

Five Questions with Dr. Susan Reverby

By Dr. Shauna Devine

- 1. Can you tell us about the work you will present in the upcoming 2018 Visiting Speaker Series in the History of Medicine at the Schulich School of Medicine and Dentistry?**

I am completing a biography of Dr. Alan Berkman (1945-2009), an internationally known global AIDS activist, whose organization Health GAP helped change U.S. trade policy on generic drugs for AIDS in the early 2000s. Before that he was part of a group of left activists who thought American racism and imperial actions should be answered with bombs. They bombed several government sites, including an FBI office and the U.S. Senate, in the 1980s before they were captured. Alan did very hard time for eight years in several federal prisons, and almost died from two rounds of cancer and the malicious treatment in what passes for prison health care. He became political not in college in the 1960s, but in medical school and then as a physician. I grew up with him in a small upstate New York town, went to college with him, and watched these changes in amazement.

- 2. How did you first become interested in this topic?**

Alan Berkman came to see me in 1970 to talk about the then ongoing murder trial of Black Panther leader Bobby Seale. "Would you be willing to take up arms," he asked me, "if Bobby is convicted?" I said, "No." Seale was acquitted and Alan's politics led him into the move to armed struggle during the [U.S. President Ronald] Reagan years. I was always intrigued by this transformation of the smartest guy I had ever known and why he was doing this. His life raises fascinating questions about what being a political doctor can entail, how white people can work in solidarity with people of color, and what violence means as a response to repression.

- 3. Was there anything that surprised you about this project once you got deeper into your research? Or rather, made a discovery in your work that made you say "wow!"?**

I was mostly just horrified about how Alan Berkman was treated medically while he was in prison. At one point, when Alan was paralyzed from the neck down from

chemotherapy treatments, he realized he was going into septic shock and might die quickly unless there was an intervention. He called out to the nurses from his prison ward bed but no one came in. Prisoners don't get call buttons. So Alan moved his neck, squeezed the IV line, which made the alarm go off. The nurse came in. Had he not known about the alarm, he would have died. When he asked the nurse why she didn't come when he called out, she said, "You guys call out all the time. We just ignore it." In the U.S., the CBS network covered this on an episode of *60 Minutes* that examined prison health care. The dehumanization of prisoners was terrible to read about, especially since it continues. I also could see as I was writing what would be coming next and I wanted to shout out to Alan to stop. Alas, even if writing history sometimes feels like time travel, you cannot prevent things from happening.

4. **On that note, how did you discover that U.S. scientists in the late 1940s had deliberately infected 1500 Guatemalans – largely soldiers, psychiatric patients, prisoners, and the poor — with syphilis and gonorrhea without their knowledge or consent? And, what impact, if any, do you believe President Obama's apology might have had on the history of medicine or historical research today?**

I found the materials on the Guatemala syphilis and gonorrhea study in the archives at the University of Pittsburgh while I was doing research for the book on the syphilis study in Tuskegee. The principal investigator in the study had left the papers in the archives there when he worked in Pitt's public health school. I was pretty horrified by it and began discussing it with others. When I finished the book on Tuskegee, I went back to the archives, redid the research, and wrote the paper up. It was my contact with the late David Sencer, who was the Director of the Centers for Disease Control (CDC) when the Tuskegee syphilis study ended, that made something happen. Sencer shared my paper with the CDC hierarchy and it went up to the White House. I think the experience raises a good question about what counts as historical justice in cases like this. If historians find this kind of material, whom do we tell? How far do apologies lead to change? If I hadn't known Sencer, or if I had written this up during the Bush administration, I doubt it would have gone anywhere except into the history journal. It is a reminder of the contingency of much of historical knowledge.

5. **How did you originally become interested in the history of medicine? And, why is the history of medicine important today?**

I am the daughter of a physician and a medical technologist, but my undergraduate degree was actually in industrial and labor relations (well mostly labor history). I did

work in left health policy before I went back to graduate school in history. I was doing women's labor history so the history of nursing beckoned. Then I found other historians of health care, nursing, and medicine and fell in love with the field and the people trying to make it relevant. When David Rosner and I were graduate students, we edited a book called *Health Care in America: Essays in Social History* (1979) that served as a call to changing the way history of medicine was written, away from what was called "the great doctors" and their ideas. We were on the cutting edge of a new way of thinking and it was very exciting. I think it is critical to understand the past, in medicine as much as in anything else, in order to make sense of the present.



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