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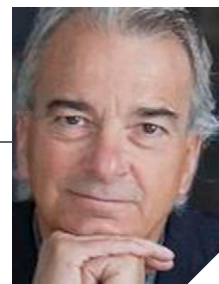
Alfredo Morabia
CUNY Queens College

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Making Public Health History: 1969–2019

Fifty years ago, a group of feminists originated the self-help manual *Our Bodies, Ourselves*, and members of the gay community rose up against police raids at the Stonewall Inn in New York City. That was in the 1960s, a decade during which the course of public health was profoundly changed (<http://am.ajph.link/Sixties>).

Our Bodies, Ourselves and the Stonewall rebellion pushed health and equity forward worldwide. They were instrumental in containing the negation of women's and the repression of sexual minorities' health rights. They boosted LGBT (lesbian, gay, bisexual, and transgender) science, too, which *AJPH* reviewed in its pioneering 2001 theme issue (<http://am.ajph.link/LGBT2001>), prepared under the leadership of Editor Emerita Mary Northridge (see the piece by Editors Landers and Kapadia on p. 849).

More recently, *AJPH* provided the evidence and the history when the Administration for Community Living decided in 2017 to remove questions on sexual orientation from the National Survey of Older Americans Act Participants (NSOAAP). The NSOAAP is requested by Congress to determine how well the program, including Meals on Wheels and other support for low-income older persons, is doing. The Administration for Community Living felt that the number of lesbians and gays in the program was too small for the survey to generate meaningful evidence. *AJPH* published the science showing how to deal with small samples and showed how, historically, minorities in the United States and elsewhere have been included in national surveys (http://am.ajph.link/NSOAAP_ed). The Administration for Community Living received comments to a polling from 89 organizations and more than 13 900 individuals. The overall result was the reintroduction of the sexual orientation question in the survey, which we applauded (http://am.ajph.link/NSOAAP_P_outcome). It has been argued that this was one of the very rare cases in which the current administration revised one of its decisions (http://am.ajph.link/NSOAAP_Grist2019).

It is unusual for *AJPH* to publish an homage to one of its editors. Elizabeth (Liz) Fee (born:

Belfast, UK, December 11, 1946; died: Bethesda, MD, October 17, 2018) had been on the *AJPH* editorial team since 1990. I loved to say that this passionate feminist was our “patriarch” because of her natural authority and her wisdom. Liz was a world-renowned historian of public health. She wrote extensively, including about the HIV/AIDS epidemic when it began, an epic history of the Johns Hopkins School of Public Health, and on the history of the World Health Organization. In 1998, Liz teamed up with Editor Theodore (Ted) Brown, historian of public health at the University of Rochester. Continuing the department in the journal called “Public Health Then and Now” started by former Editor in Chief and historian George Rosen, Liz and Ted formed an influential scientific duo. Through the *AJPH* History Section, they connected historians of public health throughout the world to practitioners of public health—a tremendous historical achievement. Ted Brown and Anne-Emanuelle Birn, also a historian of public health and a trainee of Liz, have invited some of Liz's colleagues to comment on her legacy in this issue.

Liz had been suffering lately from amyotrophic lateral sclerosis. She nonetheless attended our editorial meetings in the Washington, DC, area until 2018. With the loving help of her partner, Mary Garofalo, she was able to maintain an active life, literally until her last hours. I was lucky to have been at the party hosted for her on October 6, 2018, for her retirement from the National Institutes of Health's National Library of Medicine. She was witty and majestic, as always. We sorely miss her.

Liz's life and action have woven together feminism, LGBT rights, public health, and history. Our homage to her fits naturally in this review of how *Our Bodies, Ourselves* and Stonewall made history 50 years ago. *AJPH*

Alfredo Morabia, MD, PhD
Editor-in-Chief
@AlfredoMorabia

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18 Years Ago

The Risks of Public Health Focus on LGBT Populations

Enthusiasm about the growing attention to LGBT populations in public health must not blind us to the risks. A focus on LGBT populations, . . . when followed by calls for proposals and programs and resources, would bring institutional and government control over the content and structure of such programs. For a stigmatized minority, this institutional control could prove limiting. . . . As efforts to focus on LGBT health proliferate, we may see that for every sensitive effort to include the target population in decision making, there may be another program that seeks to restore health by eliminating practices essential to self-expression and identity, leading to alienation and damage. . . . These perils are not inescapable; they demonstrate the need for caution and sensitivity in the effort to bring LGBT issues into public health focus.

From *AJPH*, June 2001, p. 858

19 Years Ago

The Female Condom: Tool for Women's Empowerment

The sum of the evidence from dozens of international trials on the female condom now demonstrates a certain “empowerment effect” among women who are counseled and trained to use the device. When the female condom is introduced in the context of concurrent male condom availability, there is a synergistic or greater-than-additive effect. This consists of both a direct protection effect from women's use of the female condom and an indirect effect that increases male condom use owing to women's use of female condoms as a negotiation tool. . . . [S]uch a relationship has been seen before; gains in control over reproductive capacity and reproductive health have historically resulted in tremendous advances in social and economic status for women.

From *AJPH* September 2000, p. 1378