



Volume 2, Issue 1	Masthead	2
	Table of Contents	3
Sacha Sides	Staff Introductions	4
Editor-in-Chief	Emic Updates	5
Adriana Fortier	From the Editor's Desk	6
Design Editor Eddie Penney	Hispanic Heritage Showcase	7
Editor		
Julia Whisenhunt	Submissions	8
Web Designer Design Team	Heat	9
	Protect Endangered Earth	10
	Return to Fundamentals ("This Poem Rhymes")	11
Adriana Fortier	Untitled	12
Theo Miller	Graphite Statues	13
Julia Whisenhunt	Blurred Photo	14
Dr. Stephanie Bogart	Old Citadel	15
Faculty Sponsor	Sticky Love	16
	HIV and Osteoporosis	18
	Interview with a Professor	21
	Primate of the Issue	22
	Florida Flora	23
	Back Cover	24

3

STAFF INTRODUCTIONS



SACHA

Sacha is a junior Anthropology major at UF. He is an undergraduate researcher studying comparative anatomy across primate skeletons, and serves as editor-in-chief for Emic. Outside of the classroom, Sacha enjoys creative writing digital art, video games, and TTRPGs.

EDDIE

Eddie is a fourth-year Anthropology major and English minor at UF. He is passionate about advocating for the rights of transgender and nonbinary folks, and is the co-facilitator of Trans@UF, a local support group for trans students. In his free time he enjoys listening to music, writing short stories, and going to concerts in the local music scene.



ADRIANA



Adriana is a senior majoring in anthropology and minoring in FYCS at the University of Florida working on the Emic design team. Her current research focuses on health equity and how power is exercised within healthcare institutions. Outside of Emic, Adriana fences epee as part of Florida Fencing and enjoys crocheting, cooking, and game nights.

THEO

Theo is an English Editing Writing and Media major at FSU. On Emic, they help with look development and layout. Outside of magazine duties, they can be found geeking out on cars, cooking, cartoons, or cameras.



JULIA



Julia is a Digital Arts and Sciences major in her senior year at UF. She works on the design team for Emic and greatly enjoy tackling design puzzles as creatively as possible. When she's not doing homework, she is drawing or playing with her pet bunny, Calla.

EMIC UPDATES ISSUE 3

Starting this semester, students can now join the staff of Emic and earn upper-level credit while doing so! The new 3-credit class, ANT4911, consists of one two -hour class period each week alongside a few hours of asynchronous work for the magazine each week. For more information, send us an email at emicmag@gmail.com or contact Dr. Bogart at sbogart@ufl.edu.

We recently hosted our first workshop of the semester! This workshop focused primarily on collage-making and allowed students to create art that reflects upon the question of what "foundations" means to them. We plan on having additional workshop sessions focusing on prose, poetry, and other forms of art throughout the rest of the Fall and Spring semesters.

Emic is now a member of the Florida Online Journals, a publishing program for academic journals and magazines throughout the state. This allows Emic to exist as an open-access journal through the Florida Virtual Campus Library system. Any work published in the 'zine will now have a permanent online home and will be accessible on academic search services like Google Scholar, Crossref, and DOAJ.

ANTHROPOLOGY DEPT. UPDATES:

Dr. Pete Collings, current Chair of UF's Anthropology department, will be stepping down from his position at the end of the academic year. The new chair has not yet been appointed, but will be chosen by the Spring semester. Joining us are two new faculty members; Dr. Whittaker Schroder, an archeologist, and Dr. Moodjalin Sudcharoen, a linguistic and cultural anthropologist. Be sure to consider signing up for their classes next semester!

From the Editor's



Dear readers,

This issue marks the start of our second academic term as an established magazine! With this new semester, we are welcoming a ton of exciting changes, and it is my greatest hope that Emic will continue thriving for many semesters to come. Many of these changes have been under development for quite some time, and I am thrilled to finally share them with all of our readers and contributors.

When we first announced "Foundations" as the prompt for our third issue, I found myself wondering how we could effectively combine all these changes with the theme of our next release. During class, the Emic team sat around and shared how we each interpreted the theme. I was surprised – though very pleased – to discover that we all had vastly different interpretations of "Foundations." Despite being a group of fewer than five, our answers all took vastly different directions.

