

THE HISTORY PROFESSIONAL

Victoria A. Harden was the founding director of the Office of NIH History and the Stetten Museum in 1986–87 and served as NIH Historian until her retirement in 2006. She has authored Rocky Mountain Spotted Fever: History of a Twentieth-Century Disease (1990), AIDS at 30: A History (2012), and numerous articles, and has developed many historical websites and exhibits. Dr. Harden's many awards include the American Association for the History of Medicine Lifetime Achievement Award in 2007 and the American Historical Association's Herbert Feis Award in 2006 for her exceptional contributions to public history.



Interview by Benjamin Guterman

Victoria A. Harden

How did you first become interested in the general topic of federal biomedical research policies?

Like many other graduate students, I stumbled upon the topic as the result of a class assignment. At Emory University, I utilized the papers of a Georgia chemist, Charles Holmes Herty, which were being processed, for the assignment. The box to which I had access happened to relate to Herty's lobbying efforts on a bill to create a National Institute of Health in the 1920s. No secondary literature seemed to exist, and a historian at the National Library of Medicine said that little was known about this effort. To a graduate student looking at four years of day-to-day correspondence between the lobbyist and the senator who sponsored the bill, this suggested "dissertation" in the strongest possible terms! As I got into the research, it became more and more interesting to me.

Could you describe your work with DeWitt Stetten, Jr., and your efforts to help realize his vision for the Stetten Museum?

In the early 1980s, I got to know Dr. Stetten through discussions about his book on the activities of the laboratories and clinics at NIH and my book on biomedical research policy. By the mid-1980s, he was pressing NIH to create a museum to preserve historic biomedical research instruments and NIH archival materials such as the notebook kept by Dr. Joseph Goldberger about his pioneering epidemiological study in 1914 that demonstrated pellagra to be a dietary deficiency disease. The NIH administration, recognizing Dr. Stetten's many career contributions to NIH, created the museum and, a year later, named it after him. I was just the lucky historian who knew enough about NIH history to take on the challenge of working with him to create the museum. The Office of NIH History was tacked on at my suggestion to enable NIH to justify a full-time employee to staff the office.

When you set up the Office of NIH History in 1986–87, what were your program priorities, and how did you begin to establish them?

I was overwhelmed as I surveyed the landscape of NIH history. No one had systematically organized the policy studies done since World War II. The NIH had four (now five) intramural Nobel laureates and many Lasker award winners and members of the National Academy of Sciences, but no one had interviewed these researchers about their work or careers. Research on HIV/AIDS was being conducted in laboratories

around me, but no one was attempting to track this work. One scientist on my advisory committee knew what instruments Dr. Stetten had collected and mentally kept track of new ones that came in regularly, but I lived in fear that he might be hit by a truck before a proper inventory could be made. Our storage space was essentially a large closet, and initially it was shared with other NIH components. Instruments were not protected from dust, and one was moved out of the space by another occupant and sent to surplus a month before I found out. The NIH Centennial observance was upon us; the museum was tasked with producing a historical exhibit.

In the beginning, it was difficult trying to juggle so many important priorities. To a great extent, I had to address the most pressing and then try to do something about the next most pressing. My motto at that time was "If it weren't for the last minute, nothing would get done."

Thanks to the generosity of the NIH Office of Communications and Public Liaison, I was able to hire contractors for specific historical projects. Many SHFG members worked on contract to produce historical and archival projects that slowly built up a foundation of historical knowledge for the office.

To deal with the Centennial exhibit, I appealed to the five oldest institutes to prepare a segment on one of their major historic accomplishments. This became "Windows Into NIH History," and I am proud to say that it won the 1989 John Wesley Powell prize given by the Society. In 1988, I had the good fortune to receive an application for an internship from the Museum Studies Program at George Washington University. The intern was Michele Lyons, who eventually became the curator of the Stetten Museum collection. She brought the professional knowledge we needed to organize, curate, and make the collection available to researchers—not to mention exhibit work as well.

Did you find that the NIH's critical role in national health issues required you to devote extra time as an educator, or perhaps interpreter, to the public and the medical community?

I learned two things quickly. First, non-scientifically trained people know next to nothing about the details of biomedical research, but they are intrigued if the subject can be explained in lay language. Second, scientists expert in one area also appreciate a nontechnical explanation of research in a different

area. I spent a fair amount of time watching people look at our exhibits in the NIH Clinical Center to see if the exhibit labels were communicating effectively to them. I learned a great deal from my journalist colleagues about always considering the audience for whom writing—whether exhibit labels, brochures, websites, articles, or books—is intended.

