

Intervals - Introduction to Season 1

Season 1: Intervals of Public Health
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Lecture

CHRISTOPHER BRICK: We can choose to forget, and after making it through the long coronavirus-defined year of 2020, who could blame us if we did?

Paradoxically though, we know from the psychologists and the neuroscientists, that forgetting also plays a key role in the formation of memory, and thus so too in the project of history.

A personal example, to help make this a bit more concrete --

As a primary-school social studies student, I can remember learning about the Northwest Ordinance of 1787 in celebratory terms, as an anti-slavery document that anticipated Emancipation by proscribing involuntary servitude and enslavement in the sizable chunk of North America comprising all of present-day Ohio, Michigan, Indiana, Illinois, Wisconsin, and about a third of Minnesota -- so this is not a discreet piece of territory. This kind of reading allows for a version of the

American past to open on a heroic note, and for many the allure of an origin story that fosters national self-congratulation remains a powerful incentive indeed. But it also injures the collective self-awareness that history work at its best can promote.

The Northwest Ordinance, after all, also envisioned the clearance of those lands for white settlement, and established policy to carry that purpose into effect. The ruinous impact on Native communities it follows is a consequential part of the Ordinance's legacy, complicating a remembrance which emphasizes its anti-slavery sections and whose persuasive power rests on the unstated proviso, always unstated, that no one look too carefully at what else the Confederation Congress wrote into the document---That requires us, in other words, to engage in the kind of forgetfulness that corrodes historical literacy and the powerful tool of citizenship it can provide to all of us.

But we can also choose to remember, and in remembering do something powerful, potentially transformative, and sometimes even reparative, as I came to learn from this podcast in the course of helping to put it together.

As Ken Marcus notes in his talk on the World War II-era incarceration of Japanese-Americans, the survivors of this policy bore steep emotional, physical, and financial costs as a result of these forced removals. Some though later reported finding a measure of healing through the long and difficult work of holding the federal government to account for its actions, eventually winning from Congress a formal apology, paid restitution, and legal authority to construct a memorial to acknowledge the whole sordid incident---surely one of the gravest constitutional crimes of the twentieth century.

The Japanese-American Memorial to Patriotism During World War II today sits near a prominent intersection on Capitol Hill, about midway between Union Station and the Senate wing of the Capitol building. Serene and understated, the structure itself evokes some of the inner peace that survivors were able to reclaim via this act of commemoration, and underscores I think with great elegance the way that public history and public health can complement and empower one another.

The example set by the Japanese-American activists who stewarded this memory into our public life bears much similarity to the range of campaigns and actions currently underway to rethink American storytelling spaces and to repurpose them into vehicles for a more inclusive recounting of the American past. Who and what will gain new recognition as this process unfolds in the months and years to come? Only time will tell us all that.

In the meanwhile though I just want to take a moment to recognize all the folks who made this particular public humanities initiative possible. While I have no way of predicting who will get to be the heroes of the new American story currently being curated out there, the story of this podcast certainly has some heroes of its own, and I'd like to thank each of them now.

I want to pay tribute to the OAH committee that programmed the content for this podcast, Marketing and Communications, along with the National Endowment for the Humanities, whose wonderful team decided that this was necessary work to fund not in spite of a pandemic moment, but because of it. OAH and MarCom (as we fondly call the committee for short) wishes to thank NEH for their vision in this regard, and for their shared commitment to a humanistic future notwithstanding the wish of many to countervail against one.

Of the original MarCom group, I believe that I am the only one remaining, and so by default you will often hear me, your host, Christopher Brick, talking out through the speaker of your listening device. I hope you'll be willing to lend me your patience as well as your ears in taking this journey together.

Full disclosure, I ask a lot of ponderous questions in the Q+A sessions that follow upon each talk. And yet, those Q+As are kept vibrant nonetheless by virtue of the incredible job each of these featured historians contributed to the project, as well as the ennobling presence of Kariann Yokota---MarCom's current chair, longtime friend of the OAH, an incredibly supportive collaborator throughout this process, and someone whose warmth and generosity of intellect is one of the great resources this first season had at its disposal. Kariann was good enough to join me for most of the Q+As throughout this first season of *Intervals*, and each of them was better for it.

In case it's not already obvious to everyone listening, this work was massively cumulative, drawing in the end on the organization as a whole. It would truly have been impossible though without a few other key participants including Kathy Finley, the recently retired executive director; Beth English, Kathy's successor; Beth Marsh, who runs MarCom for the organization at headquarters in Bloomington; Sara Georgini (the original MarCom visionary); and the incredible IK David who stood up the tech side of this production as chief producer. Anything you hear intelligibly is there because IK made it possible.

