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GUEST EDITORS' NOTE/CARTA DOS EDITORES CONVIDADOS

The meaning(s) of global public health history

The papers in this special issue were prepared and discussed before the tragic covid-19 pandemic. However, their findings and discussions are equally relevant to the moment we are experiencing today, when the present and future of global health actors, institutions, and governance are at the same time more visible, relevant, and uncertain. In order to understand the local, national, and international challenges of contemporary global health, it is important to acknowledge the research that has been devoted to its history over the past few years (Anderson, Cueto, Santos, 2016; Espinosa, 2013; Harrison, 2015). Several meetings, events, and academic publications testify to this previous interest; however, its meaning and scope have not always been clear.

For some scholars, studying the history of global health means focusing on the processes involved in the transnational circulation of people, diseases, medical resources, and health programs and questioning the traditional binary opposition of center and periphery. The recent historiography rejects simplistic dichotomies and challenges the traditional assumption that historical paradigms are generated and diffused from the West (Anderson, 2004; Gómez, 2013; Rodogno, Struck, Vogel, 2014; Sivaramakrishnan, 2015; Walker, 2009). Contributors to this special issue eschew the constraints of a center/periphery prism and are increasingly wary of any a priori categorizations, such as Global North or Global South. More often than not, these two terms are themselves vessels that conceal ideological legacies and dubious heritages: Global North gestures to “developed,” while Global South implies “un(der)developed,” or may even gloss over racist hierarchies. The point of the contributions here is not to replace “the West” with “the Global North” and “the so-called Third World” with “the Global South;” rather, it is to critically reflect on a much broader array of *contaminatio* (which, in Latin, refers to the procedure adopted by classical Latin authors of incorporating materials from other Latin or Greek texts – a positive inspiration from other authors). Increasingly, scholarly works are tracing cross-national connections and entanglements, giving due attention to developments in colonial and postcolonial spaces, exploring the construction of asymmetric hierarchical networks, and examining how people, ideas, and practices have changed in processes of transnational circulation. The ways in which contributors write and interpret the history of global health contribute to the redefinition of notions of “empire,” “reception,” “recreation,” “center,” and “asymmetries” – all dear to historians of international health.

Recent work also underscores the role played by intermediaries, mid-level experts, and networks across cultures, professions, and nations, while also examining discourses and practices that have traversed, transcended, and interacted with the borders of nation-states (Bourbonnais, 2019; Johnson; Khalid, 2012; Necochea López, 2014). Doctors, nurses, and public health professionals have forged transnational communities that have sometimes defied traditional global political divisions; in many cases, they have been as likely to get their health planning models and projects from actors living on the other side of the globe as from their own communities. These exchanges could support otherwise marginalized health movements and lead to the rapid diffusion of ideas and technology, but they could also create tensions on the ground, as universalist models intersect with local realities. New studies have also been instrumental in interrogating the role of a variety of international actors – including the different agencies of the United Nations, major foreign donors, and non-governmental organizations – in shaping this process across continents (Packard, 2016; Cueto, Brown, Fee, 2019).

This special issue deals with some of these fascinating historiographical problems by presenting an improved version of the papers delivered at “The meaning(s) of global public health,” a workshop generously supported by the Fondation Brocher and hosted in its lovely premises in Hermance, Switzerland, in November 2018. The papers explore the characteristics, implications, and potentialities of the history of global health – a perspective that can be applied to different periods – providing valuable insights for historians, librarians, archivists, and policy makers. In fact, some articles advocate that history, or its subdisciplines like historical epidemiology, are needed for robust public health decision-making and effective analyses of two critical issues in contemporary international and environmental health – water and medical waste – by viewing them from the perspective of past challenges. Another underlying theme in the papers of interest to other historians and health experts is the nuances and complexities of the relationship between technocratic top-down and socially-oriented bottom-up programs. A little-studied multilateral organization – the International Labor Organization – comes to life in the discussion on the origins of universal health care. New evidence and interpretations bring to life classic issues such as cross-border pandemics, the legacies of colonial medicine, and the role played by the World Health Organization in Spain, Europe, and sub-Saharan Africa. Finally, the key coalitions of state health agencies, physicians, and lay people in medical campaigns are traced to several decades before the so-called globalization era, in which public-private partnerships were prioritized. These are subjects that are not just of relevance to policy makers. Indeed, a museum expert also has something significant to say to historians and to officers of public health organizations in an article that discusses how museum exhibitions have had an impact on the perception and interpretation of the history of aids.

The papers in this special issue indicate that global health history – or the global history of health – has diverse meanings and should be examined in its plurality in consonance with works on “global history” (Conrad, 2016). Hopefully, these articles will encourage global health historians to take on more challenging questions and examine, for example,

cross-national studies of health activism, understudied regions of the world, and change and continuity with alternative historical methodologies and perspectives. And at the same time develop the dialogue between historians, health experts, and museum curators.

Covid-19 is a challenge to the common assumptions of transnational health institutions and actors and the workings of global health governance. It is also an opportunity to capitalize on successful experiences in health cooperation across national borders and to reinvigorate much-needed reforms and changes. For historians concerned with global health, it is a prime time to validate the importance of their work for understanding the present and imagining the future.

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