



„*Translating Health*“: *Cultures of Prevention and (Bio)Medicine in Europe after 1945*. Antje Kampf / Jeannette Madarász-Lebenhagen, Institute for the History, Theory and Ethics of Medicine, Mainz; Donna Harsch, Department of History, Carnegie Mellon University, 23.05.2013-25.05.2013.

Reviewed by Katharina Kreuder-Sonnen

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## “Translating Health”: Cultures of Prevention and (Bio)Medicine in Europe after 1945

The concept of translation has long moved beyond the linguistic level to become a basic analytical category for the study of distinct but interrelated cultural phenomena. The conference “*Translating Health*”: *Cultures of Prevention and (Bio)Medicine in Europe after 1945*, held from 23 to 25 May 2013 in Mainz set out to explore this analytical category by describing various transfers between (bio)medical cultures of prevention. The conference was organized by Antje Kampf, Jeannette Madarász-Lebenhagen (both

Institute for the History, Theory and Ethics of Medicine, Mainz) and Donna Harsch (Department of History, Carnegie Mellon University). The “translational turn” in the study of culture has been greatly influenced by post-colonial theory. It stresses the complexity of cultural encounters, trying to understand them to be multi-layered efforts of mutual translation. Doris Bachmann-Medick, Introduction. The translational turn, in: *Translation Studies 2* (2009), pp. 2-16. Translation as a form of transformation serves as a key phrase in this context. The conference organizers followed this path by asking scholars to move beyond concepts of a unidirectional dissemination of knowledge and to think instead of the history of prevention and (bio)medicine as the “integrated” product of travelling concepts. In Mainz, this approach came into conversation with notions of translation long established in the field of the history of science and medicine: Speakers referred to Bruno Latour’s and Michel Callon’s *Sociology of Translation* as well as to Ludwik Fleck. Thus, the conference was marked by a multitude of approaches to translation and repeatedly brought up the question of what this term actually means for historians of science and medicine. Papers comprised very heterogeneous topics. However, cancer research and comparisons between East and West Germany were predominant questions of concern.

The conference was opened by a keynote from VIR-

GINIA BERRIDGE (London). She outlined how public health discourses after 1945 vary significantly depending on who talks about it and where. While the British public conceives of public health as environmental health, public health officials think of it as the promotion of healthy living. At the same time, American experts discuss biosecurity as a topic of public health. These various meanings lead to mutual misunderstandings making mediation necessary. Berridge’s talk presented a compelling example for translational studies’ claim that the object of translation is never clearly defined but continuously transforming while being translated.

This “amoeba-like nature” of public health, as Berridge called it, stimulates scholars to look at public health discourses in specific political and socio-cultural systems from a comparative perspective. DONNA HARSCH (Pittsburgh) presented different East and West German responses to Anglo-American research on the relationship between smoking and cancer in the 1950s and 1960s. While scientists in the East readily included the anti-tobacco message into the GDR’s centralized preventive public health program, Western scientists were rather reluctant. This was due to the FRG’s disease profile, limited funding for cancer research, as well as to the West German claim to practice “objective” science in contrast to the “ideological” knowledge production in the GDR and in National Socialist Germany. How the two different public health systems in East and West Germany came about in the 1950s was outlined by SABINE SCHLEIERMACHER (Berlin). Anglo-American authorities were not successful in implementing a prevention-based public health service in their occupation zone. Medical care in the West remained in the hands of private physicians and was curative in emphasis. In the East, however, the state evolved as a central actor in providing health care. Furthermore, prevention became a central goal of the GDR’s “democratic health care sys-

tem". Public health was presented as a favorable landmark of GDR's political system in the popular science series "Du und Deine Gesundheit" analyzed by PHILIPP OSTEN (Heidelberg). Although the film was shot to be a tool of health education, it aimed foremost at restoring trust in the quality of GDR film production. Aspects of translation between the East and West German political and socio-cultural systems were addressed by CHRISTIAN SAMMER (Bielefeld). He analyzed the way representatives from the Dresden Hygiene Museum and the German Health Museum in Cologne used health exhibitions in the 1950s as contact zones. Their exhibition stands, positioned side by side at health expositions, served as arenas of competition but also of mutual learning about how to translate health to a wider public.

