Value, and Impact on Human Development

A történelem értelme, értéke és hatása az emberi fejlődésre

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Abstract
This article argues that the development of social science’s impact on policy-making has oddly overlooked history. In recent years, however, history has been broadening its position as a “policy science.” While historians may not have access to some of the methodological tools used by other social sciences, they have the analytical tools that allow them to interpret the ‘past’ in a rigorous and relevant way. As a result, ‘learning from history’ may be done without being reductionist or prescriptive. To illustrate the basic concept, specific cases from the writers’ fields of expertise -history of health policy and public health, history of alcohol policy, and history of childhood- are used.

Keywords
Historical Evolution, Historical Value, Human Development

Introduction
This article’s fundamental argument is that individuals working in other social sciences have primarily ignored historical analysis to the latter’s cost. Government departments, for example, rely on historians to give evidence and interpret the past in light of current policy issues. However, this work appears to have gone unreported in social scientific circles thus far. Other social scientists’ arguments and policy initiatives might benefit from adding of history to their arsenal.

A case is made for history not just as a social science in and of itself, but also as a policy bedfellow for other social science disciplines. Some of history’s recent engagements- with the public, but particularly with policy- are discussed, as well as case studies and methodologies, to persuade fellow social scientists that history has something to contribute to the contiguous and complementary sciences.
History as a Public Topic

Part of the issue might be the current popularity of history as a form of public entertainment, and fellow social scientists may encounter history exclusively via this lens.

In the United Kingdom, history is at an all-time high as a popular public subject (Berridge, 2003). Even a quick visit to local records centers or the National Archives at Kew will demonstrate that family history appeals to the growing cohorts of early retirees.

Much of the content on television is based on historical events. Public history, the section of the study that deals with museums and other types of public involvement, is taught at colleges. As part of the Public Understanding of Science (PUS) movement, history plays an increasingly important role.

These initiatives are crucial methods to reach out to the public, and to create and expand on a general environment of interest that existed previously. Moreover, historians have evolved as well.

When the historian Raphael Samuel (1934-1996) expressed enthusiasm for the heritage business, he did not receive unanimous approval. Historians debated whether it was ‘real history’ and if the field would be ‘dumbed down’ if it became too popular. That viewpoint has shifted, partly due to the changing terrain of academic life during the previous three decades.

Historians are far more eager to appear in docudramas these days, to speak animatedly in front of historic churches, or to tell us everything about the history of water or the patient on Radio 4. Marcus du Sautoy and Niall Fergusson, both experts in their professions, have large television audiences for what appear to be esoteric subjects like the history of mathematics and the history of money.

Many historians have realized that this type of engagement is beneficial not only to the individuals involved, but also to the discipline as a whole, especially when academics are required (rightly or wrongly) to demonstrate the ‘impact’ of their research, whether to external funding bodies or in exercises like the RAE/REF.1

These actions can be described as ‘advancing understanding’ and contributing to shared experience and cultural capital diversity.

The paradigm is fundamentally one of history interfacing with the general people and, in the case of the PUS model, assisting them in understanding the importance and origin of science, health, or medicine. The overt link to modern concerns, on the other hand, is frequently minimal.

History as a Tool for Policy Making

History also serves a distinct, though connected, purpose. This is the application of history as a tool for policy analysis and direct input into policy debates. Historians have long been active in policy-making

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(Ferguson, for example, has served as a policy counselor to the US government). When its products came to control the Empire, the classical education so cherished by Oxbridge had very substantial ramifications for policy development and implementation.

In the early days of AIDS, Elizabeth Fee (1946-2018) and Daniel Fox (author, London) pondered history’s historical importance as policy science- and its collapse (Fee & Fox, 1988). In the years after WWII, there was a ‘golden era’ of social scientific research impact in the 1960s and 1970s, during which history was somewhat shared. Moreover, unlike now, social scientists were more eager to deal with historical concerns to elucidate their specialties.

For example, Brian Abel-Smith (1926-1996) was a well-known figure in the field of social policy and administration. However, he also wrote critical historical works, such as the hospital’ system history before the National Health Service (NHS) (Abel-Smith, 1964). After a period when some historians despised the concept of having a policy effect, historians have recently rekindled their interest. The website and collaboration of History & Policy (n.d.) in the United Kingdom have been crucial in pushing historians to consider the contemporary consequences of their work.

