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A Dream for the Future of Public Health

Mary Guinan

University of Nevada, Las Vegas, mary.guinan@unlv.edu

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OPINION

A dream for the future of public health

Mary E. Guinan, MD, PhD

The following is a commencement address Dr. Guinan delivered at the Emory University School of Public Health in May 1992, just weeks after riots erupted in response to the Rodney King verdict. Her remarks were very timely, but her message is timeless. It is just as relevant today, more than a year later, as it was that day.—Eds.



In an editorial in the *New York Times* entitled "If Not Now, When?"¹ A. M. Rosenthal wrote, "Americans look

at the case of Rodney King and most of them come to the same hard conclusions: A crime was committed against the man. The police-perpetrators escaped punishment. Then criminals took to the streets to burn and kill. There is no excuse for this. But when the rock was lifted, under it were *not only rioters*, but millions of other Americans who were shouting, for God's sake, listen."

Let us listen. The discipline of public health attracts idealists like you, who want to make the world a better place for humanity. We need you. Let us make the Rodney King verdict a part of public health history. Was there anything more moving than seeing the man, Rodney King, in front of the television camera pleading for the violence to stop? "It's got to stop," he said, "it's got to stop."

Rosenthal's editorial also said, "In a sudden and intensely important way this country has become more united emotionally than it has been for decades and, therefore, has greater reason for hope." *We have reason for hope*. You are part of that hope. We in public health have committed ourselves to being part of the solution to violence. A team of public health

workers is in Los Angeles now, studying the events and developing hypotheses to test how to prevent and control violence. It is just the beginning of a new era of public health taking on this social problem. Twenty years ago violence was not addressed as a major public health problem. Now it is pushing into the forefront. *We have finally recognized that violence is bad for our health.*

What are the contributions of racism and poverty to this violence? Not only the stupefying violence of the past few weeks, but all the violence that has emerged in our nation. And sexism. What is the contribution of sexism to violence against women in the form of rape? Rape is an act of violence so frequent that we are numbed to its significance and for which the victims are still blamed. Rape has never been addressed as a major public health problem in this country, but who would deny that it is? Rape is harmful to our health.

And poverty. In the United States one in five children are born into the lowest level of poverty every year. The richest country in the world. What does the future hold for these children, our most precious resource? Is it joblessness, poverty, and despair? We can do better. We know that a child who enters and completes a Head Start program is less likely to become a high-school dropout, less likely to become pregnant in high school, and less likely to go to prison. Yet we do not have the political will to fully fund Head Start, nor the moral courage to demand it. In the richest country in the world 20% of our children are likely to be trapped in the cycle of poverty. Is poverty a public health problem? Yes! Poverty is harmful to our health. Yet public health practitioners never attempted to systematically address poverty, a contributing cause to many of our illnesses—physical, psychological, and social. We have never had a comprehensive pub-

lic health effort to prevent and control poverty.

Why not? Why not now? Can the Rodney King verdict unite us in our resolve to do this? Let us make this verdict a turning point for public health in addressing the fundamental problems of the people of our nation, especially those who are most vulnerable. Let us not be bound by what was previously defined as public health. Public health is social justice. We have a role to play in the solution of our country's social problems. That role is not yet clearly defined. We must start the process. You will be our leaders. We welcome you and support you.

What about racism and sexism? Are these public health problems? Let us recognize some of the public health legacies of these isms. The US Public Health Service conducted a study in Macon County, Alabama, now known as the Tuskegee Study, from 1932 to 1972, on the natural history of syphilis in black men. These men were not treated with penicillin when it became available in the early 1950s. It wasn't until a national public outcry that the study was stopped and the survivors were finally treated in 1972. This study is probably the single greatest cause of black mistrust of public health officials. The mistrust has given rise to one of the most profoundly entrenched myths in the black community: that AIDS is a genocidal plot against black people by the government. Of a selected sample of middle-class black church-going men and women, 30% believed that AIDS was a form of genocide and 35% were unsure. How does this legacy of racism inhibit our ability to bring an effective AIDS prevention program into the black community? How long will it take to repair the harm done? How do we repair it?

