

An interview with Dr. Walter Lear

The Editors

In this issue of the English version of Social Medicine we are publishing the first of several pamphlets loaned to us by the US Health Activism History Collection. To introduce this collection we travelled to Philadelphia on June 18, 2008 to interview Dr. Walter J. Lear. Dr Lear, born in 1923, is the person responsible for the collection. In a wide-ranging interview in his home Dr. Lear discussed his personal background, the origins and purpose of the collection, the impact of the McCarthy period on the US health left, as well as his vision for the future.

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SM: Can you tell us a bit about your personal background?

WL: My particular cohort of medical students had the good fortune of going to medical school during World War II. We were drafted into the Army Specialized Training Program which meant we went to school wearing military uniforms. All of our medical education costs were paid for as well as our living expenses. So that was really a very nice treat. I was in the particular class which started medical school when the Army Specialized Training program began and finished medical school just when the Program ended.

But after medical school we were required to do several years of military service too. My choice of service was the U.S. Public Health Service, which is officially classified as a military service.

The name of my medical school has changed over the years. When I was there it was called Long Island College of Medicine, now it's Downstate. During my second year, a fourth year medical student recruited me into the medical student

association, that was Jeremiah Stamler,¹ now an internationally known cardiologist who focuses on prevention of cardiac disease. Jerry was the National Executive Director of the Association of Internes (sic) and Medical Students. When he graduated medical school somehow or other I became its National Executive Director.

The organization at that time was called the Association of Internes and Medical Students (AIMS) because in 1941 the preexisting Medical Student Association and the Intern Council merged to become AIMS. This was my first organizational activity. The national office of AIMS handled much of the national political projects and even some international ones. This was in contrast to the chapters which mainly focused on the specific needs of the chapter members. In my role as National Executive Director I met many people across the country, mainly activist interns and medical students. The one that became most famous, Bernard Lown², is an internationally known cardiologist and founder of Physicians for Social Responsibility which focuses on the destructive impact of nuclear weapons. Because of his international activities he became acquainted with a cardiologist in the Soviet Union who was the

¹ Jeremiah Stamler (1916-still very active): Professor Emeritus and founding Chairman, Department of Preventive Medicine, Northwestern University School of Medicine, Chicago IL; long and influential career as a research-based authority on the prevention of and risk factors for cardiovascular disease, over 1,100 publications. He was also a major defender of free speech as provided by the U.S. Constitution's First Amendment (see Paul Buhle, "Halting McCarthyism: The Stamler Case in History", *Monthly Review* Vol. 51, October 1999, pp. 44-49).

² Bernard Lown (1921-still very active): Professor Emeritus of cardiology, Harvard School of Public Health; his best known and most helpful therapeutic invention is the cardiac defibrillator; author of several books and articles. His international medical activities began when he was an intern.

cardiologist for the top people there.³ Together they founded International Physicians for the Prevention of Nuclear War (IPPNW) which received the Nobel Peace Prize in 1985. Bernie and Jerry and Tom Perry,⁴ the first president of AIMS, were all lefties. So I had this early and comprehensive introduction to the health left.

Work with the Public Health Service

After medical school I worked for the U.S. Public Health Service for three years in the Division of Industrial Hygiene. My initial boss was a physician named Lorin Kerr,⁵ who later became well known as the director of the occupational health program of the United Mine Workers of America and in 1974 was elected President of the American Public Health Association.

I worked on occupational health plans and this was very significant in terms of orienting me to some of the basic materials and issues that would become the focus of my subsequent career in medical care administration.

Lorin was my boss for only 6 months; he had to leave the Public Health Service because of the Red Witch Hunt carried out by the Public Health Service. As a result Lorin and about a dozen other Public Health Service officers all left on very short notice. This was my first exposure to the impact of politics, particularly the Red Witch Hunt, on the health field. Lorin was a closeted Communist Party member. In the circles he worked in, he very well-liked and regarded. And he had a great sense of humor, a lovely man.