Glen O’Hara (Historian, Oxford Brookes University) on the (supposed) current debt crisis and David Feldman (Author, University of Manchester) on immigration are two recent pieces on that site, while the magazine BBC History offers a series where writer Chris Bowlby (Journalist, UK) interviews historians with policy-relevant findings, such as Alex Mold’s work on voluntarism (Mold, 2009). The partnership is holding “policy briefings” and meetings with politicians and government workers, most notably with the Office of Civil Society on the theme of the “Big Society” or, as historians may put it, the essence of voluntarism (History & Policy, n.d.).

Furthermore, ministries and government entities appear to have become more historically aware. Knowledge transfer systems provided by research councils have aided. One of the authors, James Nicholls (Lecturer, USA), has worked on the Department of Health's Alcohol Improvement Program, and another of the authors has given talks to civil servants and members of the third sector in both London and Edinburgh about the historical context of political devolution (and, in particular, the implications for social policy).

Abigail Woods, a veterinary historian (King's College London) was briefly stationed in the Department for Environment, Food and Rural Affairs (DEFRA) as part of the Rural and Environmental Land Use (RELU) research program. She conducted commissioned historical research expressly for policy.

Historians had testified before House of Commons committees, such as Martin Gorsky’s (Historian, University of Essex) examination of patient engagement before and during the NHS, which included suggestions for enhancing the relationship in the future (Gorsky, 2007).

Sir Liam Donaldson (Chief medical officer of England) the previous Chief Medical Officer (CMO), collaborated with historian Sally Sheard to write a history of the CMO’s office (Sheard & Donaldson, 2005).
Differences between Countries

It is also crucial that variances in how history is used between countries may be detected. Shula Marks, a South African historian, has brought attention to the changing fortunes of history in the setting of South Africa. History was the “queen of the social sciences” in South Africa in the 1970s and 1980s since the historical understanding of how the apartheid state came to be a source of violent ideological disputes.

However, the founding and work of the Truth and Reconciliation Commission represented a fall in this role in history, which is somewhat contradictory. Rather than historians’ interpretations, direct personal experience, or oral testimony, became a primary source of knowledge.

In the United States, several methods of influence have been used, the most notable being the law court and the function of historical testimony as an “expert witness.” Asbestos lawsuits, cigarette company liability, lead poisoning, and lead paint litigation have seen historians testify in court, sometimes on both sides. The American historical profession has been deeply divided on this topic, with historians almost coming to blows over their differing viewpoints. When one US historian analyzed the link between ‘Clio and client,’ he concluded that when history entered the law court, the intricacies went out the window (Rothman, 2003).

What does History Have to Offer?

There may be many more examples of current engagement, discussion, and controversy. However, the focus of this part is now on persuading a social science audience that history has anything unique to offer. Rather than making well-intentioned generalizations, this will be addressed through a series of case studies that will demonstrate the argument.

Vaccination Resistance

The first topic will be vaccine resistance, which is a current concern. In recent years, public resistance to vaccination has grown, such as in the United Kingdom concerning the combined measles, mumps, and rubella (MMR) vaccine. Many experts and observers believe that anti-vaccination sentiment is fueled by the media or research that purports to indicate a relationship between autism and vaccination. Such arguments have emphasized the responsibility of scientists or the public’s ignorance. The public is perceived as ‘misled’ or ‘duped,’ with no feeling of agency.

However, more profound and sophisticated knowledge of such issues may be gained by turning to history. It is possible to achieve answers. Vaccination against illnesses like smallpox began in the 19th century. Edward Jenner’s (1749-1823) work was followed around the end of the 18th century. During the nineteenth century, vaccination legislation was first adopted in the nineteenth century. In the United Kingdom, the first laws were enacted in the 1840s, but it was not until 1853 that legislation was created that made it mandatory.

Anti-vaccination organizations were active in various sections of the country. There is strong support among the working class.

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Historians who have studied anti-vaccination ideology and behavior have identified a variety of public views about vaccination (Durbach, 2005). Anti-vaccinationists feared that the procedure of vaccination would introduce all kinds of illnesses into the body of a young infant. In contrast, scientists and public health professionals saw vaccination as an undeniable virtue. Different perspectives about childhood were prevalent (on which see further below). Children were thought to be born in a flawless state, and vaccination may create major moral as well as physical flaws. Vaccination was considered a way of passing sickness and immoral traits down through the generations.