The theme evoked a diverse range of interpretations among our contributors that exceeded even my own expectations. With this issue, we hoped to encompass the breadth of this range, exploring the fundamental principles, values, and elements upon which our lives are built. "Foundations" can be seen as the bedrock of ideas, perspectives, and stories that form the basis of our identities and our purpose. Our foundations are more than sky-scraping monuments and towering walls – they are the pedestals that define our lives and our narratives as individuals. I hope that this issue encourages your reflection on the foundations that sustain us, that we build upon, and those that endure through time.

As we finally share the third issue of Emic, I am immensely grateful for the incredible and enduring support of our readers, faculty sponsors, and contributors who make this magazine something I can be proud of every issue. Your diverse perspectives and insights are what shape Emic into the dynamic platform we aspire to be; you are the foundations of our magazine.

Sincerely,

fuche Any

Sacha Sides Editor-in-Chief



au socia pannau

The Hippodrome celebrated Hispanic Heritage Month in style on Thursday, October 19. The venue put on its monthly "Basement Sessions" event that was part concert, part market, and wholly a good time! This month's event celebrated Hispanic and Latinx artists in the Gainesville community, with musical performances from Nora Rosa, Kill Zach, Ash Shadow, and Ayoo Papo. There were also artists selling prints, jewelry, upcycled clothing, and more, as well as food vendors like Mel's Kitchen and Carmi Cakes.

The Hippodrome holds their Basement Sessions frequently, with each event having a different theme or focus that dictates what artists you

might see there. For more information, check out the Hippodrome's website or their Instagram @hipptheatre.



Unlike many of my fellow Floridians, I embrace the heat and humidity. When I exit the air-conditioned nirvana called home and I am greeted by the wave like a punch to the face, I begin to dislike the fact that I've been born from the dirt. to this Homo sapien existence in the heart of the only state that doesn't snow. But, once the sweat begins to roll down my back and collects in the pits of both arms and knees, when my whole body has accepted its fate as a wooden vessel in an ocean of magma, I begin to enjoy the heat. Sometimes, when biking to school, I become covered head to toe in sweat. This is not enjoyable, especially with the foreknowledge that I will soon be sitting in a far-too-cold classroom, while accumulated water on my back and shoulders begins to freeze. My whole body shivers and convulses in order to right the wrong that I had done to it. But when I am riding my bike to school in these circumstances,

the heat begins to change and morph; its essence is no longer a thing to be challenged or fought against with fans and ice—it becomes the thing that separates me from the dirt.

The ambient temperature of soil is usually around 65 degrees Fahrenheit. The ambient temperature of humans is a constant 98.7° F. We humans run hot. The very upper crust of the Earth, on the other hand, runs relatively cold. One day I'll be buried in that dirt, six to seven feet below the ground, where the sun's rays don't shine. And it'll be cold. So, when I'm covered in sweat, riding my bike up another Gainesvillian hill, wishing I had just bought a parking pass instead, I'll remember that the heat means one thing: I'm still alive.

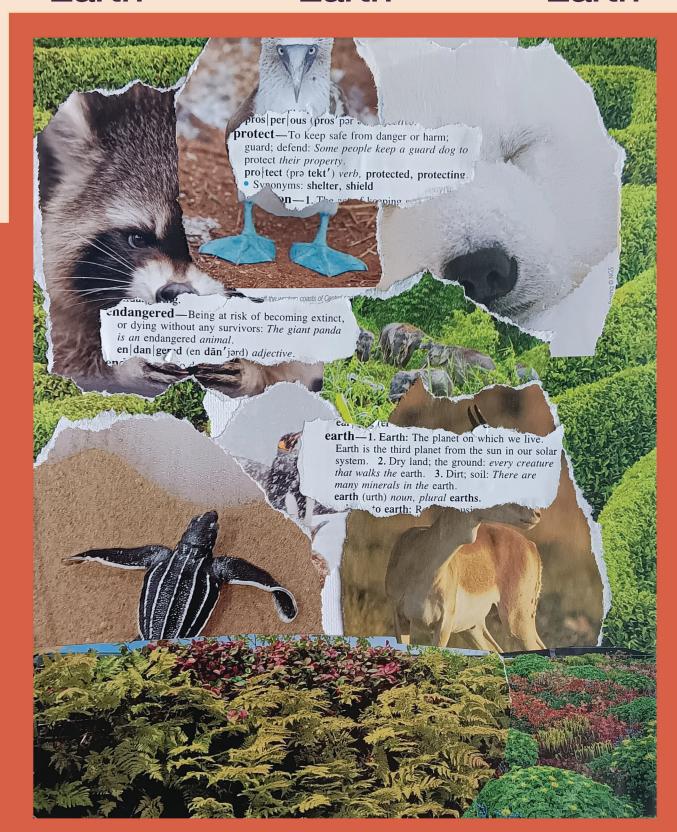
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Return to Fundamentals