Graduate study and work in New York City

When I finished my three years with the Public Health Service I went to the Columbia School of Public Health. I picked Columbia because they had just started a new program in Public Health Administration, and actually my degree from Columbia [School of Public Health] is an MS in Hospital Administration, not Public Health.

SM: Was that when you worked at Montefiore?

WL: My work at Montefiore was my field training required to get my hospital administration degree from Columbia. I was an Assistant Director there from 1951-1952. I provided direct supervision of the house staff, admitting office, laboratories, outpatient department, and other professional departments.

Then I ran into George Rosen.⁶ He knew of my work at Montefiore and my three years in the Public Health Service, working on occupational health plans. He was then the Public Health consultant to the Health Insurance Plan (HIP) of New York⁷ and

³ Dr. Yevgeny I. Chazov (b1929): the Soviet Union's most prominent cardiologist, personal physician of President Leonid Brezhnev; popularly known as "the Kremlin Doctor," member of the Central Committee of the Communist Party. Before he and Lown founded IPPNW, they had conducted joint research and had become friends.

⁴ Thomas L. Perry (1916-1991): pediatrician; had a well-regarded practice initially in Los Angeles CA; immediately following his 1952 public political hearing before the House Un-American Activities Committee (HUAC) his appointments at Los Angeles hospitals and the University of California Medical School were terminated and, as a result, he emigrated to Canada where he served as a pharmacology/biochemical research professor at the University of British Columbia in Vancouver and an anti-war activist for many years.

⁵ Lorin E. Kerr (1910-1991): Director, United Mine Workers of America Department of Occupational Health (17 years), did notable work on coal workers' pneumoconiosis; "fiery proponent of public health causes" (APHA obit) including advocacy for a universal health care program and social justice issues including opposition to South Africa's Apartheid; 1974 President of the American Public Health Association (among his honors is the naming of APHA's Occupational Health & Safety award after him).

⁶ George Rosen (1910-1977): academic, public health practitioner, and historian, with a liberal/left perspective; Professor, Columbia School of Public Health (18 years); Editor, *American Journal of Public Health* (16 years); author of *A History of Public Health* (1958) and *Preventive Medicine in the United States, 1900-1975* (1975) and many significant articles and editorials.

⁷ HIP (Health Insurance Plan of Greater New York): One of the nation's first and largest non-profit, group-practice health insurance plans created in 1943 for New York City government employees with the full backing of Mayor Fiorello LaGuardia. Many liberal/left physicians in

wanted me to develop an Occupational Health Program for them. I spent a year doing that and paradoxically concluded that HIP shouldn't have a special occupational health program, that it should be integrated into the other programs. As a result of this work, I got to know the people at HIP and they hired me as an Associate Medical Director in the central office. That was from 1952 to 1961.

Public Health Work in Philadelphia & Pennsylvania

SM: From HIP you came to the municipal department of public health here in Philadelphia?

WL: But before that I sort of floundered around a bit in New York, working on peace and social justice issues. Then I got this invitation to come to Philadelphia's Department of Public Health. I worked there as the Deputy Health Commissioner for 8 years, from 1964 to 1971. This ended when Frank Rizzo was elected Mayor of Philadelphia. At that time he was well-known as Philadelphia's Police Commissioner,⁸ a very stereotypical right-wing police officer. There were a number of projects we worked on jointly with the Police Department, so Rizzo and I got to know each other. When he was elected Mayor in 1971 we had complete agreement on one issue, which was that I would not continue to work in the city's government anymore.

But my luck continued because simultaneously a liberal Philadelphia-area politician was elected Governor of Pennsylvania⁹ and so I was brought into the Pennsylvania State Health department. Then, when the state government's leadership changed hands eight years later from a liberal democratic governor to one who was right-wing, right-centrist, I left State service.¹⁰

groups paid on a capitation basis; in its time it was "revolutionary."