When I speak here for the committee as a whole, as sometimes I do in the podcast, I trust it rings with authority from Kariann and myself that we hope to speak with the same measure of thoughtfulness

and accuracy that define OAH's purpose, and the broader community of historians it serves. We are the deepest bench of American history expertise on the planet. We can take some justifiable pride in that. Historical literacy is self-justifying always, but it's especially necessary right now, when the informational needs of our many audiences have been dramatically upended and rearranged almost overnight by virtue of [audio gap] Anyone who belongs to OAH does service to that public good simply by signing up. We honor each of you.

Ok. So, what will I not forget from this season, and what would I hope all of you listening will bring with you from here on out and evermore thereafter? So many things, but I'll comment on just a few as a way to give you some early sense of the themes that I noticed recurring as this season came together, and to preview a bit of what you can expect to hear as it unfolds.

Let's start with some of the powerful features of identity that course through the intertwined histories of science, technology, medicine, and public health that converge in this lecture series.

Superficially, this can feel as though it contradicts much of the reputational authority that medicine enjoys in American society, an important pretense of which is that professionalized standards of diagnostics, treatment, and therapeutic intervention (or non-intervention as the case might be) have rendered healthcare value-neutral, unbiased, and devoid of idiosyncrasy. If I break my leg in Missouri, the thinking goes, then *ceteris parabis*, according to the dictates of contemporary medical essentialism, I should be able to seek medical attention in Minnesota or Oregon or Louisiana and expect roughly parallel treatment experiences.

But can I?

Can I really?

That conventional wisdom may be truer in some medical contexts than others, but it fails spectacularly in most of the episodes that we brought together for season 1. Take for example Kylie Smith's lecture on psychiatry in the Deep South from the 1930s to the 1950s. Exploring an archipelago of state asylum facilities in Georgia, Alabama, and Mississippi as key institutional settings of Jim Crow, Kylie observes that the compulsory labor schemes that Deep South public health authorities applied quite intentionally replicated the enslavement controls that prevailed as *de jure* law prior to the Civil War. Post-Reconstruction, much the same regime of racial hierarchy persisted well into the twentieth century, enmeshing up-and-coming forms of specialized practice like psychiatry with the maintenance of white supremacy in state-funded hospital systems.

Such developments blurred the line between medical and carceral discipline and linked the intensifying professionalization of healthcare with the exclusion of Black people from equal citizenship.

If you're particularly interested in the nexus between public health and American race relations, you will not lack for listening options as the season unfolds, nor the chance to make connections across the intervals of time and space that lie between them.

Hence the name of the series, *Intervals*, denoting as it does disparate points of chronology that all historians rely upon to track change over time and, crucially, to tell stories and fabricate narratives that conjoin them in persuasive and credible ways.

The perspective we gain from a history of Southern psychiatry, for example, in turns gives context to events that occur in places as distant from the Deep South as New York City, the location for Tina Peabody's examination of postwar sanitation campaigns against environmental racism; or in the Alaska territory, the unit of analysis for Tess Lanzarotta's fantastic, astonishing lecture about tuberculosis control. Tess's talk left me simultaneously enriched by my new understanding of the Alaska story, as well as embarrassed for the inattention I'd paid it in my own teaching and research—a mistake I won't ever have to make again; or in the present-day Navajo Nation, which provides focus for Farina King's historical reconstruction of the work that Diné doctors and healers have done across centuries to secure the survival of Navajo peoplehood against the intrusion of settler "monsters," microbial and cultural both. Farina's talk is one of my personal favorites across the whole of the series and one of the freshest pieces of scholarly output I've had the chance to enjoy in some time. Please do yourself a favor and be sure not to miss that one.

The same goes for Christopher Willoughby's lecture on the antebellum 19th-century. Entitled "Which Public? Race, Slavery, and Health in the United States," Chris's talk brings us into the everyday lives of the enslaved people who toiled under appalling conditions on the cotton and sugar plantations of the American South, as well as the medical community's extensive complicity in their enslavement.

And while Chris's work in this area has certainly helped make me a better teacher of this period, I had no right to expect it would also impart a new wrinkle to my own sense of personal connection to this content. You see, at one point

Chris describes for us an interconnection between the pregnancies of enslaved women and modern Caesarean delivery technique. To translate: enslavers forced Black women to become pregnant, and then turned surgeons loose on them to refine the practice of abdominal delivery that in turn required extensive human experimentation. Think about that. If you're someone who's delivered a child via Caesarean surgery, you know the scarring it left behind, and almost certainly this scarring occurred under the influence of pain-inducing drugs that are powerful enough to numb the sensation of being cut apart. Me, myself, this person talking to you... I was delivered into the world this way. I came into the state of things a C-section baby. Is my story separable from the experience of those women who endured this treatment, or their children, or the enslavement economy that placed them under the power of those physicians?