The state’s involvement and mandatory vaccination were both a source of worry. It was inequitable and unfair, placed on the poor, and interventionist in a culture where many saw the government’s function as solely that of a ‘nightwatchman.’

There was a lot of debate regarding the scientific disagreements concerning the technique’s usefulness, as well as the money gained by members of the medical profession as a result of it. They were compensated for vaccination and treating the ailments that the vaccine induced at enormous expense.

These arguments from the nineteenth century demonstrate that anti-vaccination sentiment is not new. Anti-vaccination movements have been around for a long time. However, there is a lot more to it. Rather than dismissing such emotions outright, it is a good idea to try to understand them in the context of the period in which they were expressed, as well as in reference to current problems. There is a long history of safety concerns, as well as worries regarding vaccination, children’s health and the inequitable implementation of vaccination. Such reasons may contribute to the current knowledge of vaccine opposition.

In the modern global public health research community, there are some beginnings of interest in this past. Vaccination has risen to the top of the priority list of public health initiatives, and the issue of ‘trust’ is now viewed as critical when it was previously ignored. Some public health researchers appear to be aware that the past may provide valuable information. Under the supervision of David Heymann (American infectious disease epidemiologist and public health expert) a public health leader with a long track record in this area, a recent global health student at London School of Hygiene and Tropical Medicine (LSHTM) used the School vaccination collection, which contains examples of anti-vaccinationist thought, for a student dissertation (Fitchett & Heymann, n.d.). Heymann has discussed immunization in the past, present, and future.

**Public Health and Hospital Policy are Two Examples of Health Policy**

The NHS is undergoing reorganization in England at the time of writing (the fact that alternative approaches are being adopted in Scotland, Wales, and Northern Ireland are both historically relevant and the product of previous historical events). Public health will be moved back to local government, as it was before 1974 when it was transferred to the NHS as a medical specialty.

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As a result, the history of that connection with local government is essential. However, it is a contentious history and an illustration of how evidence interpretation is crucial when applying historical analysis. Berridge and Gorsky drew attention to the lengthy history of public health’s placement under local government, as well as a dispute about how effectively it had performed, in a recent summary presented to the Commons Health Committee Enquiry into Public Health (Berridge & Gorsky, 2011).

The genesis of the local public health official, the Medical Officer of Health, in the local health boards dates back to the mid-nineteenth century. These executives were in charge of a significant health and social care system at the interwar years. The effectiveness of this method has been the subject of much historical dispute. Many in the area of public health afterwards referred to it as a ‘golden era,’ when their abilities and accomplishments were at their pinnacle.

Infectious illness mortality steadily decreased, from roughly 350 per 100,000 in 1917 to 150 in 1937, then to around 10–20 in 1957.

The function of municipal government, Many Medical Officers of Health (MOHs) were well-known local leaders who oversaw well-staffed departments that included health visitors, doctors, bacteriologists, and sanitary inspectors. Their tenured positions gave them political independence when dealing with elected councilors, and their yearly public health reports provided local health statistics and helped define policy agendas.

The interpretation of the “golden age” is debatable. Despite central payments, disparities in local taxable wealth resulted in constant diversity in health-care resources and, as a result, service quality. Collaboration between the governmental sector and non-profit organizations was also lacking in many sectors. Public health, too, may have failed to meet the challenge of the Great Depression of the 1930s. Most MOHs remained mute on poverty’s influence on ill-health, rejecting new research on malnutrition, and were conservative in their preventative measures, for example, refusing to accept the diphtheria vaccine despite worldwide evidence of its efficiency. Another failing is the alarmingly high rate of maternal death. As MOH operations gradually overlapped with those of general practitioners, there was a risk of ‘overstretch’ imposed by responsibilities for curative health care, and the loss of public health’s previously unique advocacy function.

Recent historical interpretations establish a reasonable middle ground between these two points of view. Despite national economic issues, local financial figures show increased real investment in public health in many regions; however, many poorer communities remain disadvantaged (Levene et al., 2004). Variations were not simply due to rateable wealth but might also be due to local spending decisions made by council officials working alongside MOHs. The extent to which local election choices influenced health policy remains a question.

Against accusations of ‘overstretch,’ the benefits of integrating preventive and curative treatments, such as in school medical services and newborn and maternal welfare, can be argued. Furthermore, new municipal
clinics and general hospitals aided access equity, with health being more widely recognized as a citizen’s right.