⁸ Francis L. Rizzo, Sr. (1920-1991): Philadelphia Mayor for two terms, 1972 to 1980.

⁹ Milton J. Shapp (1912-1994): Pennsylvania Governor for two terms, 1971-1979.

¹⁰ Dick Thornburgh (b1932): Pennsylvania Governor for two terms, 1979 to 1987.

I was faced with the decision of what to do next. From my point of view "what next" in the public health administration field was being Commissioner of the Philadelphia Health Department. For several years that was my main goal. I was considered for the post by three mayors. I was lucky that two of them didn't pick me because I would have been miserable. The third mayor, Wilson Goode, the first African American mayor of Philadelphia,¹¹ almost picked me. Now here is a little insight into how politics work. Picking the City's health commissioner was least important and so was his last appointment. He was just about to appoint me Health Commissioner when his advisors said to him: "You don't have any Jews in your cabinet." And I was not qualified as a Jew so he did indeed pick a Jewish physician instead of me.

However, he still felt obligated and so appointed me as the first open gay on the City's Human Relations Commission where I served until 1988.¹²

Starting the collection

I was then faced with the prospect of taking a job outside of Philadelphia. As I did not want to leave Philadelphia, I began to look seriously at doing medical history which, from my perspective, meant the history of activism in the health field.

SM: So this is when the idea of the health activism history collection was born?

WL: The collection did not start as an idea. It started as a psychological compulsion. It has this common name: pack rat.¹³ I never throw anything away. It's a very strong addiction. Some see it as crazy. So the idea of this collection wasn't an idea. It was just the fact that over decades what I didn't throw away began to accumulate to huge proportions. And then 30 years ago it dawned on me that I must do

¹¹ W. Wilson Goode (b1938): Philadelphia Mayor for two terms, 1984 to 1992.

¹² The Philadelphia Commission on Human Relations was established in 1951 as a major means for promoting and enforcing the City's civil rights laws. WJL was a Commissioner 1984 to 1988.

¹³ Named after small rodents of the *Neotoma* genus; it accumulates miscellaneous objects often useless.

something about this huge accumulation of stuff. That is where the idea, if you want to call it an idea, arose. “Lear, this just can’t go on this way. You have to do something about it.” To compromise with my addiction, the notion became clear: “Well, because I’m an organizer, I’ll organize an historical collection.” This gave a rationale as to why I should have it. It gave me a blueprint for what I should really keep and made it possible at that time to begin thinking about throwing away some of the stuff that didn’t fit.

SM: So the core of the collection initially was material that you had collected in your work as a health activist?

WL: Correct, but my interests were very broad. Social medicine is very broad. Not only did I collect materials that were related specifically to my own activism, I also collected materials that I didn’t work on but were relevant to all of the different issues in social medicine or public health or whatever you want to call it.

I finally clarified my position that this collection would only deal with health activism in the United States from after the Civil War and that what didn’t concern that could be discarded.

Academic standing of the collection

SM: Did you have any prior background or training in history or did you pursue specialized historical training?

WL: Let’s see. I audited a course at Temple University. I can’t remember that it was terribly useful in terms of an introduction to American history. I made more of an effort to learn about historical archival work. I learned about such things as acid-free document boxes and acid-free files and folders. Temple University handled several major historical collections and I became friendly with the director there. I suppose that’s where I learned some of the first things about working with historical collections.

I do hang out with the folks at Penn’s Department of History and Sociology of Science.

They have weekly seminars during the academic year but I would say 80% of the seminars are on topics that I don’t consider part of my subject area so I don’t go to those. But I do go to a few.

For better or for worse I decided that if I was focusing on U.S. Health Activism from the 1870’s on I did not need to know much about American history other than what happened during that period. So I’ve never felt awkward about saying that I really don’t know much about American history.

SM: Although it seems you didn’t initially have much contact with historians you subsequently worked with the Sigerist group. Were you simply not interested in the academic approach to history? Or did you make a deliberate effort not to get involved with academics?