Also, I was often asked to give brief NIH history talks for different audiences. As might be expected, school groups and other groups of visitors appreciated learning about NIH history, but also physician-scientists and the heads of other NIH components asked me to speak to their staffs or incoming postdoctoral fellows. Some groups were more interested in policy, while others wanted to hear about specific disease or bioethical issues.

You've said that infectious diseases held a fascination for you as "natural puzzles" to be solved. Could you elaborate on that appeal?

Researching and writing my book on Rocky Mountain spotted fever completely hooked me on the intellectual history of science. I was fascinated by the mental images researchers brought to their work, how they varied according to the discipline in which each was trained, and how they either fostered or blocked understanding about the disease problem. For example, a distinguished zoologist who worked on spotted fever was certain that he had determined nature's laws regarding transmission of microbial disease, and therefore ticks could not possibly transmit spotted fever. Blinded by his own intellectual model, he never considered doing an experiment to see if this was the case. In 1906, a physician trained in infectious diseases allowed a tick to feed on a guinea pig infected with spotted fever and then on a healthy guinea pig and concluded when the second guinea pig came down with the disease that it was transmissible by ticks. Nature has made fools out of scientists many times when they believe they have fully comprehended natural complexity.

You've observed that there are similarities between Rocky Mountain Spotted Fever and HIV/AIDS. How so?

The microorganisms that cause each disease behaved in ways scientists were not prepared to consider. Rickettsiae, which cause spotted fever, are bacteria, but they conduct their life processes inside cells like viruses. This meant that scientists couldn't grow rickettsiae on Petri dishes in a laboratory, and some therefore concluded that rickettsiae couldn't possibly be the cause of the disease. The human immunodeficiency virus is a retrovirus—that is, it conducts one step in its life process backwards from other viruses. When AIDS appeared in 1981, only two human retroviruses had been discovered, and both caused cancer. Some scientists were sure that retroviruses could only make cells divide uncontrollably (i.e., cause cancer) and wouldn't kill cells as happens in AIDS. Again, scientists underestimate the natural world at their peril.

Thinking about your Herbert Feis Award in 2006, what do you believe were two of your most important contributions to the general field of public history?

First, trying to show how helpful history can be to a federal

agency when directed at a public audience instead of limited to academic colleagues. I am not the first person to do this by any means. I wanted agencies to understand that trained historians could prepare meatier policy studies and more nuanced histories than people trained only in communications and could capture current activities in oral histories for the use of future historians. A second contribution was being a rabble rouser within the profession on behalf of jobs for historians beyond what is available in the academy. I don't know how successful I was, but I felt obligated to try. I co-chaired the American Historical Association's Task Force on Public History (see the report here: http://www.historians.org/governance/tfph/TFPH_report.htm) and chaired the public history committee of the Organization of American Historians. It has been difficult to convince academic historians to include public history skills in graduate education curricula. But with academic jobs becoming even fewer than in the past and some pressure being placed on history departments to track employment of their graduates, perhaps they will begin to access the knowledge and skills of those of us who work in federal, state, and local history.

You've said that the SHFG's Museum and Exhibits Standards Committee (1996–97) was the most productive and successful one you've ever worked on. Why so?

It was amazing to see how thoughtful and articulate the members of this committee were in hammering out the list of museum standards for controversial exhibits. Everyone made good suggestions. Everyone listened to others who raised additional points for consideration. No one tried to run roughshod over the group. And in the end, the standards produced were, without doubt, a greater contribution than any single member could have drafted alone.

Why was it important to produce the AIDS website, "In Their Own Words: NIH Researchers Recall the Early Years of AIDS," and what were some of the major insights that you gained from that project?

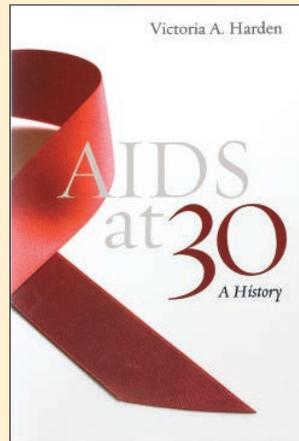
When I realized in the mid-1980s that no one at NIH was interviewing the scientists who were addressing this new disease, I began conducting interviews, and if you read them now, you can see how much the thinking of individual scientists related to the state of knowledge at the time of the interview, thus how thinking about AIDS advanced over time. Scientists tend to discard ideas that don't work out, but historians see value in knowing how the dead ends contribute to the ultimate working out of a problem. In 2001, I prepared the website in collaboration with the National Institute of Allergy and Infectious Diseases and the National Cancer Institute to mark the 20th anniversary of the first medical publication about AIDS (June 5, 1981). Since then, other interviews have been added, and they are heavily used by the press and students.