Innovation (for example, in health education), aggressive vaccination policy, and care for the sick and poor are all examples. MOHs were frequently hindered by a lack of local resources, challenging politicians, and anti-collaborative attitudes among doctors in the commercial and voluntary sectors. Their failings must also be linked to the Ministry of Health’s lack of vision and leadership, and the fact that it was a “career backwater” that was unappealing to civil service high-fliers.

The NHS settlement placed public health in the hands of local governments, albeit with much fewer authorities and duties. This was due to political expediency and genuine worries about the local government’s ability to reach nationally desirable health goals. Nonetheless, it would be erroneous to infer that the local government’s public health efforts in the postwar years were ineffective. A lot can be accomplished even with a vibrant MOH and a clear goal. As MOH in Teesside in the late 1960s and early 1970s, for example, Dr. Paddy Donaldson (1920-2005, father of the previous CMO) began to establishing screening clinics and collaborating closely with local medical practitioners (Donaldson, 2000). Similarly, during the 1964 typhoid outbreak in Aberdeen, Dr. Ian McQueen, MOH, utilized the media in a novel way (Diack & Smith, 2005).

More precisely, before the NHS, hospital service was a complicated mix of public and voluntary sectors, according to recent historical research.

Before WWII, the former included poor law institutes, local government hospitals, and a variety of specialized organizations. Meanwhile, philanthropy sponsored voluntary hospitals, which ranged from large teaching hospitals to small community hospitals. Aneurin Bevan’s ‘nationalization’ of hospitals under the National Health Service Act was an attempt to bring order to a chaotic and inequitable situation. Of course, whether such order was truly accomplished is a matter that has sparked much historical debate. It is also worth noting that not all aspects of pre-NHS hospital care were poor. Some of the most ‘progressive’ local governments worked hard to improve hospital service, with mixed results (Levene et al., 2011). However, this type of research could help us understand in the present is that too much disaggregation of the hospital system in terms of management and financing has in the past resulted in access issues and has failed to offer care in all conditions to all individuals. It was not for nothing that Bevan wished to establish a universal, comprehensive, and free-at-the-point-of-use health care; and instead, it was a direct result of the prior historical context. Understanding such historical events and processes might lead to a better informed debate than the one currently taking place in England over NHS reform.

Such an examination of historians’ work on public health and hospitals is, in fact, immediately pertinent to present conversations about NHS reform because it emphasizes the essential point that historical contribution does not have to be limited to the infusion of “facts.” Instead, informed historical interpretation, based on as many historical facts as feasible, may shed insight on current policy ideas. The goal is not to
say if a particular policy approach is ‘good’ or ‘wrong’ in light of historical evidence -historical contexts are, by definition, always different- but to carefully assess of the trade-offs. This study may appeal to policymakers who are constantly targeted by ‘interests’ with agendas to provide ‘the evidence.’

Policy on Alcohol Consumption

Regarding a third example, alcohol regulation, historians had a significant effect on a recent Commons Health Committee debate. Historians testifying before the Committee in 2009 refuted the notion that Britain has always been a ‘hard-drinking society.’ This historical misconception was frequent in talks of the rise in alcohol intake and ‘binge drinking’ in the early twenty-first century. This level of consumption was described as “part of the national character,” a form of the unchangeable national trait. Historians testifying before the Committee, on the other hand, referred to periods when British alcohol use was declining (House of Commons Health Committee, 2010). The protracted fall that began in the 1870s and lasted until the 1960s, and the particularly dramatic drop during World War I, stood out. The discussion of these two cases brought up issues that are relevant today. The era of diminishing consumption from the late nineteenth century onward happened when actual earnings and living standards were growing, in other words, exactly when one may have anticipated consumption to climb and not fall. What caused the opposite result? Historians have emphasized the larger social backdrop in this case.

As a critical leisure activity, the public house became less important to working-class life. There were Bank Holidays, free schooling and other activities like football, athletics, and strolling. During the interwar years, when the decline continued, leisure activities such as going to the movies and taking paid vacations drew people away from the pub, along with moves by the drinks industry to establish the ‘improved public house,’ a pub that served food and offered a more comprehensive range of activities.

Because of the significant limitations imposed by the wartime Central Supervision Board on opening hours, the strength of beverages, buying rounds of drinks, and trade control in some locations, the decrease was hastened during the First World War. The number of arrests for drunken driving has decreased significantly, as has the number of deaths from liver cirrhosis. The example of the First World War demonstrates that government intervention, in this case, prompted by the wartime situation, may make a difference. These points were taken into account in the 2010 Committee report. They demonstrated that drinking habits are malleable and that change may be achieved via government intervention and broader societal influences. Other historical studies have looked at the history of alcohol and temperance to see whether there are any opportunities for intervention and action in the present day (Berridge, 2005a).