("This Poem Rhymes")

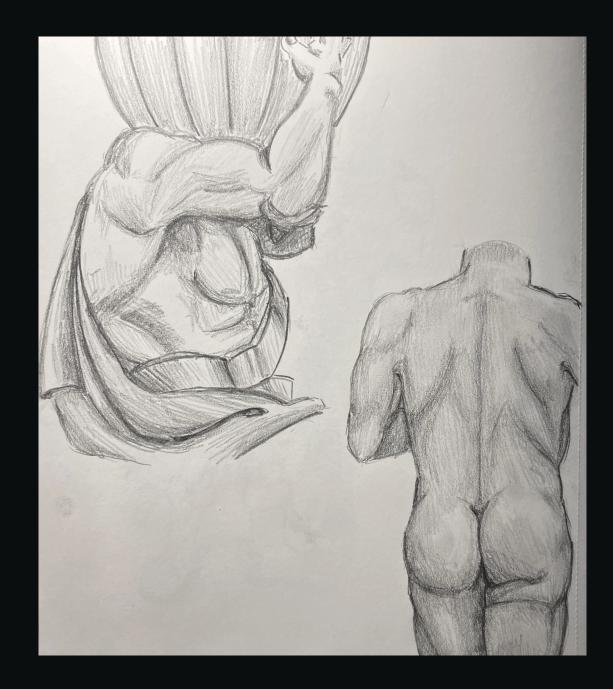
By Ryn Acker

[a] [b] [a]	This poem rhymes. At the end of each line There is a word which will sound similar To one that comes before. This is a sign	[1]
[b]	That there's been thought put into how it's hear	d.[4]
[c] [d] [c]	This poem has stanzas, and constant meter: Every line ends after ten syllables Then begins another, then, after four	[5]
[d]	A line is left blank, marking a stanza	[8]
[e] [f] [e]	Which does not require a change in topic. Thus it meets the minimal conditions For purists to call it a good—. Trick.	[9]
[f]	Now that we have appeased the traditions	[12]
[g] [g]	We can begin to invent a meaning [13] Within the boundaries: life is—. Cleaning.	[14]

10



Untitled lan Jackson



Graphite Statues

Julia Whisenhunt

To me, statues are so much more than just carved stone. They are years of an artist's life, hours upon hours spent tirelessly sculpting marble or other stone to perfection. They are a mark of history, remaining steadfast against weathering and time. They are a foundational pillar of art itself, of hard-earned skill, and of beauty. Drawing statues is not only an exercise of artistic skill, but of seeing the deeper meaning behind an artist's subject. And that on it's own, is truly amazing.

behind an artist's subject. And that on it's own, is truly amazing.

13

Blurred Photograph

by stephanie kraner

I've always carried with me a blurred photograph of a who and I never thought anything of it until I needed to know my truth,

and then, I asked you to look and describe who you see, oh tell me, tell me who she is please

and you told me, oh even when rain loses herself in a stream, or a pond, or a lake, or the sea, the clouds will always be her home, and she will never see the plants she's grown, deep beneath the soil she has sown, and still she will come back to the garden to be, and be, and be

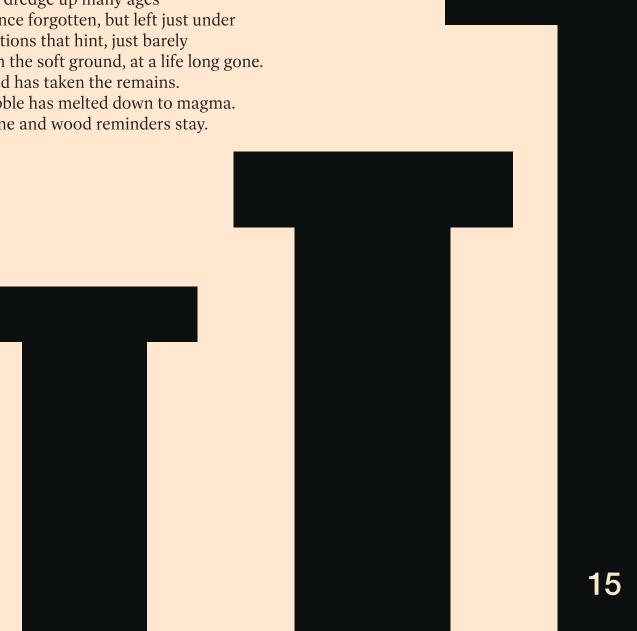
and so a blurred photograph of a who will be, as she has been, and be, and you tell me I will never find her as she was meant to be realized by me.

