,” Dr. Mohammadu said. “We’re at the beginning of Appalachia, which starts from Northern Alabama, all the way through Tennessee to parts of Kentucky, West Virginia...It’s one of the poorest parts of the country. So as far as general dentistry is concerned, or oral-maxillofacial surgery, the dental health care needs in this state are large.”

Dr. Mohammadu said the clinic experience encourages the students to not only hone their skills, but also to be comfortable with serving the underserved—what the Meharry mission is all about. “That’s the bigger picture,” she said. Practicing dentists can have that financially rewarding career, but “at the same time, we are here to provide a service for people who do not necessarily have access to services,” Dr. Mohammadu said. “A part of serving the underserved is broadening the horizons and what it means to treat and help others.”

Space is at a premium during a busy day for mobile dental unit workers on location at a state youth facility.
In 2019, the mobile clinic will be growing its patient load, hoping to engage in senior care, but logistics require a bit more planning since the mobile unit simply isn’t accessible for many senior patients. Those services will have to be handled off-trailer and inside other facilities.

And, to expand the services of Meharry’s mobile dental foray, the School of Dentistry would like to acquire more facilities like this one. “There’s going to be a need to increase the mobile fleet,” said associate dean Walter R. Owens, D.D.S., FACD, FICD who led the early student dental teams into the field. He said the mobile dental unit already has as much as it can handle, yet there are many health professional shortage areas. “There is a lot of need and there are some special pockets and special communities that have access issues, so we will be providing care for them.”

Plans are on the board for more mobile dental units with funding still in development. Some would be slightly smaller than this first 18-wheeler and better able to get into tighter areas than the current mobile clinic. Driver McFarland would appreciate the more compact design to maneuver into the tighter wooded spaces on the Natchez Trace. “The trees have got a lot of canopy,” he said. “You’ve got to be cautious of that stuff.”

“A part of serving the underserved is broadening the horizons and what it means to treat and help others.”

DR. SARAH MOHAMMADU
Ph.D. candidate Nicklas Sapp in the laboratory, doing the work of molecular biology and biochemistry.
Nicklas Sapp was standing in Union Station in Washington, D.C. waiting for a train. Amid the white, gold-leaf-accented arch-façade entrances and the gray-and-white polished marble floors, the barely discernable cacophony of conversations in the background and the ever-present low-pitch-low-level noise in natural reverb that comes with the setting—Sapp noticed, he said, a “really academic looking guy” sitting in the station reading.

“He was…the complete stereotype, with the brown blazer, this green vest and a red tie, and the white collar shirt,” Sapp said, “and he’s got glasses…” Sapp approached the fellow and introduced himself. “I ask him how he’s doing, where he’s going, you know, what’s he up to and I found out he’s a student—he studies philosophy, and I go, ‘That’s interesting. I do science.’”

The ensuing conversation, Sapp said, became another touchpoint connecting his nascent profession with his world.

“He shared with me that the early scientists…got the inspiration for science from philosophy—from the artist. The artist would describe the world…and the physicist would try to explain it…That’s where I really kind of blended the art—people’s human experiences—with the science of how and where to pull the inspiration from.”

BY KEN MORRIS
PHOTOGRAPHY BY STEVEN BRIDGES

The Molecular Matchmaker

Studying HIV/AIDS, Ph.D. candidate Nicklas Sapp finds balance between art, science and attraction in the world of DNA.
Having been a budding artist when he was younger, Sapp said, he could relate. As a kid, he said, he “would just draw and draw and draw.” Years later, when he was writing in a fellowship, he would go back to art as part of his process. “Some days when I just needed the inspiration…I would be in my apartment and pull out a blank sheet of paper like when I was a kid and I would just draw the cell…breaking it down to how the virus would be in the cell, based off the electron micrograph pictures and the molecular biology and the biochemistry, and I would just draw and draw and draw my hypothesis.”

Nicklas Sapp is a Ph.D. candidate in Meharry’s School of Graduate Studies and Research. He expects to graduate in 2021, but he’s been doing plenty as a student researcher. Sapp performs his work in the laboratory of Dr. Chandravanu Dash in Meharry’s Center for AIDS Health Disparities Research. His workplace is an open room with a bench top in the center and a lot of shelves and walking space around it, almost like a bar. “This is a typical lab that you’ll see anywhere, whether you go to the NIH, Johns-Hopkins, Stanford, Emory, Vanderbilt—they all look just like this,” he said. “This is a bigger space than some labs. Science is science, no matter where you do it.” The space and its shelves and work surfaces are filled with all manner of machines and chemicals: centrifuges to spin things, pipettes with narrow, extruded tips. This is where he and his colleagues do the work of molecular biology and biochemistry.

“Really, what we do, we look at molecules.”

Sapp works in the mechanics of DNA, RNA and minuscule interactions at the molecular level. Because of the 13-year-long Human Genome Project that concluded in 2003, scientists worldwide have familiarity with DNA. It’s a world of ideas, testing hypotheses and results—both positive and negative. Sapp was animated as he spoke in the arcane language of his research,
sometimes finding it difficult to translate for the layperson in his excitement.

