



Elizabeth Fee: a historian reaching out to wider audiences

Interview with

Elizabeth Fee

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To what activities and topics does a historian in health and medicine, whose articles and books have become fundamental references for scholars of the area, devote her time? Feminism, counter-culture, medical education, global health, the role of international health organizations, and knowledge sharing in health history are some of the subjects Elizabeth Fee addresses in this interview given at Fiocruz in April, where she presented the 2006 inaugural class to the Graduate Program in History of Health Sciences at Casa de Oswaldo Cruz. The topic of her lecture was "The World Health Organization and AIDS: what can we learn from history?"

KEYWORDS: history of public health, global health, World Health Organization, National Library of Medicine, knowledge and information sharing.

Since 1995, Elizabeth Fee has been Chief of the History of Medicine Division at the National Library of Medicine, part of the National Institutes of Health in Bethesda, Maryland, United States. A graduate of Cambridge University, Dr. Fee did both her master's and Ph.D. studies in history and the philosophy of science at Princeton University. Her doctoral dissertation was on science and gender. She has been a professor at a number of universities, including Princeton and Johns Hopkins. She was president of the Sigerist Circle of historians of medicine and is a member of numerous scientific and professional associations. Deeply involved in editing, Elizabeth Fee is currently a contributing editor for the *American Journal of Public Health's* three different sections ("Public Health Then and Now", "Voices from the Past", and "Images of Health"). She also organizes outreach exhibits on science, medicine, and health at the National Library of Medicine.

Dr. Fee has published 17 books and monographs, nearly fifty book chapters, and more than 120 journal articles, in addition to dozens of editorials. She is one of the leaders of Global Health Histories, a World Health Organization (WHO) initiative that makes history a protagonist in the international health debate. Reference points in their field, Elizabeth Fee's books speak to the issues that have been her concern throughout her career: *Disease and discovery: a history of the Johns Hopkins School of Hygiene and Public Health* (1987); the pioneer *AIDS: the burdens of history* (with Daniel Fox, 1988, open access through CUP); *A history of education in public health: health that mocks the doctor's rules* (with Roy M. Acheson, 1991); *AIDS: the making of a chronic disease* (with Daniel Fox, 1992); *Women's health, politics and power: essays on sex/gender, medicine, and public health* (with Nancy Krieger, 1994); and *Making medical history: life and times of Henry E. Sigerist* (with Ted Brown, 1997).

Dr. Fee wrote a magnificent introduction to the second edition of George Rosen's *History of Public Health* (1993), which unfortunately was not included in the Brazilian edition (*Uma história da saúde pública*). It offers an inspirational post-Rosen research agenda that proved invaluable in our first courses on history of health and indeed helped shaped our graduate program.



Elizabeth Fee is an intellectual with a firm dedication to building dialogue between history and contemporary issues in science and health: public policies, diseases, institutions, etc. Her trajectory bespeaks her vision of the intellectual and scientist as someone committed to the society in which she lives; it also reflects her awareness that dialogue between history and health is a two-way street. Producing history and preserving memory are part of a commitment to social reform and equality. These are the topics and themes you will find woven throughout her interview.

As a historian with an engagé view of science vis-à-vis social problems, what do you think about the relations between your work as a historian and public health?

Elizabeth Fee: These days, I write mainly for public health professionals. I write for the *American Journal of Public Health*, for a public health professional audience, and we publish one or two historical articles every month, sometimes written by me, sometimes by other people. The audience has come to expect history in each month's journal. When we did a survey among public health professionals to see what they liked most in the journal, history was one of the top things that they liked to read. I feel they're interested and paying attention; we try to make the articles relevant and provocative and to speak to some of their concerns. I've been doing this for about 20 years, and I think I've learned how to do this so that public health professionals find it interesting. I'm just beginning now to write for the *Bulletin of the World Health Organization*. I hope we can write historical articles that will be interesting to a more global, international audience.