And sexism. Let us examine sexism in the problem of teen pregnancy. When I was growing up I was taught

that men could not control their sexual impulses. It was my duty as a woman to keep the man from "going too far," not to tempt him beyond his capacity to control himself. Is this not a sexist belief? That men cannot control their impulses? If they can't, they have no business being president of the United States or the leader of any country. And yet this legacy lingers. When an unmarried teenage girl has an unplanned pregnancy, she alone is blamed. She should have kept him from going too far. She should have protected herself. She should know better. She deserves what she gets. He gets off. Why is it that we have never had a systematic pregnancy prevention program for teenage boys? Do we really believe that they can't control their impulses? If not as teenagers, when? Is this not a sexist legacy?

Why is it that victims of racism may be perpetrators of sexism and victims of sexism perpetrators of racism? We have only to look at the Clarence Thomas-Anita Hill hearings to see the hatred of white men toward black women, black men toward black women, white men toward white women, and black and white women toward all men. We can do better.

I would like to tell you about one of my public health heroes, a woman who overcame these isms and worked for social justice. Her name is Sojourner Truth. She was born a slave in 1797 and lived with a series of cruel masters. In 1827 she was sold to a man who set her free. She became a reformer who dedicated herself to the abolition of slavery and women's rights causes. Sojourner was a large woman, about six feet tall. She had no formal education and never learned to read and write, but she was a charismatic speaker and did much to advance her causes. In 1851 she attended a women's rights convention uninvited and unannounced. The conference was organized by white women who were very uncomfortable with the appearance of a black woman. White men turned out in large numbers to heckle and deride the women, saying women couldn't do men's work because Jesus had or-

dained it, that women should be protected from the harsher aspects of life because they were delicate and should dedicate themselves to being mothers. The white women were fighting a losing battle. Then Sojourner Truth arose and gave this impassioned speech:

That man over there says women need to be helped into carriages and lifted over ditches, and to have the best places everywhere. Nobody ever helps me into carriages or over mud puddles, or gives me any best place. And ain't I a woman? Look at me. Look at my arms. I have ploughed and planted and gathered into barns, and no man could best me. And ain't I a woman? I could work as much and eat as much as a man—when I could get it—and bear the lash as well. And ain't I a woman? I have born 13 children and seen them most all sold off to slavery and when I cried out with my mother's grief, none but Jesus heard me. And ain't I a woman?²

Can you imagine the impact of this speech? She faced white women with their racism and white men with their sexism. Oh, how I longed for a Sojourner Truth during the Clarence Thomas hearings.

I would like to close by adapting a quote from the Reverend Martin Luther King Jr. Dr. King said "I have a dream that one day on the red hills of Georgia, sons of former slaves and sons of former slaveholders will be able to sit down together at the table of brotherhood."³ I would like to adapt that to "Can we not dream that the sons and daughters of all Americans and all the citizens of the world will respect and honor each other's humanity and stand up in unity to demand and work for social justice for us all." That is my dream for the future of public health. Thank you and good luck to you all.

References

1. Rosenthal AM: If Not Now, When? *New York Times*, May 5, 1992, pA 17.
2. Collins PH: *Black Feminist Thought*. New York, Routledge, Chapman, Hall, 1991, p 14.
3. Washington JM: *The Essential Writings and Speeches of Martin Luther King Jr.* San Francisco, Harper, 1986, p 219.

BOOK REVIEWS, *continued*

with many thought-provoking comments and observations.

This is definitely the right book at the right time. It can be a guide and solace for physicians as we face daily realities of funding limitations and political debates about health care reform. Why not send a copy to your favorite politician with a note that it is a wise society that attempts to learn from its past? We are all wondering where we are going. This book can help us learn where we have been and how we got there.

Jacqueline J. Wertsch, MD
Milwaukee, Wisconsin

AMWA NEWS, *continued*

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For more information or to submit nominations, contact Marie Glanz, AMWA, 801 North Fairfax St., Suite 400, Alexandria, VA 22314; 703-838-0500.

All India Congress

The Association of Medical Women in India is hosting a congress in Calcutta on December 18 and 19, 1993. Themes of the meeting include health in women and children, safe motherhood, adolescent problems, and the value of diagnostic aids. All MWIA members are invited. Registration for overseas delegates is \$100. To register or for more information, write: Organizing Secretary, Secretariat, 10 Protopaditya Rd, Calcutta 700026, India.