Such examples cast a new light on history. Historians have gone beyond being ‘fact-finders,’ unearthing intriguing data that may be utilized to enlighten the present or make connections with the past in a hazy way. In this case, history has served as a tool for analyzing concerns from the past and determining how those elements might be applied to current debates in qualitative and quantitative forms. This is history in the form of analysis and interpretation rather than straightforward ‘truth.’

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Children and their Well-being

Last but not least, consider children and their health. One of the objections to vaccination policy in the nineteenth century stemmed from a particular perspective of children, as previously mentioned. Moreover, as childhood sociologists have been pointing out for some time, there is substantial evidence that childhood is socially formed in some way.

Taken together, this demonstrates that society’s perceptions of children and childhood evolve throughout time. This, in turn, has far-reaching policy repercussions, as seen by shifting perspectives on children’s health. For example, in the early twentieth century, legislation was established to establish school meals and medical services (Harris, 1995; Stewart, 1999). Despite children’s poor health at the time, this was not done solely or even predominantly for humanitarian reasons. Instead, at a period when foreign tensions were escalating, children were considered the Empire’s future. Britain’s imperial, military, and economic dominance would be increasingly threatened if they were in bad shape. It is instructive to contrast this with current policy concerns, which focus on food quality and quantity, and their consequences. However, there is a common thread: the malnourished (as opposed to undernourished) youngster, who may be fat, may not be able to engage in the labor market when they reach maturity fully.

Meanwhile, in terms of psychological health, there has been a change away from viewing children as either ‘innocent’ or intrinsically ‘corrupt,’ to a stance where the mere condition of childhood is viewed as pathological- that is, it has been medicalized. Childhood is therefore fundamentally ‘hazardous,’ in that the kid is exposed to various psychological hazards, both external and internal, that can lead to emotional or psychological problems at any time. As a result, the state of childhood must be regularly checked and measured, not only for the benefit of the kid but also for the benefit of his or her family and society as a whole. In order to accomplish so, specific versions of science and medicine, as well as surveillance and other observational techniques, will be used (Armstrong, 1995; Turmel, 2008; Stewart, 2009). This has far-reaching ramifications for children’s health policy, and other sectors such as education and social work.

Such examples indicate another way in which historians may contribute to policymaking: by instilling an understanding that even something as seemingly indestructible as infancy must be viewed in the context of the society in which children live and how that society regards them. Once again, the goal would be to have rules that were at the very least aware of the larger context and nuanced accordingly.

Methodology Used in the Past

History differs from other social sciences because historians do not produce data, and it is difficult to build an instrument in historical research that will elicit the dataset necessary. Historians must always rely on surviving sources and cannot create a questionnaire that would elicit consistent data (Berridge, 2005b). However, some research methodologies are analogous; for example, oral history interviews and “witness seminars” are similar to in-depth interviews and focus groups employed by social researchers. The goals of

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these research methodologies, on the other hand, are somewhat different from those of other social science applications.

In order to analyze previous events, historians need two types of data:

- Primary sources are materials left by persons who lived in the past.
- Secondary sources are books and articles based on primary materials authored by historians.

The survey of the historiography is the first step in every study project. What historians have already written on the subject is known as historiography. This offers an indication of the arguments that have been made and the topics that have been investigated. The fact that historians are products of their civilizations and historical times, as well as their preconceptions, poses a possible difficulty. To put it another way, the historical questions that historians pose will be molded by the social and cultural milieu in which they work. In the words of a pioneering historian of women’s history, women who were mostly “hidden from history” until the 1970s are an apparent but telling example (Rowbotham, 1973).

Historians, like other social scientists (or natural scientists), may have assumptions based on religious or political beliefs, for example. Nonetheless, a review of current history provides a foundation for examining primary materials.

Then you can use a variety of primary sources. Three categories have been established for the sake of clarity: Quantitative, Oral, and Documentary.

In actuality, historians frequently combine many sources and seldom depend only on one sort of source. Documentary sources are important for historical research, although social scientists sometimes misconstrue them. Imagine yourself in a healthcare setting, such as a clinic, doctor’s office, hospital, or the office of the Minister of Health, and make a list of the materials, or primary sources, that historians might use in 100 years to reconstruct and analyze what is currently taking place in these settings. Posters urging a healthy diet or medical records, for example, might be found in a healthy environment.