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How did you learn to do this? Was it hard? How did you manage to create a direct connection with this kind of audience?

It probably helped that I was teaching at a public health school. I had been teaching at another kind of school, and I had a grant for teaching history to health professionals. Then the first school closed; I found myself with funding but no students, so I went to the school of public health at Johns Hopkins and asked if they'd let me teach their students – and they said yes. At the beginning, I didn't have a really clear idea of what public health was. I remember my first class. I sat down with the students and said, "Well now, what is public health?" They all looked at me and said, "You're supposed to tell us!" I learned with them what public health is and what was interesting to me and to them about its history. I think that was good training for talking to public health professionals. Johns Hopkins has many international students. It's fascinating to have the Minister of Health and the Vice-Minister of Health from Kenya, the Minister of Health from Afghanistan, or from Denmark, all in the same class. I remember teaching one class on women and health and having great debates about polygamy, about whether it was good for women or not. It's a lot of fun to teach international students.

What is your opinion about the virtues of polygamy for women?

I'm not a big proponent of polygamy.

They didn't convince you?

No. [laughing] Sometimes it may be companionable to have other wives around; sometimes it's very competitive!

Did you inherit your views from Sigerist and Rosen? You said you went to the school and said "I want to teach here." But there was a tradition. Was it your intention to renew this tradition? Did you know Rosen?

Yes, I did. I think I always had left-wing sympathies, and at first I didn't know very clearly how to do history and incorporate my political commitments. But George Rosen and Henry Sigerist certainly served as models. We were not encouraged to read these kinds of people in graduate school. But later I discovered all these writings, so we created the Sigerist Circle to encourage the exchange of ideas among the more progressive, feminist, socialist people in the history of medicine. My friend Edward Morman suggested that he and I do a new paperback edition of George Rosen. We talked to his widow, Beata Rosen, and she agreed. Later she was very angry with me because she felt I had been critical of George Rosen; she loved him very much, and resented any criticism.

"... we created the Sigerist Circle to encourage the exchange of ideas among the more progressive, feminist, socialist people in the history of medicine".

What was your impression of Rosen?

He used to come to the American Association for the History of Medicine's conference every year. Whenever someone gave a paper, he was always the first one up – first question, often the second question. Sometimes he was very intimidating for very young students, because he asked very good questions. I didn't know him very well, but I always saw him at the meetings and everybody knew, "Be careful when he asks questions!"

How can historians and policymakers find common ground for dialogue?

First, you have to be interested in doing this; you have to want to talk to policymakers from a history point of view. Secondly, you have to write for them in the journals they read. They usually don't read history journals. You have to write for their journals, the ones they're most likely to read. Your policymakers – what journal do they read? Write for that journal. Or give a paper at their conference. It's a small step, but it's a way of saying: "I want to talk to you, to publish a paper in your journal." You'll usually find they'll respond. But they don't make the effort to read history books. Well, sometimes they do. But as a first step, it's good to publish in their journals.

Do you have to have something very important to say to them, or not necessarily?

Yes, you do have to have something to say that touches their interests.

Do you think that in your work with policymakers and public health sanitarians, you have managed to maintain your ties with your peers in history? What kind of dialogue do you have with historians today?

I think most historians want to address other historians. A minority want to speak to the general public, and sometimes do this very successfully. Another minority wants to address business concerns, because they pay for books. Some want to – as we are talking about – speak to health professionals; this is a sub-group. But as I am now a Contributing Editor of the American Journal of Public Health, I encourage more historians to write articles. Every year the interest increases.

What does it mean to be a Contributing Editor for the American Journal of Public Health?

It means that I deal with historical articles. Whenever a submission comes in where either the author says I want to be published in “Public Health Then and Now” or the editor-in-chief thinks it’s a historical paper, they send it to me or to Ted Brown, my partner. Then we review it and send it out for review; and on that basis, we can accept or reject it. The Editor-in-Chief, in theory, has the final say, but she always accepts our opinion. It’s like being a mini-editor.

