Notes for Dr. Morabia
2019 4th Podcast (Sep-Oct)

Traditional Chinese

Introduction:
大家好，歡迎收聽2019年美國公共衛生期刊第4期的音頻摘要。我是負責亞太地區的副主編余美端。本刊的影響因子最近從2017的4.1提升到2018的5.4 (impact factor of AJPH increased from 4.1 in 2017 to 5.4 in 2018). AJPH對文獻的影響力持續增長。文章取稿錄大概百分之十。AJPH是唯一提供中文podcast的國際性公衛醫學期刊。我們podcast每兩三個月更新一次。

我們期刊的網站有非常豐富的資料，每天不斷更新，希望大家充分瀏覽利用。
This podcast covers the September, September supplement, and October issues. There will be 2 more podcasts in 2019 due to an abundance of new and interesting material.

本期我們來看看九月份增刊，以及九月和十月份期刊的重點。也特別介紹本刊的歷史欄。我選擇了一些對我們亞洲聽眾會特別感興趣的文章。因為內容比較多，2019年我們會增加一期podcast，請您留意。

Highlights of the September supplement on community preparedness

九月份的增刊是有關
社區對突發公共衛生事件的應急準備和響應。由美國CDC贊助。內容非常豐富，文章題目包括多種類的突發事件和人群，以及確定可以幫助支援應急的專業人士，以退伍軍人為例，非常值得中國和世界讀者參考借鏡。

Sep 2019 Issue
Immigrant Public Health: Practice and Justice

Immigration
Editorial: Immigrant health: anchoring public health practice in a justice framework, Integration, deportation, quarantine
Toward evidence-based policies and programs and promote immigrant well-being

Ensuring Compliance With Quarantine by Undocumented Immigrants and Other Vulnerable Groups: Public Health Versus Politics
October 2019 Issue

"Racial Biases and Health Disparities 400 Years since Jamestown"
This issue features a special section examining racial biases and health disparities in the United States, examined in the context of the 400-year anniversary of the Jamestown settlement, as well as research and perspectives on hard-to-reach survey populations, human trafficking, housing instability among transgender veterans, and more.

Dr. Galinsky
Surveying Strategies for Hard-to-Survey Populations: Lessons From the Native Hawaiian and Pacific Islander National Health Interview Survey
We offer lessons learned from implementing these strategies in a national survey, some of which are relevant to all survey planners. We then present evidence of the quality of the resulting data set. If these approaches were used more widely, hard-to-survey populations could become more visible and accurately represented to those responsible for setting national priorities for health research and services.

十月份的主題特別關注美國的種族偏見和健康差異，檢視在Jamestown定居400週年後的進展歷程。其他的重要題目有關於難以接觸的調查人群，人口販運的研究和觀點，和變性退伍軍人的住房不穩定問題等等。

在美國的健康調查，往往有少數人難以尋訪接觸。Dr Galinsky發表了一篇文章有關難以調查的人群，包括少數民族的調查策略：希望全國調查可以汲取來自夏威夷原住民和太平洋島民國家健康訪談調查的經驗和教訓，以後能更增加國家健康訪談調查的效率和代表性。
Special Presentation of the History Section of AJPH

Following is Dr. Huiwen Xu’s presentation of Professor Ted Brown’s discussion of APHH’s History Section.

Chinese Podcast Text: The Place of History in the American Journal of Public Health

One of the most interesting and unusual features of the American Journal of Public Health (AJPH) is its consistent and considerable emphasis on public health history. Since being introduced in the American Public Health Association’s centennial year (1971-1972) by former AJPH Editor-in-Chief George Rosen, a special category of historical articles has regularly appeared focusing on “Public Health Then and Now.” Over the past five decades, one or more Associate Editors have devoted their full editorial attention to these historical articles and have themselves contributed scholarly studies to the pages of the journal. I currently serve as Associate Editor for History and have been in that role since 1998. In the past two years alone, I have overseen the publication of more than fifteen historical articles on such diverse topics as the history of epidemiology, vaccine advocacy in the early nineteenth century, the promotion of maternal and child health in the early twentieth century, the campaign for universal health coverage as a goal of international health politics in the 1940s and 1950s, uncovering the health risks resulting from certain widespread medical treatments and
benign-seeming commercial products in the 1970s, and attacks on environmental health protections by certain recent U.S. presidents such as Ronald Reagan, George W. Bush, and Donald Trump.

