# The Seat at the Table Problem: Broadening Reception for Historians of Medicine and Public Health

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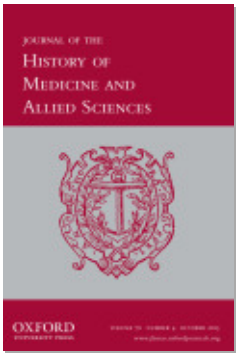


Journal of the History of Medicine and Allied Sciences, Volume 70, Number 4, October 2015, pp. 661-666 (Article)

Published by Oxford University Press

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In "Making the Case for History in Medical Education," David Jones et al. identify a promising inroad for the history of medicine into the medical curriculum: the ability to satisfy multiple curricular competencies. Alongside the field's virtues, however, they discuss persistent difficulties with inconsistent funding, curricular time, and qualified instructors that reflect a lower priority for history in medical education.

Their essay addresses one dimension of what I call the Seat at the Table Problem: the frustration historians face in proving their importance and weaving their way into nonhistory circles, both inside and outside the academy. Here, I explore the problem further by moving the discussion beyond medical schools and into health policy and public health. But I examine the history discipline itself as well and ask whether it is doing everything it can when it comes to training students who can widen the discipline's reception and appeal, especially at a time when history and the humanities' relevance are being called into question. I base these remarks on my own recent experience as a graduate student, and some are more impressionistic, meant as fodder for further debate. The more critical observations, in fact, arise from a longstanding sense of what I wish I could do better as a scholar but cannot.

In 2013, I received a degree from a traditional history department but did so in a less orthodox way, earning a Masters in Public Health (M.P.H.) simultaneously. During my last two years of graduate school, the United States Department of Education funded my studies, and afterwards, I left for a two-year postdoctoral fellow in a school of medicine and public health. The program requirements of all three meant that I took courses and interacted with as many nonhistorians as historians. In these orbits, I soon noticed—whether attending seminars on changing Medicare reimbursement or reading Institute of Medicine (IOM) reports for class—that historians were not nearly as

present as scholars in the neighboring social sciences. For better or for worse, historians have had much less success in injecting their perspectives into major health policy debates than those in sociology, political science, psychology, public policy, and especially economics. This was particularly noticeable in the run-up to the Affordable Care Act, when historians were mostly absent from various public debates about its implications.[1] Historians are also much less likely than social scientists from the above disciplines to be found in institutions like professional schools or foundations and thinktanks.

For many years, I have wondered why the Seat at the Table Problem endures, and I argue the answer is in three domains: language (how we talk to other people in the academy); methodology (how we do—and do not do—our research); and disposition (how we view others). And the solution to the problem, I will argue, requires the creation of structures that force historians, especially those in training, to interact regularly with those outside their discipline.

Such structures would help in the first domain: language. Although history is mercifully free of gratuitous jargon that bogs down many other fields, we often cling to discipline-specific ways of framing things, namely by pronouncing that what we are about to say is capital-H historical. Unfortunately, at least in public health, I often found that approaching things out of the gate in that rhetorically self-regarding way turned a lot of people off. Many assumed "history" was code for glorified storytelling. Others, particularly front-line practitioners, braced themselves (justifiably or not) for pedantic history mini-lectures that did not directly address specific policy problems at hand.

But there are easy ways around this problem, often via adaptation of wording common in public health circles. Instead of "archival sources," swapping in "data" seemed to just calm people down. "Chronological," "temporal," "longitudinal" did the trick instead of "historical." Getting better at the language issue only occurs—like learning a foreign language—with immersion. And while some of these rhetorical bridges sound silly and surface-deep, attempting them can point toward more substantive affinities between historians' work and other social-science analysis. Take, for instance, life-course studies, which assess health impacts and quality at various stages of an

1. This was all the more ironic given the prominent role played by Jacob Hacker, a historically minded political scientist, in shaping the debate.

individual's life. Like the best history, this work disentangles how much of one's present and future is hamstrung by his or her past, what the critical stages are, and the multiple layers, from individual to societal, that influence the process.

That example brings me to the second barrier to seats at the table: methodology. All the disciplines with more seats share one thing in common: quantitative and computer-assisted methods are a major part of their scholarship and every student's training, regardless of whether one's eventual work relies more on logistic regression, semi-structured interviewing, or ethnography. But quantitative work, plus the required training to understand and produce it, is mostly absent from history writ large, and it threatens to become a serious problem.[2] It means we historians extricate ourselves from important debates—even more so in this current age of Big Data and so-called evidence-based medicine and policy—where quantitative data and metrics are central. To the extent historians do engage with these approaches, we tend to be hypercritical. We go to town, highlighting common problems: the dismissal of factors which cannot be numerically measured; associations between variables that are presented without adequate institutional context; and unacknowledged ideological assumptions in models, among others. (I have made those critiques myself.[3]) But by itself, this approach is not the best way to engage with people who rely on those techniques. And it can discount the inherent challenges that accompany those approaches and about which quantitative researchers, in my experience interacting with them, are actually extremely aware. There exists an enormous methodological literature, for example, on causal inference, strategies for dealing with missing data, and the upsides and downsides of various sampling techniques, to name just three. These days, the absence of quantitative training is doubly lamentable, as computing infrastructure is much cheaper and the learning curve much less steep than the horrendous days of computer punch cards. Even if historians do not primarily produce this

2. There are obvious exceptions, most notably British-based historian Simon Szreter. But in the United States, this type of work is now mainly done in demography and economics departments.