“... historians of medicine should have a pretty good idea of what the issues are in contemporary medicine, shouldn’t they?”

One of the problems when historians address the public health or the medical community is our ability to understand biomedical or public health issues. What do you think about this movement of historians talking to the public health or medical community and about their own skills in understanding medicine and the area’s issues?

But historians of medicine should have a pretty good idea of what the issues are in contemporary medicine, shouldn’t they?

But I mean not just the issues but also our understanding of medical knowledge and technical details.

You don’t have to understand every detail, because that’s not your job. Your job is to look at the bigger issues and questions and to encourage debate, dialogue and thinking about the philosophical, ethical, political, and social questions.

You have some background in philosophy. Do you think this is very important to your ability and skill in discussing the big questions and looking at the big picture? Not everyone has this ability, this philosophical approach. Historians tend to be fascinated with details, with particular historical aspects, and very specific moments in history. You have called attention to this tendency to a fragmentary history. Don’t you think this creates some problems?

This kind of work may not suit everyone. There are different kinds of work that appeal to different kinds of personalities and

interests. Probably philosophy is useful but many other things can be useful. If you know literature, theater, biology, or music – you can bring anything you know about to the communication about health problems. Law – there are some good people writing from a legal point of view. You bring whatever you know and whatever you're interested in to the task.

What do you think about the agenda for historians in our area of research? What are the most significant tendencies you see now in the history of health – which of these are progressing, which are stagnant and not so productive?

“For me, what I find very exciting are these connections with different countries ... These international comparisons and learning from different points of view is very exciting”.

For me, what I find very exciting are these connections with different countries internationally, like Brazil – because most of us have been looking at just one or two countries. A lot of work in Britain – very good work; and a lot of work in America, deals only with these countries. There are things going on in different parts of the world, but partly because of language barriers, we are not connecting to all of them. In the past we have not made these connections. These international comparisons and learning from different points of view is very exciting. There are many areas to explore. We have conferences twice a year in the History of Medicine Division of the National Library of Medicine. The last one we had was on global health histories. The next one will be on meat, medicine, and health – all the questions about animals and humans: disease transmission, mad cow disease, avian flu, vegetarianism, the Atkins diet, and so on. This is a mix of cultural history and nutrition, not biomedical so much, but a mix of social and health history. We have an exhibition now on the history of forensic science. It's fun and engaging – the use of science in legal cases, like DNA. A big part of our exhibition is on the anthropological study of the bones in Argentina from the 'disappeared'. And we display and discuss many other stories from different parts of history and the present. There are a lot of areas of new kinds of work. Personally, I'm especially interested in international relations and international health.

As far as production in the historical field, how would you assess what has been accomplished to date? What would you emphasize?

A lot of very fine work has been done on, say, colonial and tropical medicine. Probably the majority of the work is on periods before 1950. There's not so much on 1950 to the present, which of course is a period of great interest that needs more research. I think there's plenty of need for research in the earlier periods as well, because there's a lot to do. But some areas have received more attention than others. There's good work on English colonial medicine in India, for example, certain areas of Africa, Marcos Cueto in Peru. It's all building towards a broader understanding.

How has your view of the historian's role influenced your intellectual trajectory? Did you make choices, or was it chance that led you to certain areas? I'd also like to mention your speech yesterday. You talked about your origins in Northern Ireland – that there were always two histories for you.

“This was in the 1960s. Princeton was all men; there were only a tiny handful of women. You were allowed to go as a woman if you could prove that there was no other university you could go to in order to study whatever you wanted to study. I think it was the only program in history and philosophy of science in the country”.