OLD CITADEL

Ryn Acker

My partner once told me about an ancient Imperial Citadel in Hanoi, Vietnam. It was captured and controlled by many powers throughout its history, and each regime tried to demonstrate its control by building something new there, sometimes requiring the destruction of the old buildings. But even after a millennium of those changes, the foundations remained. As a result of being an American and a wild animist (poet), I couldn't help but see something of myself in the old citadel, a guilt and camaraderie. I'll be a relic too, soon enough.

Beneath this stone floor, there is another, Made of wood, tall, like a platform. Another building stood here long ago, It was destroyed before you came, To make this. A marble caste, an epitaph Reading: something used to be here And now it is gone. If we dig deeper We will dredge up many ages Long since forgotten, but left just under Foundations that hint, just barely Beneath the soft ground, at a life long gone. The mud has taken the remains. The rubble has melted down to magma. But stone and wood reminders stay.



Sticky Love

BU HALLBU RENNEL

I was born to three hurricanes,
the roof blown off
my little wooden house
before I could even pick up
my little cone-shaped head.
And I was raised there, in the
sticky heart of a swamp,
the buzz of the mosquitoes and
an oh-three-sixty Lycoming
lullaby enough for me.

And I should have been strong.

But time sets in, and my own sticky heart grows, its cypress knees that I once floated along catching at my feet, tripping up clumsy legs and hands gummed with love.

Love— or something like it, turpentine raw off tapped pine bark,

a bucket overflowing from the angle-iron set far too long in a cat-faced tree.

And I should have been strong.

Sticky love isn't love at all.

Born to three hurricanes and still I stuck through another, dripping in Caribbean salt and the sap of some promise, some hope, some lie.

And I should have been strong but the tar had me weak, pulling down even when I couldn't have fallen further, sinking back into the sticky heart of the swamp, and the buzz, and the iron, and the salt.

And I wish I'd been strong.



Research

HIV and Osteoporosis

By Samantha Reiss

esults from recently conducted •••• research indicate the development of both osteopenia and osteoporosis in individuals living with Human Immunodeficiency Virus (HIV). Data suggesting this correlation are in the beginning stages of research, and the etiol ogy of bone loss in patients living with HIV has only recently been studied along with potential origins in the medications used to treat the infection. Surveying the available data has allowed for the knowledge of various differential pathogenesis and the beginnings of more specified testing. The goal of such testing is to detect the causative agents of substantial bone loss in HIV patients.

Studies finding correlations between HIV-infection and bone mineral density (BMD) loss cumulatively support the connection. One study conducted by Triant et

al. involved 8,525 HIV-infected individuals and 2,208,792 uninfected individuals and found a two to four times higher prevalence of bone fracture among those infected with HIV.1 Other studies done by Young et al., using data from the HIV Outpatient Study (HOPS)², the Veterans Aging Cohort Study Virtual Cohort (VASC-VC)3, and the Women's Interagency HIV Study (WIHS)4, maintain this correlation. The WIHS study by Sharma et al. found that infected women (median age of 40) had a fracture rate of 2.19/100 person-years while women who were uninfected (median age of 35) had a rate of 1.54/100. Although data have established a definite correlation between HIV infection and bone mineral density loss, the causes of such correlation are multifactorial and indicate differential pathogenesis.

HIV, or Human Immunodeficiency Virus, is

a retrovirus typically spread by the transference of bodily fluids from one infected person to another. The disease is commonly transmitted through sexual contact and the sharing of needles or drug injection equipment. The virus deteriorates the body's response to infection by attacking the immune system. The mechanism by which the virus attacks CD4 T-cells uses the enzyme reverse transcriptase to generate a complementary DNA of the virus's RNA and attaches it to the DNA of the host cell. The virus then spreads and kills the CD4 T-cells and impedes the body's ability to fight against infection. If left untreated, HIV progresses into the late stage of the virus, acquired immunodeficiency syndrome (AIDS). Since the beginning of the HIV/AIDS epidemic, 35 million people have died and 1.2 million people are living with the virus today^{5,6}.