Until collaborating on this podcast series I'd remained cognitively separable from that knowledge because it was not a fact anyone had shared with me before, nor a history I recall encountering in my own reading or writing. Now it shapes something new about my own self-understanding, and hopefully so too some of you out there listening.

The histories of maternity and reproduction contribute another recurrent feature of season 1, surfacing often and challenging listeners to consider the way that contingencies of sexuality and gender have shaped American public health over time.

As anyone who's ever carried or delivered a child knows, pregnancy can be fraught with risk, and it does not always end well for expectant mothers—something that was much more the case even just a short hundred years ago, when maternal mortality rates in the United States were 40 times

what they are today. It can be tempting to assign much or most of the blame for pregnancy-related injury to the physical demands of gestation and labor. Historically though, as Alicia Gutierrez-Romine's lecture divulges, the conditions prevailing on local reproductive choice, whether restrictive or permissive, safe or hazardous, legal or illegal, distant or nearby, all bore greatly upon the health outcomes for the Southern California women whose experiences are addressed in Alicia's research. When you engage her talk, listen also for clues into the power of pregnancy both to shape the choices women are allowed to make and to dictate one's value in the eyes of state and society.

Or if you're more interested in the history of public health half a century earlier, then listen to Megan Birk's lecture, the seventh in this series, which in one section describes the allocation of social support for pregnant women on Poor Farms in the Midwest and South in the late 19th and early 20th centuries. You'll find there are powerful symmetries in Megan and Alicia's work, notwithstanding the great differences in historical setting that distinguish these talks and the fact that both of the very fine historians who contributed them came to these overlaps from different origination points, questions, and interest areas.

Irrespective of critical distinctions like these, there is one theme that recurred so reliably in each of these talks that no introduction to a series like this one would be requisite or thorough without signposting it right up front: scapegoating. That may come as little surprise to anyone whose 2020 experience took place from inside the framework of American political culture, a central feature of which became the resurgence of

anti-Asian rhetoric, imagery, and race-baiting from the highest echelons of the US government and the towering heights of its political class.

To many observers these efforts seemed a transparent attempt to shift blame for the pandemic and a cascade of lethal policy failures onto a minoritized outgroup at home and a mistrusted government overseas. They are the kind of tactics that would be familiar to the working-class and Black Philadelphians we encounter in Pippa Koch's discussion of religious culture during the 1793 yellow fever epidemic; they would be familiar to the border-crossers and immigrant communities who populate Jacob Steere-Williams's examination of an increasingly medicalized format for the application of white supremacy and nativist exclusion during the Gilded Age; they would be familiar to the African American gay men whom the HIV/AIDS epidemic targeted with stigma as well as illness, and whose mobilization against both imbue Dan Royles's work with tremendous empathy and example; and they would surely be familiar to the Filipino nurses who in 2020 comprised just 4% of all RNs in the United States, but 30% of the frontline nursing professionals who have been lost to COVID-19. Catherine Ceniza Choy's lecture on migrant Filipino nurses, our final of this series, looks to history and ethnography to reconstruct this community's long American experience through the 20th and 21st centuries, and to help us contextualize some truly harrowing mortality figures that as of this taping likely remain an undercount.

I'm so grateful to Cathy for calling our attention to the story of these nurses, and for enhancing our ability to consider what connections we should draw between their preponderance as both frontline casualties and racial scapegoats in the Age of COVID-19 and The Long 2020.

Why do this work now? Well, for one thing, if this podcast discloses nothing else, it offers an extensive, well-resourced overview of a history which clarifies that ecologies of disease and wellness, health and healing, mortality and natality, these ecologies have never simply been biological or microbial, but social, political, economic, cultural, and as such need for the robust context that historicization provides. We are mindful too that there are plenty who would resist this work or deny its relevance to contemporary public health, including some of the most powerful actors in institutional medicine. Take for example the *Journal of the American Medical Association* (*JAMA* for short), which on March 6th 2021 claimed via tweet that the doctor elite it represents was no longer a creature of this history, having instead transcended it altogether. Of course, we realize that no institution as flush with professional authority and gatekeeping power as *JAMA* is ever likely to err on the side of humility, but insofar as we can provide a resource to inform better choices moving forward on everyone's part, then we thought it worth the effort, and we certainly hope you do as well.

As always, my email is cbrick@gwu.edu, and you're always free to reach out to me there about the podcast, the Organization of American Historians, the service work of the Marketing and Communications Committee, and anything else you'd care to share. If you want to write me about the weather or the flowers, I read those emails too.

Thank you for listening, please hit subscribe, and please do join us next time when Josh Irvin will introduce us to, "A Haunted Land: Epidemics, Indians, and the Contagion of Colonialism in North America, Pre-Contact to 1621."

That was a really wonderful talk, vibrant session. I hope you join us, and we'll catch you then.