Opening the panel about public health and gender, ELIANNE RISKA (Helsinki) presented two examples of 'new public health' which turned prevention into a matter of individual responsibility. She analyzed the US-American discourses about "Type A men" having a higher risk for heart disease (1950s and 1960s) and about male depression (mid-2000s). Traditional masculine behavior was identified as pathological in both cases. Prevention of both diseases therefore targeted male lifestyle. In contrast to such subjectivization of public health, ANNETTE TIMM (Calgary) dealt with the question of how the 'old' public health concepts *Volkskörper* and *Volks-gesundheit* were translated into the West German context after 1945. Her focus was on eugenics. Timm described an initial consensus between West German doctors and the Allies regarding the collectivist approach to public health which overrode individual reproductive rights. She suggested that only the contradiction of the marital health law and the sterilization law - both still in place - to the new Basic Law led to an evolving international awareness of the close relationship of coercive sterilization and totalitarian rule. Returning to a comparative approach JEANNETTE MADARÁSZ-LEBENHAGEN (Mainz) discussed how gender stereotypes were integrated into the prevention of cardiovascular disease in the two Germanys. She identified parallel developments in the two countries, showing how prevention programs started out as highly gender specific and transformed into gender neutral from the late 1960s. Working conditions were of primary concern in the prevention of cardiovascular disease in the East as well as in the West.

ANNA GELTZER (Middletown/CT) opened the panel about "Translating Health among Experts". She described the unique approach of Soviet biomedicine to the evaluation of clinical drug trials, which placed doctor-

patient relationships above all other forms of clinical evidence gathering. Soviet biomedical epistemology underwent a process of erosion, however, starting in the 1980s. A clear sign of that was the integration of homeopathy into Soviet polyclinics. SOPHIE MEYER (Berlin) used Joseph Ben-David's concept of scientific research in small countries to explain the dispute of GDR immunologists over the introduction of immunological tumor diagnosis in the late 1970s. The equilibrium among tumor research groups in the GDR had been destroyed by political pressure to conduct "big science", which meant close cooperation between scientists, science and industry as well as a focus on applicability. Negotiations between Swiss cattle breeders, veterinarians, sanitary institutions and geneticists were at the core of BEAT BÄCHI's (Bern) talk. He described how artificial insemination transformed from a technology of prevention into one of cattle reproduction in the 1960s. Debates among the heterogeneous actors involved in this process touched upon topics such as cows' fertility, sexually transmittable diseases, population genetics and the psycho-sexuality of animals. The debates reveal shifting temporalities in cattle-breeding which transformed from a backward focus on ancestry into an orientation towards future progeny. Furthermore, these debates give insights into the negotiation of gender roles in animal breeding. ANTJE KAMPF (Mainz) contributed another case study comparing East and West Germany. She explored cancer registration and prevention in the two Germanys, showing that both endeavors were conducted with more effort in the GDR, but that the two countries faced similar problems in motivating people to get regular cancer screenings done. Also addressing the issue of cancer, ALEXANDER VON SCHWERIN (Braunschweig) showed how the biological model of mutagenesis travelled from the field of environmental toxicology into research about carcinogenesis in the 1980s. This led to the emergence of the concept of "molecular cancer prevention" targeting individual diet instead of environmental factors.