There is no cure for HIV, but combination antiretroviral therapy (cART) is recommended for individuals with detectable viremia regardless of CD4 cell count for reduction of possible transmission, progression of the disease, and improved overall health. These medications include a regimen of nucleoside reverse transcriptase inhibitors (NRTIs) and integrase strand transfer inhibitors (InSTI)7. Intervention by the specific cART medication, tenofovir disoproxil fumarate (TDF), has the most significant elevated ranges for bone mineral density loss when compared to other cART medications. TDF is commonly recommended for use as a preexposure prophylaxis to prevent infection. People living with HIV are at a higher risk of both osteoporosis and osteopenia due to viremia and cART medication side effects.

Osteoporosis and osteopenia are similar in that they are diseases defined by bone mineral density loss. Osteopenia is diagnosed by using a dual-energy X-ray absorptiometry (DEXA) to detect below-average T-scores of -1.0 to -2.5. Comparatively, osteoporosis is a more severe diagnosis indicating the weakening of bone strength due to bone mineral density loss and a low T-score of -2.5 or below. DEXA scans measure bone

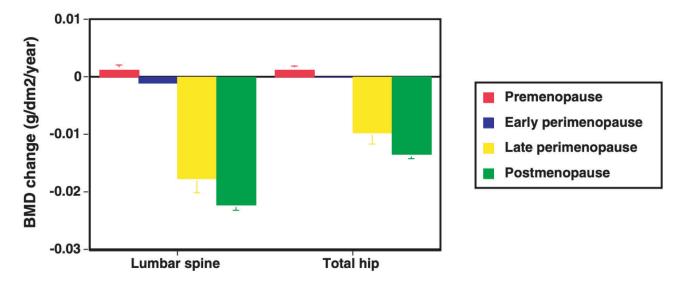
mineral density at the femoral neck or lumbar spine to assess the risk of osteopenia and osteoporosis using T-scores. The World Health Organization criteria then delegates the T-score resulting from these scans to a corresponding osteoporosis or osteopenia diagnosis. Bone mineral density loss is most often caused by a decrease in estrogen levels due to menopause, calcium deficiencies, and/or viremia. Postmenopausal women were reported to experience rates of 0.022 g/ cm²·yr (2.0%) bone mineral loss in the spine and 0.013 g/cm²·yr (1.4%) in the hip (Figure 1). Using these data to compare rates of bone mineral loss in HIV patients during their first 1-2 years using cART, a rate of 2% to 6% bone mineral loss was found9. Further data correlating HIV as a pathogenesis factor for osteoporosis and osteopenia have been reported in studies, due to both viremia and mediation by cART medications.

Osteoporosis and osteopenia have an etiology in HIV patients due to both viremia as well as cART medications. HIV infection itself has significant effects on bone mineral density due to inflammation impeding bone formation and increasing osteoclastic activity. Bone remodeling is a process in which mineralized bone is removed by osteoclasts,

cell-types responsible for bone resorption, and is replaced by bone matrices formed by osteoblasts.

Regulation of bone remodeling preserves skeletal integrity by ensuring proper function of osteoclasts and osteoblasts. Such regulators include "growth hormone, glucocorticoids, thyroid hormones, and sex hormones, [as well as] factors such as insulin-like growth factors (IGFs), prostaglandins, tumor growth factor-beta (TGF-beta), bone morphogenetic proteins (BMP), and cytokines."10 HIV proteins have been found to increase osteoclastic resorption of bone and induce osteoblastic apoptosis. The GP120 molecule of HIV promotes bone loss by upregulating RANKL, a protein that supports the development and function of osteoclasts. The molecule has also been found to "increase the rate of apoptosis in primary osteoblasts."11 HIV proteins also induce systemic inflammation by increasing levels of cytokines and tumor necrosis factor, both of which promote osteoclastic activity. Bone mineral density loss has a multifactorial etiology in HIV-infected individuals, and viremia itself contributes to this phenomenon.