“So, we’ll design what we call primers…a sequence of DNA that will match to another sequence of DNA and we design them in a way that they—when they kind of amplify—they create a fragment of DNA, and this fragment of DNA gets amplified over and over to the point that we can actually visually see that fragment of DNA and we can know that it’s present.” His main tool of the trade, he said, is PCR—polymerase chain reaction—a lab technique used to make copies of DNA segments in a test tube, or in vitro.

In some ways, Sapp is a molecular matchmaker for the human immunodeficiency virus—HIV.

“Part of my project is…to see what is the preference for HIV integration,” Sapp said. “One way…to determine a preference is to see if it likes, essentially, longer pieces of DNA, shorter pieces of DNA, somewhere in the middle, and just to kind of tease out those molecular preferences of HIV…[using] a common piece of DNA that we all know the sequence of and it’s very-well studied.”

Sapp’s current focus is on chromatin—how DNA is organized in all of our cells. “The chromatin is the reason why your brain cells are brain cells and your liver cells are liver cells, and each cell does what it’s supposed to do,” he said. The DNA organized into the chromatin is almost like a “spool of yarn,” Sapp said, wrapped tightly in the cell nucleus. The way it’s organized in this condensed form allows for some spaces to be open and making proteins and some spaces to be closed and turned off. “We think—and other research has shown—that HIV likes to go into…those open regions,” Sapp said. “So we’re trying to figure out, ‘what are the features in those open regions that the virus is looking for?’”

It’s a complex microscopic, microcosmic world with a long list of variables, and finding answers is fraught with “negative data,” when a hypothesis doesn’t pan out—another part of research, Sapp said. For example, on one experiment he was optimistic that the HIV would “like” a certain set of “nucleosomes” wrapped around certain proteins, and—the romance didn’t happen. The HIV integration was “inhibited.”

With a modest smile, Sapp said the result left him thinking “maybe I need to reconsider some things.” So he revised the approach and started again—it’s as important to know what doesn’t work as to find what does, he said.

Sapp was born in Washington, D.C. and grew up in Hampton, Virginia, his father’s hometown. His mother was a public school teacher and his father worked in information technology for Neilsen Media Research, the television ratings people. Sapp
said that in high school he saw his world as athletics. “I wasn’t the greatest football player, but I really found my niche in wrestling.” Athletics, he said, gave him confidence, the value of perseverance and hard work—but academics always came first in his father’s house.

Sapp’s father was the voice of practicality when it came to the future. “He kept it real. He said, ‘Hey, man…you’ve got to think of how you’re going to pay for school—either the military or you find a scholarship.’”

He found a scholarship.

The Dozoretz National Institute for Mathematics and Applied Sciences—DNIMAS—at Norfolk State University, a program focused on STEM fields, paid his way. He picked biology as a major, he said, partly because of biology. “Honestly, I don’t know if this is appropriate, but biology had the most cute girls.” But, Sapp discovered he really liked the academics. “It gave me a framework for how to understand the world.”

Those around him pointed out that with a biology degree he could do three things: teach, be a doctor or do research—“and everybody discouraged research,” he said. At a professor’s prodding, Sapp said, he applied to and was accepted into an eight-week summer research internship in environment-related molecular biology at the University of Massachusetts Boston.
“I actually fell in love with research,” Sapp said. With medicine, you affect one patient at a time, he said, but “through research…we can change policy that could affect millions…that really kind of pulled me in.”

After graduation from Norfolk State, and a brief season at Johns Hopkins, Sapp decided to pursue graduate school at an HBCU, eventually selecting Meharry. “It wasn’t until I got here, actually, that I met active black scientists—Dr. Jamaine Davis over here in the biochemistry department, Dr. LaMonica Stewart,” Sapp said, and Dr. James E.K. Hildreth—a nationally renowned HIV/AIDS researcher that had just become Meharry’s president. “He’s a great role model for how to move in science. That’s something that I pull a lot of inspiration from.”

Now immersed in HIV research, Sapp works long hours. “I used to be maybe 10 or 12 hours in the lab and go home and try to read, or wake up just to come to lab and stay late to get things to work,” he said—his colleagues all go through that. “If something’s really bothering me with the lab stuff, I just can’t sleep. I’ll jolt awake at four in the morning.” Early on, he said, he was putting in 70 to 80 hours a week. Now, that’s back to 55 or 60—but he’s learning to not burn himself out. “I realize I like to focus and go deep on something, but when I do that too much, it’s over—I can’t think…”

Sapp said he and his colleagues each have something else outside of the lab to draw personal inspiration from. “Really, it’s almost like a refresh. We have to so we can come here with a clear mind.”

Sapp said he looks outside science and at the creative process in others to refresh. “Honestly, my favorite thing to do is to listen to authors talk about their books…especially fiction—where they get their stories.”

Sometimes, he simply listens to others talk about their work, like a nurse practitioner friend who works with psychiatric patients—but it still winds up pointing to the research.

“I’m asking him, ‘Half our lab studies [relate to] cocaine and methamphetamine [addiction], what are these people actually like?’ and he’s sharing these amazing stories.

“But, at the same time, my research brain was thinking, ‘Man, we can study this.’”
Match Day 2019: Laetitia Badio, 2019 School of Medicine graduate, learns that she matched for a residency in pediatrics at Emory University Hospital in Atlanta.
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