It was very interesting to me as a child because the history I was taught at school was different than the history I was taught at home. My parents had a very romantic idea of Irish history, and at school I was taught English history, and they're very different. That sparked my interest and curiosity in history. But I also liked what I felt was the certainty of science – it seemed to me that you could know (more) what was really true in science. So my first degree was in biochemistry, and I did laboratory work. I was getting a little bored with it, and then I started to look around at different fields. I looked at law and economics. I had a scholarship in sciences especially for women. The people who gave it to me said, “Absolutely not!” I could not do law, economics, architecture. The most they would accept was if I did history and philosophy of science. So I started to learn about these subjects, and I thought, “This is wonderful! It's so exciting, so interesting.” So I moved in that direction. I had read Thomas Kuhn's *Structure of Scientific Revolutions*. I thought it was great. I wrote to him and said, “I would like to study with you.” He wrote back and said OK! So I got a Fulbright grant and went to Princeton University.

Was Kuhn your advisor?

He was at the very beginning but he was very uncomfortable with women. He did not have any woman students at that time. This was in the 1960s. Princeton was all men; there were only a tiny handful of women. You were allowed to go as a woman if you could prove that there was no other university you could go to in order to study whatever you wanted to study. I think it was the only program in history and philosophy of science in the country. So they allowed a few women – there were two of us.

What happened to the other one? Do you keep in touch with her?

Yes, she works as an historian and librarian at Yale, Toby Appel. She writes books on the history of science, particularly biological science. She's originally from Israel. She has a successful career.

Was it hard for you to work there? Was it formal, hard to deal with?

I enjoyed my time at Princeton. I would say that the undergraduate men were very opposed to women. I had to walk past a dormitory on the way to the library every morning, and they would come with a bucket of water and pour it out the window. It's true!

You mentioned Kuhn. Did you have much contact with him?

A fair amount. He was a very brilliant guy.

Your master's thesis was on women and science, right? What was the main question you addressed?

It was on the scientific analysis of gender difference. I was interested in the social construction of scientific theory around gender.

Do you think gender influences the social construction of theories?

Well, it's obvious that if it's theories about gender, yes, no question!

But theories in general.

Well, that is very interesting. I'm less certain about that. We've had many debates on that. There are certainly some areas of science where you can see the influence of gender on the theories themselves, with the language that's used, for example. But I think it's also possible to do science that is not gender biased. In some fields of science at least, there's a possibility of objectivity, of gender neutrality.

“Tom Kuhn was a little distant. He thought we should focus on our scholarship – write good papers, become great historians”.

Why did you choose this topic?

It was the period of the feminist movement. My friends in the movement insisted that I write a thesis that would be relevant to their efforts and their politics. I told you yesterday that at first I said, “No, I can't do that.”

What year did you defend your thesis?

I started my graduate work in 1968. This would be around 1970.

Did you participate in those movements? Did you protest against the Vietnam war? Did you 'take to the streets'?

Yes.

Were you fascinated with the hippie movement?

I was a 'hippie', yes.

How did you reconcile these things with Thomas Kuhn?

Thomas Kuhn was not so conservative, but some of the professors were very disapproving of all this campus excitement. Others were sympathetic. Tom Kuhn was a little distant. He thought we should focus on our scholarship – write good papers, become great historians.

“Cambridge was very good training. By the time I came to Princeton, I could write pretty well. But I got much more detailed knowledge of the field of history of science of course”.

Did you learn a lot about how to write papers? Looking back, was it a very useful experience for you?

Yes, it was a useful experience, but in terms of learning to write, probably my training in Cambridge University was particularly good, because there we had to write papers every week. And every week I'd stay up all night, at least once, writing papers, and then the professors would read them and say, “No, this is no good. Try again.” Cambridge was very good training. By the time I came to Princeton, I could write pretty well. But I got much more detailed knowledge of the field of history of science of course. I was shocked at the long reading list, and I would say, “But why are we reading all this? It's not very good or interesting!” And they'd say, “It is the literature in the field; therefore, you must read it. You must know what it says.”

Would you give this advice to your students today? Would you say that they have to read all the literature in the field, even if it's boring?