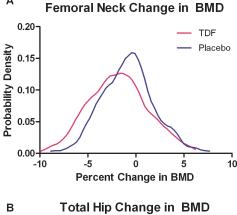
Figure 1

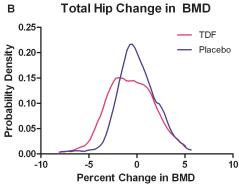


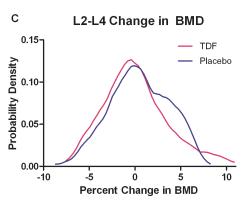
Source: Finkelstein, Joel S., et al. "Bone Mineral Density Changes during the Menopause Transition in a Multiethnic Cohort of Women." Obstetrical & Gynecological Survey, vol. 63, no. 7, 2008, pp. 442–444., https://doi.org/10.1097/01.ogx.0000325504.51681.10.

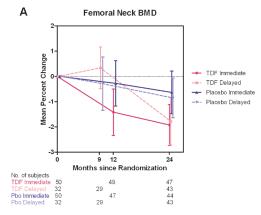
Figures 2 & 3

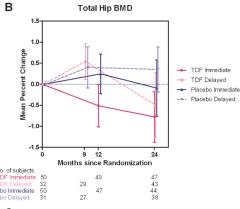
Source: Liu, Albert Y., et al. "Bone Mineral Density in HIV-Negative Men Participating in a Tenofovir Pre-Exposure Prophylaxis Randomized Clinical Trial in San Francisco." PLoS ONE, vol. 6, no. 8, 2011, https://doi.org/10.1371/ iournal.pone.0023688.

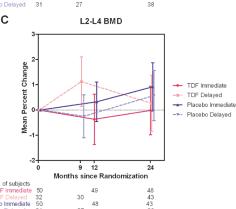












Antiretroviral therapies (ART) include a variety of medications and regimes enacted to treat HIV infection. Patients who use ART are given medications such as tenofovir disoprovil fumarate (TDF), protease inhibitors, and the more recently developed tenofovir alafenamide (TAF). TDF is most associated with significant bone mineral density loss in clinical trials. In a randomized control trial conducted in San Francisco by Liu et Al., 210 HIV-uninfected men were divided into two groups. The first group was given TDF, and the other control group was prescribed a placebo. Results of the trial found that 13% of the TDF group experienced >5% bone mineral density loss at the femoral neck compared to 6% loss within the placebo group. The study concluded that TDF use resulted in "a small but statisti-

cally significant decline in BMD at the total hip and femoral neck"11 (figures 2

& 3). Another study conducted by Tiwari & Patel observed the effects of ART on 124 HIV-positive individuals and 64 HIV-negative individuals to ascertain the correlation of osteoporosis with CD4 counts (a clinical indicator of HIV). Among the HIV-infected individuals on ART, 45.7% showed normal bone mineral density, while the other 44.3% had reduced BMD12. Overall, the two studies indicate strong correlations between the presence of the cART medications (specifically TDF) and subsequent decreases in bone mineral density. There is evidence to suggest etiology of osteoporosis in HIV patients is derived from the intervention of antiretroviral therapy drugs.

Data from clinical trials and research studies conclude a strong correlation between HIV-infection and the onset of osteoporosis and osteopenia. Locating the etiology of such a correlation has been more difficult

and needs more testing. Differential etiologies such as viremia and combined antiretroviral therapies are two accepted causative agents of bone mineral density loss in HIV-infected individuals. HIV protein molecules like GP120 initiate inflammation and excessive bone remodeling, demonstrating that viremia is one of these causative agents. Similarly, the onset of bone mineral density loss and the heightened rates of low DEXA scores by patients using TDF support cART medications as another possible etiology.

Scan to **View Citations**

INTERVIEW WITH A PROFESSOR

DR. TENNISHA N. RILEY

Q: Sacha Sides, Editor-in-Chief, Emic Magazine

A: Tennisha N. Riley, Ph.D. Assistant Professor; Family, Youth, and Community Sciences at the University of Florida

Q: Can you give a brief synopsis of your work?

A: I am trained as a developmental psychologist. My research explores the emotional and psychosocial development of marginal ized adolescents (ages 10-25 years), particularly with the focus of assessing variation across multi-racial backgrounds. Emotional development includes everything from how people begin to learn about [their] emotions to emotional regulation and emotional expression. Emotions as we understand them are largely defined by our social and cultural frameworks - emotions are communication tools that allow us to express our needs and desires. My work then explores how people's experiences shape the way they interact with emotions.