Another major set of historical articles with public health relevance will be published in the October 2019 issue. That issue will mark an important but troubling anniversary in US history, the arrival in October 1619 of 20 unfree African laborers who were brought as indentured servants. By the 1660s indentured servants were displaced and numerically overwhelmed by African slaves, who over the next two centuries helped build the US economy through the institution of chattel slavery. The historical articles in the October 2019 issue will take on the challenge of making sense of the 400 years since October 1619 by exploring how slavery and its continuing legacies have shaped US medicine and public health, especially with regard to persisting racial biases and health disparities that show improvement over time but refuse to disappear. The authors of these contributions are alert to the roles played by overt racial ideology and covert biases, first in providing a justification for slavery, second in rationalizing horrific conditions of labor, third in exploiting the power White physicians exercised over Black bodies, and finally in creating an intellectual framework of essential racial difference that had medical and health consequences which persist to this day.

One author notes that medical historians have documented how Southern physicians claimed that Blacks were medically different from Whites and required “special treatment,” thus providing the “façade of medical authority supporting the prevailing wisdom that people of African descent derived from a species other than human and therefore could be justifiably used as ‘chattel.’” Another traces the 20th-
century practice of channeling Black workers into the hottest and most debilitating industrial jobs back to mid–19th-century physicians’ justifications of the exposure of slaves to long, brutal days in the hot summer sun because the negro was supposedly “organically constituted to be an agricultural worker in tropical conditions.” A third author demonstrates how racist beliefs even influenced antislavery Northern physician Benjamin Rush to believe that innate racial differences would protect members of Philadelphia’s free Black community if they volunteered to put themselves in harm’s way during the 1793 yellow fever epidemic. All these scholars connect earlier attitudes and behavior to recent studies that suggest the persistence of deep, now largely unconscious racial biases that very likely account for the consistent finding that contemporary medical students, residents, and seasoned practitioners believe that Blacks feel less pain than do Whites and are less likely to need certain cardiac medications, kidney dialysis, or bypass surgery.

These articles represent an extraordinary emphasis on history in the pages of the United States’ leading public health journal. It is reasonable to ask why. One answer is that focusing on history in AJPH continues an important emphasis on history in the American public health profession. American public health leaders in the late nineteenth and early twentieth centuries often paused to cast a retrospective eye and reflect on the progress and achievements of their developing field. This historical practice carried into the pages of AJPH soon after its initial publication in 1911. For example, in May 1918 Peter Bryce published “History of the American Public Health Association” and in 1943 W. G. Smillie published “The National Board of Health, 1879-1883.” Such historical essays proliferated during George Rosen’s term as AJPH Editor-in-Chief 1957-1973).
Rosen was a serious historical scholar and in 1952 published the first edition of his *History of Public Health* which soon established itself as a classic that has never been surpassed. As a legacy to the AJPH and its community of readers he created a new category of “Public Health Then and Now” (PHTN) just as he prepared to step down as EIC so that he could devote his full attention to the position he had assumed at Yale University in 1969 as a full-time professor of public health history. He continued to contribute PHTN essays to AJPH during his productive years in New Haven.

Soon after Rosen passed away in 1977 his mantle was assumed by respected Harvard public health historian Barbara Rosenkrantz. Then in 1991 Johns Hopkins public health historian Elizabeth Fee took over the historical section of the journal and gradually expanded the number of published articles and the range of scholars who contributed them. I began collaborating with Liz in the late 1990s to help prepare the special November 1997 issue marking APHA’s 125th anniversary. We then worked collaboratively for many years until Liz’s growing medical incapacity and death in October 2018 forced an end to our joint editorship. I have been sole editor of the AJPH’s historical section since Liz’s passing.