I think I would allow a little more flexibility.

But would you recommend writing a paper every week?

It's very good training.

We will have to adopt this!

When I started to teach in the State University of New York, I had a class of 450 students. I said, “You will write 3 papers, and do a mid-term exam and a final exam.” I had a small office; you could not see the office. There were papers, papers, papers!



Elizabeth Fee and Casa de Oswaldo Cruz' researchers during her interview at the Mourish castle library at the Fiocruz campus, Rio de Janeiro.

“We just had our last exhibition at the library: ‘Changing the Face of Medicine.’ It was about the entrance of women into medicine and what difference this has made”.

At least one thousand two hundred!

Yes! Never again! So be careful what you ask for

What do you think of the feminist movement today, comparing it with the 1960s and 70s, when it was so important in shaping your interests? What are the echoes of that period? Are you still a feminist?

Yes, I am. I think that it's not the same passionate energy that we had when we were discovering something new every day. That was a very creative period. But it is still a strong theme. We just had our last exhibition at the library: “Changing the Face of Medicine.” It was about the entrance of women into medicine and what difference this has made.

Did it make a big difference, and if so, how?

Yes, it did. What we have shown in the exhibition was all of the different fields that women have gone into. I would say that because women were excluded from the center of power in medicine, they have pushed out into many different (sorts of) affiliated fields. This goes from being the medical editors of journals, to public health and transforming safety for children, to women astronauts; there are also women whose specialty is taking tattoos off gang members so that they can become productive members of society without frightening their employers. There are so many different things that [women] are doing and I think there's still – I don't know if you'll agree – a very strong interest in public service, community service, public health, children. It's not black and white but there is a very strong interest among women in these more social fields. And women physicians tend to spend more time with individual patients, listening.

Do you think this applies to politics as well, to the social and political life of nations and communities, in the same way?

That could be. I have some counter examples. Margaret Thatcher. Condoleeza Rice.

There's the Chilean president – she's a good example.

Yes, there you go!

How did you arrive at the issue of public health education? How did you move from your first studies on women and science to public health education, the role of Johns Hopkins, and so on?

I was teaching for a couple of years at the State University of New York, and most of my students wanted to go into medicine or nursing, or some other health profession. There was a huge interest in health, sciences, medicine. So I started to teach history of medicine. I also gave a course on science and sexuality in the modern

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world. All the students wanted to take it! So I started to move in the direction of history of medicine. Then I was offered a job at Johns Hopkins in a new school for training (what were) mid-level health professionals. I was teaching there for several years – that was the school that closed. Then I went into the public health school and as I said, I had to learn what public health is. I was teaching there and the dean of the school said he would like to have a history of that school. There was an emeritus professor who had been going to write it, but he got (very) sick. So they said, “OK, you write it.” I wrote volume one. There was supposed to be a volume two, but I never finished it. Then Roy Acheson asked me if I would like to go to [the Rockefeller Foundation’s Bellagio Study and Conference Center] and work on a book with him on history of public health education. That sounded good, and I said sure. Barbara Rosenkrantz had been editing the historical section of the *American Journal of Public Health*, and she asked me to take over. I said I’d like to. So more and more I find myself being a historian of public health, talking to public health students and professionals; then we did the Rosen book. It was that kind of gradual evolution. And I found it very comfortable.

How would you describe the work environment at Johns Hopkins – but I don’t mean in scholarly terms. What is your personal view of Johns Hopkins?

I think it depends where you are in Johns Hopkins. In the school of public health, it’s difficult to be a historian because you are paid 20% of your salary, and then you’re expected to bring in 80%.

Could you explain this again? Everyone has to raise funds, as a teacher, as a researcher, every year? How do you do this?

You write grants, proposals – “Send me money!”

Do historians receive a lot?