Q: What methods do you typically use when conducting your research?

A: I use a lot of different methods in my research - typically whatever best answers the question. Wherever people are and the needs of the community inform the different methods that I will use. Typically, I can use traditional methods like surveys, observations, and interviews. I also use physiological methods in my work that assess, for example, biological responses to stress. I emphasize that my research is community-engaged.

Q: Your research surveys adolescent experiences while still empowering them to be the narrators of their own stories. You are very explicit in describing adolescents as the experts of their own lives. Can you share a bit more about this?

A: I like learning about adolescents because they know a lot that we don't give them cred-

it for. A lot of the studies I originally wanted to do had 0 participants. When I began engaging vouth in my research projects, [the projects] have been super successful. Trust is super important, and there is a lack in trust especially after the pandemic. [Researchers] think about research as something that [we] do, but when you're working with minoritized individuals... Why would they want to participate? My perspective was definitely inspired by student activists, too.

O: You defined adolescence as the stage of life between ages 10-25. I think most people tend to consider adulthood beginning at 18, and adolescence ending far before the age of 25. How do you define adolescence, and what is the reason behind this age range?

A: This definition of adolescence, with this specific age range, is one that is thoroughly debated - some are even pushing to delay the end of adolescence until the age of 30. There are social conditions that influence the way we define adolescence. Normally the beginning is the onset of pubertal maturation. The end is hotly debated because the ways in which we normally think of adulthood - like marriage, and starting a family - have been changed and pushed back. We are less religiously focused, and not as content with just receiving a bachelor's degree; educational attainment is delayed. It's an advantage because if we can view adolescence as a time of rapid growth - even though we are always growing - if we give the opportunity to people in their early 20s to acknowledge that they are still coming of age, it allows them to expand on their own learning or their own identity during this time. It's disadvantageous to more people who want a cutoff age. We typically think of our 20s as a 'time that you should know better', and so this counters that.

Q: What sparked your interest in your field?

A: I was originally thinking that my future lay in medical school, but who wants to do that? [laughs] I ended up studying psychology, and I really liked studying adolescence. The age range was interesting to me - it has a really unique perspective. I ended up working with parents of children in juvenile probation within a county known for their high juvenile incarceration rates. Policies and laws did not match up with what the research was saying, which also did not match up with my own observations. Adolescence is a time of immense social development, and using isolation as a punishment can destroy someone's emotional trajectory. I wanted to be more of an advocate. I wanted to facilitate real policy changes as a result of my work.

Q: So, looking back at our theme. What do "foundations" mean to you, both in and outside of the context of your research?

A: I tend to teach courses in developmental psychology - what we normally call "womb to tomb." So, when I hear 'foundations'. I first think of an embryo. I start to think about what might happen to organisms in utero that would lead them to develop certain characteristics. I then think about the context in which [that embryo] develops. Context always has to be a thing you think about. Context of development can impact human genetic makeup, and can influence how children respond to stress when they are out of utero. It is not just about the beginning of the human body but also the context in which that [body] develops. My research [focus] starts at 6 years old (6-18), but along those lines there are several foundational events that impact people at certain ages. The foundation of adolescence is also about understanding your identity. If you understand who you are, then all my research starts to unfold. You begin to see your place in the world through your physical growth, academic trajectory, and social development. I would think about foundations as who you are and how you see yourself.



AIT BU BACHA BIDBS

he primate of the issue is the western gorilla, also known as Gorilla gorilla. Gorilla is a genus of great apes comprising two species, one eastern and one western, both of which inhabit different ranges of habitats within sub-Saharan Africa. Gorillas are knuckle-walkers, and their size limits them to terrestrial locomotion.

They are also highly intelligent and form strong social bonds. They live in polygamous troops led by one silverback, representing the adult males who lead and protect their groups, multiple females, and sometimes blackbacks (non-dominant males). Gorillas are highly intelligent and form strong social bonds. As the largest living primates, gorillas are truly the foundation of our family tree.





FLORIDA FLORA

This photo collection showcases the indigenous plant life found in Florida. With this series, *Emic* seeks to highlight the 'foundations' of our diverse ecosystem, highlighting the flora that have shaped the incredible wildlife of the state. We thank Galen Nightingale for his stunning photography that was used for this collection.







22 23

Issue 2

bloom

Winter 2024