More than just people with a passion for public health history whose passion was contagiously transmitted to their editorial colleagues and readers, the history editors of AJPH have succeeded in keeping history prominent in the journal because we have been able to persuade our fellow editors and the journal’s readers that historical studies serve several essential intellectual functions. As Rosen put it so well in 1971: “The very nature of public health requires action to deal with the immediate, to become engaged with current problems. Yet to deal with the present, to understand today, it is also
necessary to see the immediate in perspective, to look at the present in the context of
the past and to endeavor to understand their relations. Many problems of current
concern have their roots in the past; they are a manifestation of long-term trends and
should, therefore, be understood from both a long-term and a short-term point of view.”

To Rosen’s important perspective Liz Fee and I in various editorial comments over
the years have added several additional elements: public health history can reveal the
way the public health enterprise is embedded in the fabric of society and in many ways
reflects society’s perspectives and priorities; it can likewise reveal historical choices that
at key moments were not made and roads that were not taken; and it can bring back to
mind practices and possibilities which have been suppressed or forgotten but could and
perhaps should be remembered now to advance public health. Most fundamentally,
public health history can reveal that improvements in the public’s health have at times
resulted not only from advances in science and technology but from advances in the
conditions of economic and social life, especially for the poor and powerless. It can also
reveal the sometimes unseemly ways in which not always commendable political
actions aimed at social minorities can be hidden behind public health interventions that
are advertised as undertaken for the good of all.

Readers of AJPH regularly report that the historical essays, with all their layers of
meaning and interpretation, are among their favorites. This special feature of AJPH
seems quite secure at present and will likely continue well into the future as a prominent
presence on the pages of the journal.

Huiwen starts here:
大家好。我是（say your Chinese name---），代為譯讀 Professor Ted Brown撰寫有關历史在美国公共卫生杂志的地位的文稿


2019年10月份的期刊將包括数篇有着公共卫生价值的历史文章。这期标志着美国历史上一个重要但是令人不安的一个纪念年份，那就是1619年20个失去自由的非洲劳工的到来，他们被购买作为契约仆人。到了1660年代，非洲奴隶逐渐取代契约仆人，并在数量上超过契约劳工，这些奴隶在接下来的两个世纪里通过奴隶制度帮助建立了美国经济。2019年10月期间的历史文章将探讨如何理解自1619年10月以来的400年，探讨奴隶制及其遗产如何形塑了美国医学和公共卫生，特别是在持续存在的种族偏见和健康不平等方面。这些健康不平等随着时间的推移有所改善，但却未消失。这些文章的作者倡议对公开的种族意识形态和隐蔽的偏见的副作用保持警惕：他们首先是为奴隶制提供正义的解释，其次是合理化可怕的劳动条件，第三是利用强势的白人医生对黑人身体的支配的权力，最后是创造出一个根深蒂固的种族差异的认知框架，这种框架对于医学和健康后果至今仍然存在。

一位作者指出，医学历史学家已经记录了南方医生如何宣称黑人在医学上与白人不同并需要“特殊治疗”，因此提供了“医学权威的外观来支持非裔是来源于人类以外的物种这样的的普遍智慧，因此黑人可以合理地被用作“流动资产”。另一个作者将20世纪将黑人工人引入最炎热和最恶劣的工业岗位的做法追溯到19世纪中期医生的判断，即将奴隶暴露于漫长而野蛮的境地在炎热的夏日阳光下的日子的理由是黑人被认为是“生来就是为了在热带条件下作为农业工人。第三位作者展示了种族主义信仰如何甚至影响反奴隶制北方医生本杰明拉什，他认为天生的种族差异将保护费城的自由黑人社区，如果他们自愿在1793年的黄热病流行期间将自己暴露于危害之中。所有这些学者都将早期的态度和行为与最近的研究
联系起来，以揭示持续存在的深刻的，现在基本上无意的种族偏见，这些偏见很可能解释了为什么当代医学生，住院医师，和经验丰富的医生认为黑人比白人更耐痛苦，并且不太需要特定的心脏药物，肾脏透析，或心脏搭桥手术。