If you’re doing a big epidemiological study, on AIDS or something like that, you can get a grant for a million dollars; you can hire people, you can support students. If you’re a historian, maybe you get \$25,000, and you have a small enterprise. It’s difficult to be a historian, because there aren’t many funds. You see, I was not sure I could bring in so much money, so I justified my existence by doing something widely regarded as useful – writing the history of the School. () I also ran a big master’s program. That’s why I was interested to go to the library where I have no such problems.

Could you tell us something about the National Library of Medicine? What’s it like working there?

It’s wonderful. It’s a great place to work! It’s – I imagine – like Casa de Oswaldo Cruz. It’s been a great place to work. It has a

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very supportive director, who’s very interested in history. When I went to interview with him, he looked at me and said, “Oh, I heard you give a talk at a Johns Hopkins meeting on... something or other. You were great!” And then he started talking about opera, and the whole interview was about opera. Because he recognized me and decided I was the one he wanted, but did I know anything about opera? I didn’t know very much!

What did he have in mind when he invited you to work there?

He wanted to bring in more people to the library. He wanted to have lively and appealing events, activities, and exhibitions – for the library to be more of a cultural center. Everything is on computers, on networks. But very few people were coming in to work in the library, using the historical collections. Most people didn’t know about it. He wanted it to become publicly visible.

This was a big change compared to your previous research activities at Johns Hopkins. You have to deal with events. Is this good? Do you feel you have to produce things faster and, perhaps, more superficially?

I enjoy it. I don’t have to write grant proposals, so there’s much more time. I came to the library in 1995. Between then and 2005, the government decided to double the budget of NIH. So there was a lot of money. I could say, “I want to do this, I want to do that, and this, and that.” And they’d say, “OK!” I could do...whatever! That was (very much) fun. Because at Johns Hopkins I was always worrying about money, money, money.

Do you miss the students and being a teacher?

I’m still a professor at Johns Hopkins. But now I have only one Ph.D. student. I work occasionally with Randy Packard on this or that special conference, or other projects. But I don’t teach classes. Yes, I like students, and teaching. But now I teach in a different kind of way. Now I have all my staff that I encourage and develop. A great many visitors and students come to the library. Exhibitions are a kind of teaching. So it’s just a different kind of teaching now. And a bigger audience.

*Let’s go back to some important work in your career in the area of AIDS. You wrote two books: *AIDS: The Burdens of History* (Berkeley, University of California Press, 1988) and *AIDS: The Making of a Chronic Disease*. (Berkeley, University of California Press, 1992). Back in the early 1980s, when the AIDS epidemic was becoming such a big topic, how did you, as a historian, decide it was important to address such a new, unknown disease?*

I think I mentioned to you that some friends of mine had proposed a panel on AIDS at the American Historical Association – the contemporary history of AIDS. And the American Historical

Association said, “No, this is not history. This is journalism maybe, but not history.” So they asked me and Daniel Fox if we could persuade them that this was history. I forget what we said. But we got the panel accepted. It was a very big audience of interested people. At lunch afterwards, a few of us said why don’t we take this panel and expand it into a book. Then they told us – Dan and myself – that we should be the editors. And so we made a book.

How was the book received in the gay community and among those who were fighting AIDS, and trying to get more funding from the federal government?

I think the first book was very well received. There wasn’t much available so it was a reference point for a lot of people. The second book had perhaps a more mixed reception. Some people objected to the title – *The Making of a Chronic Disease*. They said it’s not a chronic disease. They thought that by saying AIDS was a chronic disease, we were somehow saying it was (somehow) less important, or less urgent. Some irritation was expressed.

Who thought that? People in public health or the movement?

Some people in the movement. Because it was at a moment when things were just changing, and maybe we were a little early with this idea. Maybe a year or two later, it would have been more acceptable.

Do you still keep in close touch with the AIDS movements?

Yes, and I have a lot of friends who are very active in the gay movement. It’s a close, friendly relationship with many people, and I write occasionally about AIDS.