WL: My experience and expertise is in organizing and contemporary American politics. After going to my first two meetings of the American Association for the History of Medicine I found them pretty boring. I quickly recognized several other folks that shared some of my views and I saw the opportunity to use my organizing skills; this was to set up the Sigerist Circle¹⁴ of lefty medical historians together with Ted Brown¹⁵ from Rochester and Elizabeth Fee¹⁶ from the National Library of Medicine.

Much more relevant to your question, I’ve done some historical research and writing but very little of it has been published and certainly not in academic journals. When academics in medical history look at my work there’s usually some implication that it’s not really “professional.” My last little piece on health professionals opposed to war¹⁷ was not viewed as being an academically

¹⁴ The Sigerist Circle has a membership of several hundred. It annually organizes and presents a politically progressive scientific session on medical history adjacent to the Annual Meeting of the American Association for the History of Medicine.

¹⁵ Theodore Brown: Professor of History, University of Rochester, NY.

¹⁶ Elizabeth Fee: Director of the Medical History Division of the National Library of Medicine.

¹⁷ “War is not healthy for children and other living things” (2008): a 9-page illustrated article on 14 nurses

qualified historical piece. It was just biographical notes. Obviously I don't understand what academic medical historians really think is legitimate medical history in contrast to what I do.

Perhaps, one of the main reasons I'm not viewed as being a real medical historian is that I don't have a book out. If you're in academia and you don't have a published book, you're not really certified. I've worked on a book for 20 years and I think it's finished. My politically-sympathetic reviewer, my very good friend Naomi Rogers,¹⁸ from Yale, was kind enough to read the whole thing. She sent me back pages of notes which have totally intimidated me. After she sent me those notes I haven't looked again at the book draft.

Role of the collection for activists

SM: But it doesn't seem like you put the collection together for academic historians.

WL: You're absolutely correct. We're working on the history of health activism that will be useful for contemporary health activists. It's not intended primarily for academics. Its first priority is to be useful to health activists.

SM: How could the collection be useful to activists?

WL: Your question clarifies the distinction between the medical history and the health activism perspective. Just this past month we had a student from the University of Rochester.¹⁹ She had some notion of doing a paper dealing with rhetoric and images in the struggles for a national health plan. When she looked at the material in the collection she just was blown away. One of the things she didn't expect in the collection was that we have not only images in favor of a good national health program, but also

and physicians who were prominent 20th century anti-war activists. (Copies available from the U.S. Health Left History Center, wjlear@critpath.org).

¹⁸Naomi Rogers: Professor of Medical History, Yale University Medical School.

¹⁹ Heidi Knoblauch: former student, University of Rochester, NY; 2008 senior thesis: "(Op)posing Health Care Reform in the United States: Imagery and Rhetoric Used to Support and Oppose Universal Health Care."

anti-national health program images from the American Medical Association.

The importance to historians is only secondary. The goal is to be useful for health activists. And from my point of view the collection is only one way to reach activists. The other ways are fairly standard: conferences, educational materials, publications, and communicating material through new technologies.

I sent you the invitation to my celebration last spring of health activism. One of the activities during that celebration was a symposium on medical history as a personal experience. Rose-mary Stevens²⁰ and Keith Wailoo,²¹ two history professors, talked about their experiences and then Fitzhugh Mullan,²² who is very interested in history, spoke about his experience as a health activist. I had two students²³, one from Penn, one from Boston, talk about their work. These five people were eloquent and inspiring and strong. But as strong as each of them was, no one of them overshadowed the

²⁰ Rosemary Stevens: noted medical historian and Professor, University of Pennsylvania (1979-2003); several years as Dean of their School of Arts and Sciences; author of *In Sickness and in Wealth: American Hospitals in the Twentieth Century* (1999), six other books, and numerous articles; member of several national health policy committees.

