

## Editors' Introduction

Over the last two decades, the corporatization of medical care and the so-called managed-care revolution in the United States—and increasing efforts to privatize health systems around the globe—have engendered a series of political and social movements: union strikes over cuts in health benefits, health-worker sick-outs in response to workplace speedups and rules restricting the practice of medical care, and popular mobilizations for health insurance coverage and the protection of benefits. Some of these actions, such as the early 1990s strikes against New York area hospitals, are narrowly constructed around particular institutions. Others are orchestrated behind the scenes by corporate interests—for example, health insurance companies' support of the backlash against the pharmaceutical companies. Still others have been manipulated at the highest political levels, most notably the health system reform efforts of the Clinton administrations, beginning in 1993–94 and continuing with more incremental initiatives such as the State Children's Health Insurance Program. Most rousing for progressive interests in the United States has been the renewal of a movement for national health insurance, with growing popular support for the principles, if not the rhetoric, of such a radical overhaul of the American health care system.

Health professionals are participating in increasing numbers in this movement, viewing progressive health reform as consonant with their own economic, social, and medical practice interests—in sharp contrast with the antiunion, antigovernment stance of doctors of yore. Still, in many ways, this renewed participation falls far short of the radical voices of health professionals of the past, voices like those of Lillian Wald and Isaac Rubinow in the 1910s and Henry Sigerist in the 1930s and 1940s, socialist and social-activist doctors and nurses in the United States, whose political activities linking health reform to broad social change made them national

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figures, or that of Salvador Allende, who filed his political teeth as a medical student leader and precocious health minister in 1930s Chile and used medico-political rights as a platform for his successful election as the first Socialist president in 1970.

This special issue on “Health Politics/Health Workers” seeks to retrieve this legacy by exploring a series of radical movements of health professionals in the United States, South Africa, and Mexico, efforts that tied the provision of public health services to larger movements for political and social justice. The articles in this issue rethink the history of the health professions in an attempt to understand the relationships among professional struggles, medico-scientific developments, and the public sphere. The issue opens with a discussion of a little-known movement from a decade otherwise well studied and vividly remembered: Naomi Rogers’s exploration of the Student Health Organizations in the 1960s and the dilemmas of students challenging the ideology and organization of the medical establishment in which they were being trained. This new medical left distinguished itself from its predecessors in its style and in its call for civil rights and racial justice for providers and patients, as opposed to prior discourses of universalism and classlessness. We then move back in time and south in space to revolutionary Mexico, where, as Ana Mariá Kapelusz-Poppi demonstrates, a group of radical provincial doctors, the *Nicolaitas*, were facing their own paradoxes when calling for rural health services as part of the social transformation of the Mexican countryside. On one hand, these socialist doctors organized medical services around peasant land collectives; on the other hand, they disdained rural ignorance and sought to displace traditional healers. Like the 1960s U.S. medical students, the *Nicolaitas* were inspired by the people’s activism but understood social inequalities largely as outsiders; as idealistic believers in modern medicine, both groups ultimately worked with and within the health establishment to achieve their goals.

We then turn to three pieces that explore the interaction of health activism “from below” with official programs in the 1910s, 1920s, and 1930s. Daniel Bender argues that the ill health of Jewish garment workers in 1910s New York was understood by the U.S. Public Health Service as a set of pathologies mediated by labor activism and sex-stereotyped working trajectories: men needed to recover from tuberculosis in order to regain their breadwinning role, while the onus on women was to preserve their reproductive assets for their eventual role as homemakers. The state’s assessment of its subjects’ health is explored from a different angle in Aran MacKinnon’s article about early-twentieth-century malaria campaigns in South Africa. Official campaigns to combat malaria in Zululand coincided with increased capitalist penetration and repressive control over land use and labor. Hostility to these campaigns on the part of traditional healers reflected both a general suspicion of state efforts and the desire to preserve African authority and healing beliefs. Rather than serving as mediators between the state and the Zulu, African anti-

malaria assistants were seen as co-opted state agents. Finally, we turn to Claudia Calhoun's exploration of antituberculosis campaigns in 1920s and 1930s Harlem, when black doctors and nurses were simultaneously figures of authority and subject to professional disdain and segregationist ideology by the larger society, lending both class and race dimensions to their activism. Their refusal to accept white philanthropy to avoid the proliferation of segregated medical care sparked bitter controversies over Harlem's need for health care and the nature of its delivery.

Together, these five articles trace the ways in which health workers themselves have influenced and, in turn, been shaped by political ideas and struggles. This collection also seeks to include new places, new faces, and new perspectives on the radical history of medical care. The new faces include three graduate-student authors discussing subjects that have been largely overlooked by more established historians. The new places extend the traditional U.S. radical history focus on the labor movement to activism among health professionals and tie together movements in the United States with those abroad. These authors offer new understandings of politics in medical history, ranging from formal questions of movements relating to legislation and institution-building to questions more fundamental such as the role of citizenship and social rights, revolutionary visions of health and social change, the problems inherent in organizing across social classes (tensions between grassroots activists and sympathetic travelers who sometimes served as removed or even condescending elites), and the difficult role of middle agents who were from but not of the communities they were trying to change. The articles in this issue address the ways in which the state has drawn upon tales and narratives in public health politics and public policy in various historical periods, frequently inscribing ideas about difference into strategies to prevent and manage disease. Whether it has been an acceptance of the idea that inherent biological and/or cultural factors among blacks and eastern, central, and southern European immigrants on their way to becoming "white" would nullify mitigating public health interventions or the framing of labor activism as pathological and metastatic, these authors further our understanding of how policy intervention has hinged on these historical formations.

Finally, the articles presented here discuss crucial intersections of public health and medical history, labor history, the history of gender, and other social-historical themes. In sum, they offer the opportunity to continue historical analyses of the ways in which medicine, science, and public health have simultaneously reinforced perceptions of difference and patterns of social stratification and energized struggles for intellectual and political freedom.

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