Graduate Student Profile: Lauren Taylor

Lauren A. Taylor is a Masters of Divinity candidate at Harvard Divinity School (HDS), where she is focusing her studies on global health and medical ethics. Prior to coming to Harvard, she received a Masters in Public Health at Yale and for three years was program manager at the Yale Global Health Leadership Institute. Her first book, *The American Health Care Paradox*, co-authored with Yale Professor Elizabeth H. Bradley, was published in 2013. Recently Susan Holman, Senior Writer at the Harvard Global Health Institute – and also an HDS alumna – interviewed Lauren to learn more about her vision for the intersection between religion and global health.

Lauren, tell us a little about your background. I understand you were called “one of the most decorated women’s lacrosse players in Yale history.” What led to your interest in global health?

Well, as an athlete you certainly develop a deep appreciation for your health. I was blessed with a combination of good genes and great support staff so I never missed a college start in four years. But watching some of my teammates struggle with pain and injury, I realized how health was critical in allowing me to do the things I found fulfilling. Even a little disability can have a major impact on a life.

Beyond that, health was something we talked about a lot at my family’s dinner table. My mom was a nurse in the Navy at the end of the Vietnam War, then went to law school, and has had a pretty remarkable career as a health care administrator. Every night it seemed she came home with another wild story about the hospital – and it was always clear she loved what she did and people appreciated her. I think I absorbed some of that from an early age.

That said, the hard sciences never came naturally to me, so I knew early on that clinical work wouldn’t be for me. I studied the history of science
how health care was delivered and understood. Some of these people worked domestically – but looking back, I realize I was in college just as global health was really starting to get “hot,” so I guess you can say I got swept up in that. I was accepted to the five-year BA/MPH program that Yale had just recently begun and at the School of Public Health; everyone was wanting to do global health. It was new and there were jobs and funding and opportunities for travel. So I said, why not? Semantically, global health also functioned as an easy “catch all” for someone as young as myself – I didn’t really know exactly what I wanted to do.

Why religious studies (and why HDS)? Why’s the connection?

To be honest, it wasn’t necessarily religion that brought me to HDS. It was more about ethics, and the HDS community’s openness to big ideas and questions. Towards the end of my time as a researcher at Yale, I started to feel that there were fundamental assumptions that were going unexplored in global health. For instance, “partnership” is just about the hottest word in the field. Everyone wants to be in partnership with everyone else. It’s a way of signifying that we have all "moved on" from the colonial paradigm. But how equal are these partnerships? When one partner holds the purse strings, isn’t there something fundamentally imbalanced about such a partnership? And what, if anything, can we do to correct such an imbalance? First you have to recognize it as such, but then what? These were the types of questions I wanted to explore. I went to a few philosophy departments, because I had gotten interested in ethics at the end of my MPH program, and they basically laughed me out of the room. It was too "applied" a question for them. But it was also a little too abstract for many public health schools. As luck would have it, I met three people over the course of a year who had been to divinity schools, and when I told them what I was interested in and the trouble I was having finding an intellectual home, they all suggested I check it out. I had never taken a single religious studies course, but when I came to HDS, I knew this was where I wanted to be. They have enthusiastically welcomed me and supported me in doing precisely the work I wanted to do. I could not be more grateful.

Not many HDS students spend a year on the book circuit! How have your opportunities to speak to student groups about The American Health Care Paradox influenced the way you think about the connection between religion and health?

You know, it’s all come together in really fascinating ways. In The American Health Care Paradox, which I wrote with my mentor Elizabeth H. Bradley, we argue that part of what drives high health spending in the United States is the way we allocate resources between health care and social services. Unlike many other countries in the OECD who achieve better health outcomes for fewer health care dollars, the United States spends almost twice as much on health care as it does on social services. One of the key questions we explore in the book is – why do we do it this way? What is unique about the U.S. experience or population that we have such a distinct spending profile from our industrialized peers? And
stands apart. We don’t trust one another. And we argue that this has a significant impact on how we have gone about structuring both our social service and health care sectors. This has been my favorite piece of the book to present to students and other professional groups. It draws this fairly long storyline all the way from something as "soft" as values to this very "hard" data about health care spending. But of course to us it makes great sense. Why else would health reform be so hard? It’s because the current health sector, with all its inadequacies and injustices and waste, is a reflection of ourselves.

What would you tell other students who might be interested in a career that builds on these disciplinary intersections?

It would be the same advice I would give any student: Find great mentors. I have been fortunate to be coached and advised by Betsy. Over the course of several years working with and for her, I’ve seen what it takes to be successful in this space. Now at HDS, Ahmed Ragab has also been instrumental in getting me up to speed on all that I don’t know about religion, and nurturing my interests in global health. People like this are invaluable. So concretely, I would say – always keep your eyes peeled for people who are doing the kind of work you wish to do. Write them brief e-mails to say you’d like to learn more. Offer yourself as free labor.

What’s ahead after graduation? What is your dream job?

Your guess is as good as mine! I’m open to all sorts of paths. I am considering a few doctoral programs and also peeking at the job market every so often. My dream job would be something that allows me to keep one foot in the academy and one foot out in the world – I have always liked the idea of doing work that engages the public directly. I am a product of all kinds of privilege – the least of which has been having the opportunity to be educated at Yale and now Harvard – and I feel a real responsibility to pay that forward in my career.

Read a Yale Global Health Review interview with Lauren Taylor and Elizabeth Bradley about The American Health Care Paradox.