²¹ Keith Wailoo: medical historian, State University of New Jersey; Professor, Rutgers University; founding director of the Rutgers Center for Race and Ethnicity; author of *Dying in the City of the Blues: Sickle Cell Anemia and the Politics of Race and Health* (2001) and several other award-winning books and numerous articles; member of the Institute of Medicine of the National Academies.

²² Fitzhugh Mullan (b1942): pediatrician, health activist and health policy specialist; a leader of the radical Student Health Organization (1960s); Director of the National Health Service Corps (1977-1981); currently community clinic pediatrician in Washington, DC; contributing editor of *Health Affairs*, author of *White Coat, Clenched Fist: The Political Education of an American Physician* (1976), *Plagues and Politics: The Story of the United States Public Health Service* (1989), and numerous articles

²³ Malika McCray: former Boston University student, did an excellent senior thesis on MCHR's Boston chapter. Merlin Chowkwanyun: a graduate student at Penn, has used the U.S. Health Activism History Collection for his research on the Red Witch Hunt and several other subjects.

others. So it all came together, this beautiful integrated presentation of what medical history means to people whose life is focused on it. (See: http://repository.upenn.edu/library_lectures)

SM: Your collection documents the long history of advocacy for a national health program. How do you see the materials you have here as informing the work of a contemporary organization like Physicians for a National Health Program (PNHP)²⁴?

WL: Heidi Knoblauch, the student I mentioned earlier, had read at least a dozen major and very good books about the campaigns for a national health program. She concluded that these activities were all run by elite professionals and there never was real grassroots involvement of people. As well known and energetic and brilliant the leaders of these campaigns were, they still did not see the necessity for the people's support. There were some efforts dealing with labor unions. So I see this as an example. Here is a documented analysis that suggests one of the major reasons why a hundred years of such activities have not succeeded is the absence of grassroots political support.

SM: So in this case the collection is useful to help people understand the failures of movements in the past?

WL: And this is a key failure in the U.S. health field. We're the only developed country in the world that doesn't have a national care health system.

SM: Was the collection successful in the goal of helping health activists?

WL: No, because it wasn't known. It wasn't used. It's only when I began publicizing it the last couple of years that I've begun to have students.

SM: Do you have activists come to you looking for materials?

WL: Activists who know me come for my experience as an activist, but not until recently for historical materials.

SM: So why did you keep it a secret for so many years?

WL: I didn't keep it a secret. But the materials weren't really accessible. Only I had any idea where anything was.

The materials that have gone to Penn and have been processed and cataloged are now getting used. The Penn people²⁵ tell me that the records for the Medical Committee for Human Rights (MCHR) have been used by quite a number of people. And it's not even well-publicized yet.

Moving to Penn

SM: Is this why you decided to donate your collection to the University of Pennsylvania?

WL: It became apparent to me that the collection needed professional archival attention. That costs money because professional staff costs money. My choice was either to raise the money myself or find someone else to do the job. In terms of what I was interested in doing with my own time, raising the money didn't make sense. I decided the collection should go to folks that are in the business of archival historical collections. For a variety of reason I began thinking about Penn. Their initial response was very positive. Having the collection close to me was also very important since I still want to be able to use it as much as possible. So in 2005 the whole collection was legally donated to Penn's Rare Book and Manuscript Library. Physically, only half or so of it has been actually transferred there.

²⁵ Nancy Shawcross: curator, Rare Book and Manuscript Library, University of Pennsylvania.

²⁴ Physicians for a National Health Program (PNHP): founded in 1989 by leftist physicians, is a national membership organization of clinicians who support federal legislation which would establish universal health insurance. With over 14,000 members and more than 35 chapters throughout the U.S., it has become one of the largest and most influential national physicians groups advocating major health care reform.

They've already done superb processing and cataloging of what they have. The catalogue is all online. It includes the archives of the Medical Committee for Human Rights²⁶ and the Physicians' Forum,²⁷ as well as the records of the Philadelphia Women's Health Concerns Committee and personal papers from about five health activists in addition to the large amount of my own recently transferred personal papers.²⁸

SM: Tell us more about the collection itself.