The next panel shifted the focus from knowledge transfer among experts to translations between "bench and bedside". Three scholars working on "translational medicine" at the University of Manchester presented their papers. ROBERT G.W. KIRK described the history of Constraint Induced Movement Therapy as a three-fold translational process out of but also into the laboratory: The results of Edward Taub's monkey experiments were successfully transferred to human rehabilitation medicine. However, this process was interrupted in the 1980s by veterinary medicine and animal welfare moving into the lab, thus stopping Taub's monkey experiments,

which they judged to be cruel. 'Translation' then turned into a legitimizing concept for scientists to justify animal experiments. It was argued that Taub's experiments were necessary because results could be 'translated' into clinical medicine. In her close examination of transferring new stroke therapy techniques (tPA) from the US to the UK STEPHANIE SNOW analyzed the dynamic character of this translational process. The new approach to stroke treatment, which conceived of strokes as an acute medical emergency, had to be adapted to local hospital structures, neurologists' working hours and medical working routines in Britain. DUNCAN WILSON analyzed the attempts of a Newcastle-upon-Tyne research group to translate geriatric mental disorders into a neat classification scheme in the 1960s and 1970s. The group applied psychometric tests, statistics and pathology as standardized diagnostic techniques, allowing them to establish a "natural history" of mental illness.

That the devil of translational analysis is in the details had been made very clear by this panel and it was underlined once more by ILANA LÖWY's (Paris) keynote. She referred to Ludwik Fleck's concept of translation as a performative process when she explored the transfer of two diagnostic techniques of cervical cancer (Pap smears, colposcopy) from Europe to Brazil. Whereas in Europe Pap smears had substituted colposcopy as a simpler screening technique, both procedures remained in place in the specific local context of Brazil. Here, colposcopy was thought to be more reliable, but at the same time the cheaper Pap test was introduced in the medical screening of lower class women. Pap smears in Brazil were also promoted by the Rockefeller Foundation and later the Pan American Health Organization. Yet they never fully replaced colposcopy.

Pushing the bench-to-bedside translation one step further, the conference's last panel moved from diagnostic techniques to treatment. CAY-RÜDIGER PRÜLL (Mainz) explored how patients, and later doctors, advocated for diabetics' eligibility to become government officials after 1945 by successfully transforming the stereotype of diabetics from an incurable disease into one that was manageable and made normal (working) life possible. CARSTEN TIMMERMANN (Manchester) looked at the less successful story of cancer treatment, and analyzed how doctors deal with the incurability of many forms of cancer in their interaction with patients. He identified several forms of mis- or non-translation regarding the relation of public health data about cancer and research priorities in the field as well as between the expectations of patients and treatments available.

A concluding round table discussion addressed the general question of how to conceptualize processes of translation in the history of science and medicine. STEVE STURDY (Edinburgh) proposed social movement theory and the concept of framing, which describes the alignment of heterogeneous actors around a common problem. ULRIKE LINDNER (Köln) recommended communication theory and post colonial theory whereas ILANA LÖWY suggested the concept of boundary practices in order to look at translations between the global and the local. All discussants agreed that the local remains of utmost importance in globalized public health after 1945. As SYBILLA NIKOLOW (Bielefeld) made clear, locality and individuality play a crucial role in translations between science and the public. Analyzing the recent case of Angelina Jolie's "proactive" breast amputation, Nikolow showed how Jolie interwove autobiographical and scientific elements in her narrative about the prevention of breast cancer. TRACY PENNY LIGHT (Waterloo) called for sensitivity towards the divergence of popular and scientific discourses regarding gender, as each sphere follows its own interests and thus forms specific constructions of femininity and masculinity. CHRISTOPH GRADMANN (Oslo) also pointed to the limits of translation. He warned not to apply actors' categories to historical study as this would lead to an overemphasis of transfer and change while non-translation and stagnation also occur.

The round table discussion made clear that manifold theoretical approaches to translational processes exist in the history of science and medicine. The vast range of topics discussed at this conference reflects how well the concept of translation can be applied to very heterogeneous research questions. We need to be careful, however, not to step into the pitfall of labeling. First, purely comparative approaches cannot be subsumed under the category of translation because they do not look at interrelations and transfers. Second, concepts such as boundary practices/objects, popularization, or translation as understood by ANT might provide more precise analytical categories than the broad term of cultural translation. In some cases, especially when looking at transnational or transcultural exchange, the concept can be very helpful. However, when we use it we should be aware of the package of post-colonial theory that goes with it. This means that we think of translation not as a smooth process but as an analytical category that makes ruptures, adaptation, rejection, and thus locality, visible.