The minister’s office may find a note from the CMO detailing the progress of an anti-malaria campaign or a study on hospital reorganization from an independent research group. This list could go on and on. After leaving office, the Minister, for example, may publish an autobiography. All primary documentary sources have been recognized.

A plethora of similar resources is available, including official sources, such as reports and papers from state and municipal governments. Newspapers, journals, and literary publications are excellent options—personal documents and letters. Art and artifacts are examples of visual evidence. Most historians focus on papers written in words, although the term may also be used for visual objects.

Many historians rely on information found in archives, such as:

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- Official government archives.

- Specialized archives (e.g., labor union archives).

- Archive of local history.

- Newspaper back issues.

Some of these archives will be open and available to the public, while others may be more difficult to find. Using digitized archives and other sources is becoming more frequent, and some are quantitative.

Some of the sources listed above may provide historical statistics. There may be data on the causes of death and how they have changed through time that have been published. The General Register Office was created in the 1830s in the United Kingdom, and hence extensive time series are accessible. Statistical sources can also be found in archival material, such as hospital yearbooks, which can be analyzed to see how the hospital has changed over time. Historians analyzed records from insane asylums and mental hospitals to discover trends in who was admitted, how long they stayed, and whether they were readmitted. This type of statistical study has aided conversations regarding the asylum’s primary purpose and how it evolved or was experienced differently by various groups of individuals.

Historical demography is a popular method of employing quantitative data in history. Historians have examined parish registers of births and deaths to determine the causes of population growth that fueled the Industrial Revolution and the growth of cities in Britain throughout the nineteenth century. According to such demographic research, population growth and industrialization in England throughout the late 18th and early 19th centuries were driven by a rise in fertility rather than a drop in mortality. Such results have ramifications for people examining population growth in nations other than the United Kingdom. However, comparisons must consider the particular social, cultural, and political contexts. Historical demography is also relevant to current arguments in the United Kingdom regarding the implications of an aging population, such as pensions.

Historians are well aware of the need to scrutinize their sources. You must ask questions that allow you to judge the relevance and meaning of each source. What you’re attempting to accomplish is comprehend the point of view of the individual who created the text and how it illuminates the difficulties. This is not to say that materials demonstrating ‘bias’ should be discarded- that would be impossible. Everyone has a point of view, both in the past and present, and this can impact what is created. More technical sources, such as data series or patient records, may appear to be ‘unbiased,’ but they are not a complete record of the truth.

Problems with data series have been highlighted in this section, and patient records do not contain all of a patient’s information. They invariably leave out more information about the individual than they include.

Many aspects of human experience are neither quantifiable nor recorded. Oral stories can be enlightening, and they’re normally obtained through interviewing people.

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As a result, current research is limited to people born within the last 90 years.

However, several nations maintain oral history archives where previous interviews have been deposited and made available to scholars. Oral history interviews come in a variety of formats. There are three distinct types: Interviews with people from their past, interviews with key informants, and attend a lecture.

Interviews with people who have lived their lives are an essential to oral history. The new social history of medicine attempted to examine ‘history from below.’ It aimed to re-create the experiences of those not featured in documentary sources.

Women practitioners and patients, primarily absent from the historical record, have been interviewed as lay persons or patients about their health experiences.

This approach to history has caught on and is now employed by local history organizations. In certain countries, it is also employed in the care of the elderly; remembrance experts encourage old people to talk about their lives to preserve mental alertness and social contact.

People who have participated in events such as a scientific discovery, the development of a specialty, or significant health policy decision-making may be interviewed in key informant interviews. The goal is to learn about the interviewee's involvement in specific events rather than their whole life history.

In the field of oral history, witness seminars are a relatively new concept. In social science research, they are similar to focus groups. Participants are people who have been a part of a particular set of events and talk about them in a group setting, which is subsequently recorded and transcribed. In some instances, the interaction between participants achieves more than individual face-to-face interviews.

So far, witness seminars on health issues have primarily focused on incidents in Western countries. One seminar, for example, looked at changes in abortion law in the United Kingdom in the 1960s; another looked at the 1979 Black Report on Health Inequalities, what led to government rejection, and the report’s subsequent influence on health research.