WL: The collection consists both of primary source materials and a huge amount of non-primary source materials which I think is more useful when it's put together, assembled in the way I have assembled it: individual reference files on individuals, organizations, and subjects. I also put a lot of emphasis on visuals so I make special efforts to locate the

²⁶ Medical Committee for Human Rights (MCHR): established in 1964 as the health workers' arm of the Civil Rights movement, MCHR initially helped with Freedom Summer and other civil rights work in the South. Later it took on, with a left and community-based political view, a range of local and nationwide health care issues including health care delivery and financing. Its several thousand members (mainly physicians) were organized in chapters throughout the country. In the late 1970s it designed and advocated a National Health Service (not national health insurance) which was introduced in the Congress first by Ronald Dellums. Walter Lear was one of the founders of MCHR and continued as a leader until its demise.

²⁷ Physicians Forum: established in 1943 by a group of New York City liberal/leftist physicians who were members of their county medical societies and the AMA and dissatisfied with the positions of these organizations regarding health care delivery and financing. After several years of study the Forum endorsed the Wagner-Murray-Dingell (WMD) bill and assumed the role of the nation's leading organized physician support of such legislation. With limited membership and resources it was only able to lobby key members of Congress, speak at conferences and Congressional hearings, and publish and distribute some pro WMD bill literature. Walter Lear was a member of its executive committee for many years and its President in 1980.

²⁸ The Collection has personal papers of six activist health professionals. Three of these have been processed and catalogued; yet to be processed and catalogued are the personal papers of Walter Lear (the largest section of the Collection).

photographs of people and relevant cartoons. The section of ephemera is something which most other historical collections don't have: buttons, posters, leaflets, T-shirts, and other non-paper items.

Of the huge potential number of subjects of interest, I have picked a few that I make a point of collecting: sexism, racism, classism, and political repression. I have tended not to deal with the people, organizations, and subjects which I am aware others are actively working on. I have looked for gaps [and] given priority to gaps.

The priority of these four subjects comes out of my basic political perspective. They are all major problems in the health field. Classism, as I define it broadly, is the whole issue of poverty and misdistribution of resources and power. In my opinion, and that of many others, this is getting much worse in this country.

McCarthy Period

MA: You mentioned political repression.

WL: I think political oppression, both blatant and subtle, is the biggest gap. I have a fairly extensive section on political oppression of the health left. I have materials on over 100 individuals who had been subjected to the Red Witch Hunt.²⁹

SM: As someone who lived through those witch hunts, could you explain about what that experience was like and what its effects were?

WL: The Truman/Hoover/McCarthy/HUAC period began in 1947 and went on to at least 1952. It was a very difficult situation for all of us who were liberals and lefties of one type or another. The HUAC hearings made no distinctions between liberals and lefties. We were all disloyal folks and needed to be admonished, harassed, and punished. The only way a person, professional or otherwise, could get by was by condemning communism and informing on all your contacts. A number of people

²⁹ The Red Witch Hunt of the 1940s and 1950s was a major domestic manifestation of the Cold War between the U.S. and the USSR. It has been studied extensively and many books about it have been published.

did that and a number of people did not. In addition to the HUAC hearings all of the federal agencies conducted internal investigations.

The Public Health Service conducted such an investigation which I have already mentioned. I actually had a hearing where my activities and contacts were questioned. For some reason which I don't understand and I attribute it again to my being lucky, they asked me several questions which were improperly based. So it was easy for me to say that those questions did not apply to me. For example, they asked if I attended a certain international student conference in Europe which I had intended to attend but didn't. So it was easy for me to say "No, I did not attend that." The panel investigating me was willing to let those questions go on the basis of my simple answers of irrelevance. I was one of the folks that did not have to leave the Public Health Service and I finished my three years there.