Your recent book *AIDS at 30: A History* explores, among other things, how this disease has always been more than a medical crisis, that it intersected with all aspects of our national life. Can you explain that?

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Epidemic diseases, especially those transmitted by sex, evoke strong reactions from the political, economic, and religious sectors of society. Although AIDS threatens males and females equally, it was first identified in the gay communities of Los Angeles, San Francisco, and New York. Many people thus viewed it as a “gay disease,” and the fact that injecting drug users also contracted and transmitted it made it even less palatable. Fear of diseased people is perhaps the oldest response to disease, so fear colored every aspect of the response to AIDS as it became clear that it was spreading and that we did not know how to stop it. Once the causative virus was identified and a diagnostic test developed, at least society did not have to fear everyone and everything. Still, there were very ugly incidents throughout the 1980s. After 1996, when combination antiviral therapy was introduced and AIDS became essentially a chronic disease, many people thought AIDS had gone away. Today in the United States, AIDS is largely ignored, even though the infection rate is as high in the District of Columbia as it is in sub-Saharan Africa. People wrinkle their noses when the disease is mentioned—no one likes to discuss sexually transmitted diseases. For historians, the way a society handles a social stressor such as an epidemic disease reveals much about the values and beliefs of that society.



When you advise other agencies and organizations on establishing oral history projects, what are some of the major issues and strategies you suggest?

First, prioritize the issues you want to document and identify the individuals who can speak to those issues. Second, prioritize the order of the interviews according to the health and age of the interviewees. There is nothing worse than realizing that information is lost because an interviewee died before you talked with him or her.

Any thoughts about changes in the recognition and contributions of federal historians, archivists, curators, and others since your 1999 article “What Do Federal Historians Do?” The status of history in the federal government is still precarious and subject to elimination when budgets get tight, as in the current sequester. Federal historians need stronger support from their academic colleagues to lobby for increased recognition of historical expertise within agencies. Academic graduate programs also need to recognize that jobs for their students may require skills beyond teaching, research, and writing for an academic audience. Collaboration with federal historians to offer training opportunities to students and efforts to expand jobs in the federal government and for its historical contractors will enhance the employment opportunities for historians that, at present, are declining in academia.

FOIA MATTERS

Using the Freedom of Information Act (FOIA) to request access to active investigatory files of the Federal Bureau of Investigation (FBI) can sometimes yield few results for requesters. FOIA’s Exemption 7, a multipart law enforcement exemption, generally applies to records compiled for law enforcement purposes—not just FBI records but those of other Federal agencies as well. Exemption 7(A), 5 U.S.C. § 552(b)(7)(A)—one of six subparts to the exemption—protects open investigation records, the release of which could reasonably be expected to interfere with enforcement proceedings.

Exemption 7(A) is temporal in nature and not intended to “endlessly protect material simply because it is in an investigatory file,” according to a 1998 ruling from the U.S. Court of Appeals for the Seventh Circuit. However, researchers digging for decades-old investigatory files may find Exemption 7(A) to be a barrier to access.

Nearly 20 years after the 1975 disappearance of labor union leader Jimmy Hoffa, the U.S. Court of Appeals for the Sixth Circuit ruled that Exemption 7(A) applied to the FBI’s continuing investigation of Hoffa’s disappearance. And in 2005, the U.S. District Court in Washington State ruled that the FBI’s continued use of Exemption 7(A) was proper in withholding documents pertaining to the 1971 airplane hijacking by “D.B. Cooper,” who parachuted out of the plane with \$200,000 in ransom.

That’s not to say that all records related to the unsolved hijacking are protected. The Vault, the FBI’s online reading room, has an entry for D.B. Cooper: <http://vault.fbi.gov>. You won’t find investigatory files there, but there are plenty of news articles, a copy of a 1976 grand jury indictment, and lists of serial numbers for \$20 bills—information that is not protected by FOIA Exemption 7(A).

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Congress in 2007 as the Federal FOIA Ombudsman and housed at the National Archives, OGIS provides mediation services—ranging from formal mediation to facilitation to ombuds services—to help resolve disputes between FOIA requesters and Federal agencies. For more information, visit www.ogis.archives.gov. OGIS can be reached at ogis.archives.gov or at 202-741-5770.