Sources and How Historians Use Them

The consideration of documentary, qualitative, and oral history sources demonstrates that these sources must be handled with caution and their limits recognized immediately. The primary work of the historian is to unearth and examine such data, but it must then be put into a cohesive interpretation accessible to outside readers.

Historians do not begin with a notion that has to be proven. Through contact with the source material, the method is deductive. Evidence is always fragmentary, either because it has not survived (librarians and archivists are currently working on how to ensure the survival of communications media such as emails for future historians and other researchers) or because it has been selected in specific ways for deposit in an

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archive; or because historians themselves must be selective concerning the material with which they engage. Historians working on recent history, in particular, may get overwhelmed by the quantity of data available and realize that they will never be able to utilize it all. Historians must be cautious when considering various sorts of data and avoid constructing an interpretation that just supports their own beliefs.

The current consensus among historians based on source confirmation is referred to as historical ‘truth.’ As a result, there are several points of contention in history, particularly in the health field, where such debates frequently have current repercussions. Historians disagree over interpretation for two reasons: New sources, tools, or procedures make it possible to ask and answer new questions. Each generation will rewrite its history, and many theories will influence the character of the debates. The historical dispute over the so-called “McKeown thesis” illustrates this process well. The drop in mortality seen in the late 19th century, according to Thomas McKeown (1912-1988) could not have been the consequence of health technology or public health initiatives but rather the effect of improved nutrition and more excellent living standards at the time (McKeown, 1976). Simon Szreter (Professor of history and public policy, University of Cambridge) looked at how disease data were classified during this period and suggested that certain diseases reduced earlier than official numbers suggest (Szreter, 1988). This categorization leads to the conclusion that public health initiatives played a more significant influence than previously thought and that a better diet alone is not enough to explain the mortality drop. This historical debate has ramifications in today’s world. It has the potential to influence international organizations and donor policies since it reintroduces the relevance of state activity (as a significant driver of environmental improvements, for example) rather than focusing only on the role of the market in driving public health gains. As a result, conducting historical research entails not just ‘uncovering the facts’ in the manner of a historical detective novel but also locating and scrutinizing evidence before presenting it in a cohesive analytical form. History is a collection of information and a contested and evolving field of interpretation. It is more than just a written record of the past; it is also a discussion about the past that might be relevant to the present.

Social Science and Folklore

One of the drawbacks of using history is that it might be a crowded field. Many people believe they can practice history without professional training or comprehension, which is rare for a field. To offer ‘context,’ to prove that ‘nothing has changed,’ or that there are ‘historical similarities,’ historical instances are snatched from thin air. This kind of rhetoric is not going to get you very far. Particular health disciplines have their own folk history that is resistant to or oblivious of historians’ efforts.

In the historically conscious area of public health, for example, the 19th-century ‘heroes’ Edwin Chadwick (1800-1890) and John Snow (1813-1858) are far more well-known than the more relevant history after 1945. When it suits them, policymakers like to use a uniform image of the past, as seen by Labour MPs quoting Aneurin Bevan in arguments about the NHS.

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Social scientists use history. One of scholars (Berridge) discovered that social science advisers on health policy utilized history in a study of policymakers’ use of history. However, these interventions were frequently based on outdated historical research and interpretation (Berridge, 2008). Helen King, (Historian, University of Reading) recently drew attention to how historical facts are created, presented, and assessed in the media. Historians are frequently impotent in the face of such truths. She cited recent allegations that some 18th-century male midwives killed their clients to generate drawings for their obstetrics atlases to demonstrate how modern technologies may promote the de-professionalization of history (King, 2011). Similarly, the rumor that Queen Victoria used cannabis persists, even though Berridge (2003) debunked this ‘truth’ eight years ago.

Conclusion

This article attempted to accomplish four goals. To begin, the researcher wants to say that history (in the literary interpretation of the past), as investigated and published by historians, has much to offer other social sciences and those involved in policy creation and implementation. Second, to demonstrate how specific instances from recent historical studies may assist in understanding the current health policy. Third, to demonstrate how historians approach their job, and the flaws and virtues of various methodologies. Finally, and most importantly, our reaction as professional historians to Professor Canter’s (Psychologist, University of Liverpool) demand for “conversation and debate, both within the social sciences and across the humanities, science, and engineering” lies at the heart of it all (Canter, 2011, p.4). We would invite colleagues from any discipline to debate, qualify, or even agree with the statements we have made in this spirit.

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