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# Editorials and Annotations

## Editorial: Public Health History and Advocacy in the Money-Driven 1990s

The publication in this issue of Elizabeth Fee's article on Henry Sigerist (1891–1957) as a "prophetic advocate"<sup>1</sup>—or not so prophetic, as history subsequently revealed, since he saw, from the vantage of the 1930s, the inexorable logic of socialized medicine—stirs up some uncomfortable themes. Is prophesy useful? Most of us would probably say yes, for two reasons. First, prophesies, spoken loudly and frequently enough, may become self-fulfilling. In a political culture such as ours, they are an intrinsic aspect of policy-making, and in this venture, historians have no monopoly (or even a necessary advantage) over the power or subsequent accuracy of the predictions. But second, since the future is connected seamlessly with the present and the present with the past, it seems reasonable to project our interpretations of the past as part of a continuing narrative (biased, idiosyncratic, and just plain wrong as our assumptions may in fact turn out to be) as the most likely set of expectations of what will happen next.

Both of these ingredients of prophesy are found in the life and work of Henry Sigerist: a giant of a man, a brilliant scholar and charismatic presence who threw his hat in the ring as a contemporary reformer and critic. A child at the beginning of the century, Sigerist's life was to be caught up in the sweep of history and in grand themes. Born in Paris of a Swiss father, he served in the Medical Corps of the Swiss Army for 2 years during World War I, completing his medical studies in Leipzig in 1917.<sup>2</sup> It is tempting to see the context of his young life in terms of diametrically opposed dramatic themes. On one hand was the irrationality and chaos of war; on the other was the scientific optimism that

20th-century medicine seemed to promise, at least then: the order that science would bring to both bodily and social ills, the role of the scientist as social advocate and expert, the political logic to be derived from facts, the progress to be achieved through history.

Sigerist became an historian of medicine after World War I, first in Germany. Then, after a successful lecture tour in the United States in 1931, amidst the new social upheavals of the Depression, he became Professor of the History of Medicine and Director of the Johns Hopkins Institute of the History of Medicine in Baltimore. From this position he was to affect not only the development and nature of medical history in the United States, but also more general perceptions of public health and its trajectories. Like many of his less visible or forceful contemporaries, he was a strong advocate of socialized medicine. Though controversial in the domain of the private practice of medicine, his views were in accord with the basic tenets of public health, as then conceived. Both Sigerist and his views deserve reexamination in the turbulent market-driven environment of today.

For Sigerist, as for many of us who were socialized into public health in the 20th century, health is quite simply a social good. The role of the state is to enhance and protect that good for all members of the population; indeed, in his view, the state has a public duty to do so. In turn, the effective state was expected to be responsive to members of the population, irrespective of social class or group. Education at all levels, from grade school up, was to be not only the means of

**Editor's Note.** See related article by Fee (p 1637) in this issue's *Public Health Then and Now*.

enhancing individual health but also of raising the public's awareness of health in the wider, political scheme of things, thus making the electorate more effective. In the 1930s, such views seemed a matter of common sense among public health leaders. Scientific knowledge was expected to stimulate rational social action. The more we knew, the better organized we would become. Government seemed the natural instrument. And history seemed to point in that direction.

Sigerist was explicit in his own writings about the connections to be drawn between past and present. "The study of history is not a luxury," he wrote in the Terry lectures that he gave at Yale in 1938. "History is one of the most powerful driving forces in our life. Unlike animals, we are conscious of the past, and the picture we carry in us of our history determines our actions to a very large extent, whether we are aware of it or not."<sup>3</sup> For generations of public health activists drawing on prevailing perceptions of the history of public health, the "next step" in politics has been government-sponsored national health insurance, the natural, logical organizational move that every industrial country was expected to take.

It is easy to see today that Sigerist, like many others then and since, overvalued the progressive force of science as the rational engine of social change, as Dr Fee has pointed out elsewhere.<sup>4</sup> But from today's perspective, I think that is neither here nor there. One could argue, on grounds of the strategic potential that prophecies may hold as self-fulfilling entities, that his arguments were part of an ideological or political rhetoric that did not make the grade but were nevertheless, in a democracy, important to make. One could claim that the United States did in fact achieve a form of socialized medicine, since we now spend more on medical care from tax funds per capita than do most other nations (though without the checks and balances of a socialized system). One

could take a very long view and claim that we are still heading in the "socialized" direction, that is toward government-sponsored national health insurance; it's just taking longer than anyone in the 1930s might have expected. But these points, while interesting, are not the points I want to make. The point that I do want to make is one Sigerist undoubtedly would have appreciated and might well have done something about, assuming he were alive today: namely, what is the history we draw on in the 1990s as the basis for our own policy predictions?

I believe we need a renewed concentration on public health history, in tune with the turn of the next century. The idea, inherited from Sigerist's time, that there is a pattern of historical progress toward greater health care coverage through responsible government action is not a useful rallying cry for the late 1990s. Socialism (or anything that smacks of socialism) will not do. Clintonism, as dramatized in the health reform proposals, espoused a commitment to rationalism and expertise that was not magically grounded in historical themes—even those of the Progressive period. This is a time for reorientations, both to contemporary possibilities and to their historical heritage. For there is not one history but many.

In today's volatile marketplace, there is a rich and diverse history of public health on which to build: the history of managed care, for example, or of the role of states, or of the for-profit sector or medical statistics. The very terms "public" and "health" cry out for reinvention in the 1990s in the light of past experience. What is the public health record of the 20th century? In what terms can we best measure it? With the old certainties no longer clear, public health lacks compelling and plausible prophecies in the policy arena that draw on history for justification, that are, indeed, part of an ongoing tale. Yet, to effect change, it is important to have the grounded certainty as to

where we should be going that drove individuals such as Sigerist. This suggests, at the very least, interpretations of the past that help us to better understand the present.

Like Sigerist's generation, we, too need a strong model of public health that will serve the needs of the next decades, one imbued with organizing rhetoric that fits these decades. The model—or manifesto—will draw on rising concern about infectious and contagious diseases across the world. It will take into account the potential of communications technology. It will recognize the relationship of social class and health in terms responsive to the specific conditions of the 21st century. It will encompass the trade-offs between high-cost medical technology and other social goods, including education. It will reexamine the role of public health in (and by) government, and the relationships between government and the private sector. It will relate the value of public health, in decisive terms, to social betterment and violence prevention, looking forward across a new century. As a manifesto, like Sigerist's, it should be visionary and achievable whether or not, in the end, it is totally achieved. □

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## Editorial: Our View of Adolescent Sexuality—A Focus on Risk Behavior without the Developmental Context

The United States has a history of profound ambivalence toward human sexuality. This is nowhere more apparent than in our policies, regulations, and attitudes regarding the sexual behavior of children and adolescents.

Basically, the debate has stagnated for decades and is polarized around the question of whether it is best to do everything to suppress teenage sexual behavior or whether one should pragmatically accept the fact that the majority of

young women and men will become sexually active with a partner during the second decade of their lives. If one adopts

**Editor's Note.** See related article by Schuster et al. (p 1570) in this issue.