How do you see the evolution of these movements? What are their current tendencies and agenda?

I think the biggest issues are in some ways the international issues. There are certainly important questions in the HIV epidemic in the United States, which has become very much racialized, colorized, and problematic – I refer to the predominantly African-American population that is currently suffering with a high prevalence of HIV. But in the United States there is at least the possibility of bringing it under control, whereas the situation in so many African countries is really very bad. There are people who are concerned about the disease in the rest of the world, but it gets much less attention in the media and newspapers because there’s the sense that it’s under control in the United States.

Do the activists in this movement have an international view of the problem, or are they more parochial in their outlook?

I think the most militant are very international in their perspective, very active in things like pharmaceuticals, AIDS drugs, the anti-retrovirals...

Do they manage to influence policymakers at an international level?

I think they have had an influence.

But take the African crisis for instance. Who is really worried about it today? Which groups can make a difference in managing this crisis in the future?

I think that there are international organizations that are very concerned; there's a great deal of money now going into anti-retroviral treatment in Africa. Although there's a certain difficulty with the lack of a health infrastructure and of health professionals. But it's my impression that places like UNAIDS, the Global Fund, the Gates Fund – they're all very actively involved in trying to respond to the needs on the ground in Africa.

Do you think these initiatives will make a difference? In a decade from now.

Yes, they will make a difference. They should have done it all ten years ago of course.

As a historian who addresses policymakers, when policy is being made, are you invited to participate? Or is it a somewhat 'distant' relation?

In the current administration, it's very distant.

But are you invited to have a say at international forums?

I feel I have some voice in the international arena. I've spent much time with people in the World Bank and WHO, with foundation people, and I've spoken at many international conferences.

What's the relation between your interest in AIDS and this initiative on global health histories? And for the record, what does "global health histories" mean? For the readers of Manguinhos.

Some years ago, the Rockefeller Foundation had started a study of human resources in health. It created eight working groups. One group was on history. I was asked to be co-chair of that group. I asked Marcos Cueto to be co-chair with me. We had a group of maybe 20 to 30 members. We tried to elaborate some lessons from history for the project. We participated in writing the report that was published about a year ago. That report in turn influenced this year's world health report on human resources for health. So this topic that had not received very much attention a few years ago seemed to move right into the middle of the global health initiative – and in Brazil too, now you're interested in human resources for health. It's very interesting how these things happen.

What does
 “global health
 histories” mean?
 A member of my
 staff came up with
 this. He said,
 “There’s not one
 history, but many
 histories.” That’s
 why it’s
 “histories” in the
 plural. “Global
 health” because
 this is no longer
 the old
 international
 health but a new
 thinkg that is
 happening with
 globalization of
 the world
 economy – global
 health. So global
 health, plus plural
 histories from
 many points of
 view

By working with the history group, we sort of participated in all of these discussions about the nature of the problem and possible ways of addressing it. I don’t know that we had any brilliant solutions but we were part of the process of analyzing the issues. Then the person who had been very influential in starting the Human Resources in Health initiative in the Rockefeller Foundation – Ariel Pablos-Mendez – moved to the World Health Organization. He and I were talking and I said, “We should continue this productive group.” And he said, “OK, we’ll do it within WHO.” I organized a conference that was called Global Health Histories. So Ariel said, “We’ll take your title and call it the Global Health Histories Initiative.” Then we started this in WHO. What does “global health histories” mean? A member of my staff came up with this. He said, “There’s not one history, but many histories.” That’s why it’s “histories” in the plural. “Global health” because this is no longer the old international health but a new thinkg that is happening with globalization of the world economy – global health. So global health, plus plural histories from many points of view. I guess Ariel liked it.

I’d like to ask you about the book you’re writing on the history of World Health Organization (WHO). It will be an institutional history, celebrating sixty years of the organization. How does a historian deal with writing history like this, when there may be lot of institutional expectations. Is it possible to be critical? How much autonomy will you have in regard to the client?