3. See Merlin Chowkwanyun, "The Strange Disappearance of History from Racial Health Disparities Research," *Du Bois Review*, Spring 2011, *8(1)*, 253–70. Were I to re-write this today, I would have placed more emphasis on collaborative opportunities between historians and the quantitative researchers I criticized.

kind of work, we should be able to consume and engage with it in a more active and open-minded way than we do. If we do not, we risk forfeiting opportunities for collaboration; not being able to follow highly consequential discussions because of the technical bar; and losing seats at the table. We would do well to absorb the words of Thomas Piketty, who in his widely debated *Capital in the Twenty-First Century*, has remarked that "social scientists in other disciplines should not leave the study of economic facts to economists and must not flee in horror the minute a number rears its head, or content themselves with saying that every statistic is a social construct, which of course is true but insufficient." Such a tendency, Piketty argues, is just as lamentable as the methodological narrowness of the economics profession he critiques. "At bottom," he writes, "both responses are the same, because they abandon the terrain to others."[4]

That brings me to the last barrier: disposition, or how we historians relate to others. I would like to focus on one: jadedness. Reading the historical literature, one sometimes gets the impression that professionals in public health and public policy can do absolutely nothing right, that they are always prisoners of capitalist, imperialist, and neoliberal logics of the time. Pointing that out, of course, is a necessary corrective to today's policy entrepreneurs, who frequently drink too much whiggish Kool Aid about their lines of work. But this line of critique can alienate people historians might otherwise engage. Actually spending time with practitioners in the ways I have described above can cultivate an empathetic sense of the barriers they face and prevent easy historical armchair quarterbacking. Writing on this problem's manifestation in another field—urban history—where "narratives of decline" have prevailed, the late historian Michael Katz commented recently: "Bits and pieces of other stories can be fit together to support a counter-narrative of limited successes, less dramatic but no less important and ripe with implications for the future."[5] The current fiftieth anniversaries of the War on Poverty, Medicare and Medicaid, indeed, should prompt us to reconsider

4. Thomas Piketty, *Capital in the Twenty-First Century* (Cambridge: Harvard University Press, 2014), 575.

5. Michael B. Katz, "Narratives of Failure? Historical Interpretations of Federal Urban Policy," *City Community*, March 2010, *9(1)*, 13–22.

health policy triumphs of late-twentieth-century liberal democracy alongside their defects.

As Jones and colleagues point out, these conversations are occurring amid periodic crisis rhetoric around the humanities. Organizations like the American Historical Association (AHA) have launched initiatives to encourage more diverse career paths for history Ph.D.s, including outside academia, and to spur a needed debate on how this might happen.[6] But for all the admirably stirring talk about putting historians where they often are not, a crucial step is missing: systematic skill acquisition that would improve the ability to collaborate with nonhistorians in unfamiliar spaces. One does not generally learn how to talk in-depth with an epidemiologist, data scientist, or demographer through casual contact and osmosis. And outside of the academy, it is hard to imagine a historian functioning as effectively in a policy institute that specializes in evidence-based health policy evaluation when one has little to no prior sustained exposure to that field's tools and insider terminology.

The most reliable way to pick up these abilities is through workshops and courses where one is immersed in nonhistorians' language, methods, and disposition. Unfortunately, the *de facto* approach today remains do-it-yourself bootstrapism. That is, after one or two course requirements, if a budding historian wants to learn how to think like someone in public health (or whatever kind of nonhistorian), he or she walks over to a public health school, tries to pick things up informally, and perhaps even takes a course or two that historians do not typically take.

That is great for those with the initiative and willpower. But most students, including this former one, need structures that push people to leave their disciplinary enclaves. Last year, in a piece for the *Chronicle of Higher Education*, the legal historian Karen M. Tani (now employed in a law school) and I discussed how our experiences as dual-degree doctoral students provided a formal path that took us to

6. See Anthony T. Grafton and Jim Grossman, "No More Plan B," *Chronicle of Higher Education*, October 9, 2011, written by the AHA's past president and its current executive director. With the help of a $1.6 million grant from the Mellon Foundation, the AHA recently launched a career diversity program called "History in Action" at four pilot university sites. See "AHA Receives Grant to Expand Career Tracks for History PhDs," March 20, 2014. http://blog.historians.org/2014/03/aha-receives-grant-expand-career-tracks-history-phds/.

multiple academic spheres beyond our home department.[7] Other models include interdepartmental, interschool programs, or predoctoral training grants, like those run by the National Institutes of Health and other federal agencies. Whatever the form—and though not for everyone—these programs are structures that turn out graduates better able to communicate and collaborate with those other than just historians.

Jones et al. have made a strong case for the history of medicine's intellectual relevance to medical schools' core missions and how it might be better institutionalized. Here, I have sought to do the same but moved to health policy and public health and shifted the direction of the analysis. I hope the major disciplinary organizations continue to question how to get historians in more places than currently exists and will use their leadership positions to examine the internal disciplinary dilemmas outlined above. It is easy enough to state why historians should be more widespread and why people should be listening to them (while venting when they do not). But it is harder to turn inward and ask if we have done everything we can, too.

ACKNOWLEDGMENTS

I would like to thank Karen M. Tani for reading an early draft of this essay. Portions of it were delivered at a Columbia University conference, "History in Action: Historical Thinking in Public Life," in March 2015. I wrote it as a Robert Wood Johnson Foundation Health & Society Scholar at the University of Wisconsin-Madison.

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doi:10.1093/jhmas/jrv040

7. Merlin Chowkwanyun and Karen M. Tani, "Training Historians and the Dual Degree," *Chronicle of Higher Education*, January 28, 2014.