这些文章代表了美国领先的公共卫生期刊对历史的特别重视。我们自然的想问为什么。一个答案是，AJPH对于历史的关注强调了历史对于美国公共卫生专业的重要性。十九世纪末和二十世纪初的美国公共卫生领袖经常停下来回顾一下他们的发展领域的进展和成就。这种历史实践在1911年AJPH首次出版后不久就进入了杂志的视野。例如，1918年5月，彼得·布莱斯出版了“美国公共卫生协会的历史”，同时1943年W. G. Smillie出版了“国家卫生委员会1879-1883”。这些历史文章在乔治·罗森（George Rosen）担任AJPH主编期间（1957-1973）蓬勃发展。罗森是一位严肃的历史学者，并于1952年出版了他的《公共卫生史》第一版，这本书很快就成为了一部从未被超越的经典。作为AJPH及其读者群体的传奇人物，他在他准备辞去主编之时创建了一个全新类别的“公共卫生的过去和现在”（PHTN），这样他就可以专注于他于1969年在耶鲁大学获聘的公共卫生史专职教授。在纽黑文的高产岁月里，他继续为AJPH撰写论文。

在罗森于1977年去世后不久，他的衣钵被颇受尊敬的哈佛公共卫生历史学家Barbara Rosenkrantz接过。然后在1991年，约翰霍普金斯大学公共卫生历史学家伊丽莎白·费接管了该期刊的历史部分，并逐渐扩大了发表文章的数量和作者的范围。我在20世纪90年代末开始与Liz合作，并帮助准备1997年11月特刊来纪念APHA成立125周年。此后我们合作多年，直到2018年10月，由于Dr. Fee日益恶化的健康问题和离世，迫使我们的合作结束。自Dr. Fee逝世以来，我一直是AJPH历史部分的唯一编辑。

AJPH的历史编辑成功地延续了历史专栏的在AJPH重要性。他们本身不仅是那些对公共卫生历史充满热情，而且他们ba热情传染给了他们的编辑同事和读者，因为他们的工作有说服力，让其他人认同历史研究具有诸多基本的文化功能。正如罗森在1971年所说的那样：“公共卫生的本质需要立即采取行动，以应对当前的问题。然而，要面对当前的挑战，要理解今天，还必须以更大的视角看待当下，在过去的背景下看待现在并努力理解他们的关系。目前关注的许多问题都植根于过去；它们是长期趋势的一种延续，因此我们应从长远和短期的角度加以理解。

为了响应罗森的重要观点，Dr. Fee和我多年来在许多编辑评论中增加了几个额外的元素：公共卫生历史可以揭示公共卫生企业精神融入社会结构的方式，并在许多方面反映了社会的价值观和优先事项;它同样可以揭示在关键时刻没有做出的历史选择和未被采取的道路;
它也可以让人联想到被压抑或遗忘的实践和可能性，那些东西现在可能也许应该被记住以促进公共健康的发展。最根本的是，公共卫生史可以揭示公众健康状况的改善有时不仅来自科学技术的进步，而且也来自经济和社会生活条件的改善，特别是对贫穷和弱势的人。它还可以揭示有时候以不合时宜的方式来针对社会少数群体不值得称道的政治行动，可能隐藏在为了所有人的利益而做的公共卫生干预措施背后。

AJPH的读者经常评论说，历史论文及其所有层面的意义和解读都是他们的最爱。AJPH的这一特殊功能目前看起来非常稳定，并且很可能会永远继续为期刊的重要部分。

Conclusion: Asking audience to refer podcasts to friends and colleagues and where to access podcast.

我們在這裡提到的文章大部分您都能免費閱讀 。假如你喜歡我們的podcast，請推介給你的同事和同學分享。也請各位充分瀏覽和利用我們的網站。在國內的朋友可以直接在期刊網站主頁滾動到末端收聽podcast，其他地區的朋友更可以參考在soundcloud 或iTunes 的podcast儲存庫。感謝您的收聽。下一期再見。