The impact of the Red Witch Hunt was particularly hard on individuals although it did not destroy the professional careers of all those attacked. Some moved on, like Lorin Kerr, who became a very prominent, well-respected occupational health authority. But for some it did. HUAC held major public hearings in 1951 and 1952 in Los Angeles which concentrated on the Hollywood lefties and on the local medical lefties. This severely hurt the practices of some of the physicians that were attacked by HUAC. Some lost their hospital appointments and moved out of Los Angeles. But there were also physicians who, because of their notoriety, gained patients who were interested in knowing that there was a leftie physician they could go to.

I would say that the impact on the individuals was nowhere near as important as the impact on public health policy and practice. The Red Witch Hunt intimidated most of the leadership in the public health and health care field. They were scared to be liberal, let alone leftie. This was obviously *strongly* supported by the American Medical Association. The AMA's attacks on liberal political proposals constantly referred to them as communist proposals. This had a huge influence on the 100 years of advocacy and activism for a good national health plan.

Actually this red scare was not original for the United States. During the Progressive Era at the end of the First World War there was also a major red scare in the United States. That was the first time the then-proposed liberal health measures were attacked as being communist or socialist. In summary, I think the red scare activities were very influential on public health and the health left generally, much more so than the attacks on specific individuals.

SM: It must have been frightening for you personally as a young person just out of medical school and in the Public Health Service to be called up in front of a committee and have to justify yourself.

WL: You're asking me about my personal feelings, so I have to give you an answer about personal feelings. I have a pattern of dealing with my feelings. Everything that's unpleasant I tend to chuck aside. I don't like to put time or energy into unpleasant things. As an example I don't remember how I felt at that point. That is the kind of topic I don't like to occupy my thoughts, energies, and time. I put my thoughts, energy, and time into things that are positive. And the people that know me – I think – will acknowledge that I always tend to be in good spirits.

Apparently I didn't change my activism. I continued what I had been doing, even becoming more of an activist after that episode in the PHS.

Growth of the collection

SM: You had collected all this material over the years, but at some point did you decide to go out and search for specific new materials?

WL: It became clear to me that if I was dealing with health activism in the U.S. during this period that there were certain priorities. For example, the papers of the American Soviet Medical Society were a high priority. I made a conscious decision to find out where the papers were, if there were any. I was very lucky to find the aged former executive director who had all the organization's records in his

basement.³⁰ With great kindness, he gave them to me.

Sometimes in my organized bureaucratic fashion, I've written down a list of the organizations, people, and subjects that I want to collect materials about; this now numbers over 100.

SM: And you made interviews?

WL: Yes, I have about 80 taped interviews and another 20 or so untaped interviews. Actually I began doing the interviews before I got organized about supplementing the collection. Initially I didn't see the interviews as part of the collection. I simply felt that it was important to record these people who were significant health activists. But in my naive way of looking at these tapes then they weren't historical items.

SM: Have any of those interviews been published or made available?

WL: Only about 10 have been transcribed and none of them have been published except for part of one. Part of my interview with Tom Perry appeared in the final issue of Quentin Young's *Health and Medicine*³¹, a journal published in Chicago for a number of years. That issue was devoted to history.

Homophobia

SM: Among your four priority subjects for collecting, you did not mention homophobia. Why not?

WL: Why not homophobia? I've been very confused about how to deal with this. The activism

which is spearheaded by ACT UP³² is so outstanding and effective. Paradoxically, I'm not clear how to view this in terms of history. Coming back to the purpose of using history to make activism more effective, I don't see how that would work for ACT UP. Theoretically it could be a model for other issues in the health field but I'm not sure how to translate that unique experience into something useful to other health activists.

The collection does have materials on gay activism but these are mainly in my personal papers.