#### Conference Overview:

Norbert W. Paul (Mainz): Welcome and Introduction.

## Cultures of reading and misreading of health risks

Antje Kampf (Mainz), Jeannette Madarász-Lebenhagen (Mainz), Donna Harsch (Pittsburgh): Introduction

*Keynote I*

Virginia Berridge (London): Translating public health

*Panel I: Translating health between political and socio-cultural systems*

Chair: Susanne Bauer (Frankfurt)

Donna Harsch (Pittsburgh): Translating Smoke Signals: East and West German Responses to Anglo-American Research on Tobacco

Philipp Osten (Heidelberg): "Who wants to be indoctrinated?" Health education in the East German TV series "Du und Deine Gesundheit"

Sabine Schleiermacher (Berlin): Translating Prevention: Public Health in a divided Germany in the 1950s

Christian Sammer (Bielefeld): Where colleagues meet: How health exhibitions and teaching material fairs served as spaces of knowledge interchange between the GDR and FRG in the field of health education, 1950-1970

Commentary: Martin Lengwiler (Basel)

*Panel 2: Translating health into social relations: The case of gender*

Chair: Hans-Georg Hofer (Bonn)

Elianne Riska (Helsinki): Masculinity as a risk factor for men's health: Diagnoses and prevention

Jeannette Madarász-Lebenhagen (Mainz): Gender approaches to the prevention of cardiovascular diseases in Germany, 1949-2000

Annette Timm (Calgary): Volksgesundheit without the Volkskörper? Reframing Biopolitics after the Third Reich

Commentary: Tracy Penny Light (Waterloo)

*Panel 3: Translating health among experts*

Chair: Donna Harsch (Pittsburgh)

Anna Geltzer (Middletown/CT): Surrogate epistemology and the erosion of Soviet biomedicine

Sophie Meyer (Berlin): Debating experimental methods in a small country: The GDR in search of immunological cancer diagnosis (1976-1979)

Beat Bächli (Bern): Artificial insemination as a technology of prevention and reproduction: Translations between veterinary medicine, cattle breeding, sanitary institutions and population genetics

Antje Kampf (Mainz): Putting risk on the map: Epidemiological constructs of cancer in the two Germanys

Alexander von Schwerin (Braunschweig): Crises of limit value policy and prevention as immunization of the body

Commentary: Christoph Gradmann (Oslo)

*Panel 4: Translating health between laboratory and bedside*

Chair: Sybilla Nikolow (Bielefeld)

Carsten Timmermann (Manchester): "Translational Medicine": An introduction to its introduction

Robert G.W. Kirk (Manchester): "A pointless experiment?" Translating from monkey to human and human to monkey in the development of Constraint Induced Movement Therapy

Stephanie Snow (Manchester): "We brought those criteria home and worked them up in our plan". Translating knowledge from the laboratory to the bedside in the UK and the US

Duncan Wilson (Manchester): Alzheimer's epidemiology and "The Natural History of Mental Disorder" in 1960s and 1970s Britain

Commentary: Steve Sturdy (Edinburgh)

*Keynote II*

Ilana Löwy (Paris): The management of embodied health risks as a situated concept

*Panel 5: Translating health between medical knowledge and treatment*

Chair: Axel Hüntelmann (Mainz)

Cay-Rüdiger Prüll (Mainz): "Potentially an Early Leaver"? Translating disease or how diabetics became government officials

Carsten Timmermann (Manchester): Treating lung cancer, or: how to write the history of a recalcitrant disease

Commentary: Ulrike Lindner (Köln)

Round table discussion: How can we explain and write preventive history with or without travelling concepts? Has there been a common history of prevention?

Participants: Steve Sturdy, Virginia Berridge, Ilana Löwy, Ulrike Lindner, Sybilla Nikolow, Christoph Gradmann, Tracy Penny Light

If there is additional discussion of this review, you may access it through the list discussion logs at:

<http://h-net.msu.edu/cgi-bin/logbrowse.pl>.

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