We have said that ours is an independent history of WHO. There’s also an official history of WHO. There are already two books out now, a big one on the first ten years, another on the second ten and a book on the third ten years is being written by Socrates Litsios.. The early volumes are good but too long for most people to want to read. So we are going to write a one-volume history. But we’ve been having interesting conversations about the relationship of our book to WHO. Do they have a right of review? It’s curious in WHO, because there’s no historian there, not one. So they don’t really have much confidence in knowing how to judge this book. Thompson Prentice is directly in charge of WHO’s Global Health History Initiative. He says [whispering], “I don’t know anything about history.” “So,” I say, “Don’t worry, don’t worry; it’ll be fine, it’ll be good.” They don’t really know what to do with us, so I have suggested a conference with many historical experts to come and review our text and make suggestions. This is the proposed meeting in Bellagio. So maybe they can feel comfortable that this book will be good for them. Obviously, I’m not uncritical of WHO. We shall see. Maybe in the end they will not want to have their name on it. I don’t know. If not, we just go to an academic press.

But you have a certain common ground, because if you are dealing with questions and answers from the 1950s onwards, you are in touch with people who lived this history. This can be good but also complicated, because they want to preserve a very heroic, epic version of their deeds and accomplishments; on the other hand, they know a lot about what happened. What kind of problems might a historian encounter when dealing with contemporary questions and with the people who lived these historical issues, people who are still alive and perhaps reading and criticizing what you've written? People who will have their own version of this history.

I think the closer you get to the present, the more difficult it becomes in many ways, because we will have to have some rather open conclusions about where things are going. One of the difficulties of the text is how to deal with Hiroshi Nakajima because he was so unpopular in so many areas. But he also has friends! In writing the history of Hopkins, I felt I was able to keep some balance. I think Marcos Cueto has worked with this issue in his history of the Pan American Health Organization, so he has experience with it. We'll try to have a fair representation of the different points of view.

In the sixties and seventies, when you started your career, our views about things in the world were clearer: what was right, what was wrong, what direction things should go. Now things are very blurred and confused, and the people who seem to be the protagonists of what should happen have failed us. In Brazil right now, we feel this very acutely. When you're dealing with contemporary issues, and you don't have a very clear vision regarding the future and social projects, how do you put this all together? Where is the enemy and where are our friends?

I think one thing is that I do believe in the vision of the United Nations and of the World Health Organization. I do believe in the general principles that were espoused by the people who started these organizations. That is helpful if you are writing history – when the fundamentals bases are things that you believe in. I mention this because I think my government does not particularly think much of the UN.

“... the international community organizing as best it can for the health and well-being of the people of the world ...”

In the sixties and seventies, would you have said it was revisionist, that it was a strategy of imperialism and the bourgeoisie?

There you are! You might be right!

We've gone backwards, two or three steps.

Yes, yes, some people say I have grown old and lost my touch. If the alternative now is President Bush, go-it-alone, military might, “we'll bomb this country, bomb that country,” axis of evil – or the international community organizing as best it can for the health

and well-being of the people of the world: I know which one I prefer.

Do you think environmental questions and historical and public health questions are successfully tied together today?

Not yet. But I think they are coming to that point, moving in the right direction.

Do you have a clear idea from where the best contributions in this area are coming?

In ecology and public health, from a historical perspective? I think there are people, for example, at the London School of Hygiene who have been doing very good work in this area.

And in the United States?

Maybe not yet. It will come.

How do you see history and public health in Latin America? What's your view of what's happening here?

I think I have to ask you, because I know right now I'm making new friends, I'm getting to know new people – but I don't yet know very much about what you're all doing and where you're going. I can't really answer that question except to say that you have a lot of very bright, committed people and currently the support from the Ministry of Health to do things. I think this is a wonderful opportunity. But you have to tell me more.

Ficha técnica:

Interview with Elizabeth Fee

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