But why is gay and lesbian health not a priority topic? Now that you ask the question I'm struggling with the answer. Could it be that I'm too close to it? Could it be that the leadership who deal with homophobia and gay and lesbian health are pretty sophisticated? And that they tend to be white and relate to the mainstream power structure, so that they don't need much help from history? For example, at the American Public Health Association the gay caucus is very active and puts on half a dozen scientific sections and has a big dinner function. I see more and more open lesbians and gays in the health field. Our new Drexel School of Public Health Dean is Marla J. Gold, an open lesbian. This is my immediate and not well-thought-through response to why homophobia's negative impact on health is not a high priority for me.

SM: We didn't mean to put you on the spot.

WL: No, no. It's ok. I should be put on the spot.

His life as an activist

SM: Could you speak about your life when you were working in public health in Philadelphia and at the state level? What were those years like?

WL: Throughout this period from my medical school days on, my political activism was not just a

³⁰ Robert L Leslie, owner and manager of a Brooklyn printing company who asserted he was a physician; he was a Communist Party member and married to a physician. His official role in the ASMS was "Business Manager." At the time of my visit he was close to 100 years old.

³¹ *Health & Medicine*, Journal of the Health and Medicine Policy Research Group. Vol. 4, No. 1, Spring 1987.

³² ACT UP, a political advocacy group regarding AIDS, was started in the early 1980s (mainly by gay men, most with AIDS, and several lesbians). It has had particularly outstanding chapters in New York City and Philadelphia. In modern non-violent health activism it is exemplary in its energy, creativity, and militancy.

weekend activism. It was a daily activity in one way or another. For example, when I worked in the State Health Department as a regional health commissioner I established two new unique and notable programs. The first was on women's health. I was fortunate to have a student from Bryn Mawr School of Social Work assigned to me. She started the Women's Health Concerns Committee as a student and that really raised the whole area of women's health issues and led to her very successful career in women's health.³³ The other new program I established was a Consumer Complaints Department for all aspects of health care. I'm not aware that any government health department before or since has had such a citizens' complaint service.

My civil rights activities in city and state government were actually an extension of my role in the Medical Committee for Human Rights. I think people generally did not distinguish my work as being governmental work or activist work. They sort of merged. Whether I was wearing the hat of a health department or wearing the hat of the Medical Committee for Human Rights I don't think made much difference. Or maybe it did make a difference that it was both at the same time. The work I did for the Medical Committee for Human Rights was empowered by the fact that I was a government official and as a government official I was empowered by the fact that I had this vigorous outside political organization behind me.

I think I was very lucky that this integration of my political work with my paid work was possible because of the particular situations I had for my paid work. I was lucky in having an environment and bosses that were supportive. Of course, most of that was very deliberate. I was able not to choose a situation where I would be uncomfortable and my bosses picked me because they knew that I was a progressive health activist. I always feel that my life has been a very, very lucky one. This comes back to

one of my earlier comments about focusing on the positive.

Final thoughts

SM: Our readers include health activists from many countries around the world. What final words would you have for them?

WL: It would be impossible for me to say anything that didn't take into account the current situation. The current situation in the U.S. and the world is so terrible. Most of what's going on in the world about health and health care is profit-motivated and immoral as American imperialism grows more intrusive in many countries.

What should be emphasized both in this country and elsewhere is the need to maintain and implement hope. By implementing hope I mean grassroots political organizing. It is still possible and absolutely necessary to develop grassroots political power. Difficult, long-term, yes. But I think it is possible and therefore we have to do it. Perhaps the best examples of really progressive, positive health activities are in Latin America: the political revolutions in Cuba and South America. These are just amazing and I think are a model to show that hope is appropriate and change is possible. Could we have imagined 2 or 3 years ago what is going on in South America today where most of the major countries are now taking anti-U.S. imperialism positions? And are beginning to work together in one way or another?

So, I see grassroots organizing as a goal and a way to maintain hope.

Editors Note: Footnotes were provided by Dr. Lear



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³³ JoAnne Fischer (b1949): Executive Director, Maternity Care Coalition of Philadelphia, is an outstanding community activist on behalf of women and children; founder and leader of over ten local and national organizations including the National Women's Health Network; recipient of numerous honors and awards.