

June 12, 2020

The Stanton Foundation
1430 Massachusetts Avenue, 6th Floor
Cambridge, MA 02138

To the Stanton Foundation:

When the Stanton Foundation announced their [COVID-19 prize](#) in April, the [Nursing Clio](#) (NC) team was thrilled. As a site that publishes extensively on the history of medicine, NC supported the idea of a prize rewarding public-facing historical work contextualizing a pandemic. The Stanton Foundation was inspired by the American Historical Association's (AHA) "[Statement Regarding Historians and COVID-19](#)." In their announcement of the prize, they quoted from that statement: "Historians can. . .play an important role by providing context, in this case shedding light on the history of pandemics and the utility of that history to policy formation and public culture."

However, the editors of NC are dismayed to see how limited the scope of this prize has turned out to be. In the first seven weeks of the ten-week prize period, [the winners comprise nine white men and two white women](#). The two woman winners were both co-authors with a man. Only five publications are represented by the winning articles. Further, the articles focus almost exclusively on traditional political and economic history.

Anyone paying attention to the historical work on understanding COVID-19 should be stunned by this. Scholars of color—Black, Latinx, Asian American, Indigenous—are publishing incredible work in public outlets, covering these traditional historical fields and others. And it is shocking that only two women have been recognized. The Stanton Foundation and their advisory panel from the Belfer Center's Applied History Project should be ashamed. The prize winners do not represent the diversity of experience and methodology that historians bring to understanding COVID-19. If the Foundation has not received essays that represent different viewpoints, identities, and histories, it must take responsibility for reaching out to diverse scholarly communities to solicit submissions.

Why did the Foundation ignore the historians of African American health, who can speak to [how systemic racism has amplified](#) the impact of COVID-19 and earlier pandemics within the Black community? After two weeks of protests across the United States, where is the work on how police violence against Black people is just as, if not more, [dangerous than infectious disease](#)?

COVID-19 is ravaging Native communities. Per capita, the Navajo Nation had an infection rate this spring [higher than the states of New York or New Jersey](#). Why did the Foundation choose not to recognize the historians of Native America, who can speak to the [long impact of disease](#) on Indigenous peoples, dating back to European conquest?

Why has the Foundation passed over the work on how COVID-19 has affected the immigrant and refugee populations in the US? According to the president, keeping meatpacking plants open is a matter of “national security”; surely, a critical history of [the people](#) working to keep our food supply chain going deserves attention. Because of xenophobia and racism, the Trump administration has blamed the spread of the virus on Chinese nationals and immigrants. Again, this is a framing that is [not without precedent](#).

Why has the Foundation ignored historians of nursing, who can argue for nurses’ place beside doctors as [important historical actors](#)? Nurses often have the most sustained contact with COVID-19 patients. Many of our nurses are immigrants and women of color. Their history needs to be understood.

The stay-at-home orders have exposed the [gender inequalities](#) women of all classes, races, and ethnicities face in the home, where they bear the brunt of housework and childcare. Women who can work from home, those who have lost their jobs, or those who labor as essential workers, from underpaid grocery clerks to emergency room physicians—the COVID-19 crisis has magnified the “double shift” that women in all of these categories face when balancing work and home life. Reproductive history is important too. Pregnant people were dismayed to see Governor Andrew Cuomo declare that partners would not be allowed in delivery rooms in New York; the reaction led him to backtrack quickly. Histories of obstetrics, home births, and [midwifery](#) are essential to understanding how our modern idea of childbirth developed and why Cuomo’s policy was so upsetting to expecting families.

[Disability studies scholars](#) have drawn our attention to how proposed rationing guidelines for ventilators or PPE might disadvantage disabled people. As hospitals and state governments devise triage plans, we need to confront the ways in which disabled people have been discriminated against in the past and make sure that their civil rights are not violated in the future.

Similarly, historians can help us to ensure that any protective measures put in place [do not repeat human right violations](#) in the name of public health, as we saw with the response to HIV/AIDS. Many have written about the damage of stigmatizing people living with HIV, and we can avoid doing the same as we learn to live with COVID-19 in ways that avoid discrimination and facilitate preventive measures and empathy.

The Stanton Foundation defines “applied history” as public-facing scholarship that helps in “the creation of a better informed citizenry.” Engaging with the work of scholars working on any of the topics above would further these goals. And recognizing broader work on COVID-19 as worthy of award would lead to a more diverse set of winners. To craft and implement effective public policy in the age of coronavirus, we must consider not only the economic or political, but also the medical, social, and cultural. If the COVID-19 pandemic in the US demonstrates anything, it’s that we must understand all of American history—including Black history, Native history, women’s history, LGBT history, and disability history—to adequately respond to and overcome this challenge. The racial health disparities in the pandemic alone show that a deep understanding of Black and Indigenous medical history is crucial going forward.

As the AHA wrote in their statement on the COVID-19 pandemic, “The work that historians do. . . is especially important in troubled times when facts, evidence, and context are imperative to generating effective and humane public policy.” The historical context critical to understanding our current moment must extend beyond the ways public health crises have affected economies and governments. Moreover, appreciation of the important work historians do needs to include *all* historians. Because *all* historians are doing this work. Remember, [women also know history](#). [Black Lives Matter](#). Silence = Death. And as disability activists remind us, “Nothing about us, without us.” The work of these scholars must be recognized and celebrated.

Signed,

The Editors of Nursing Clio:

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See the online version of this letter at nursingclio.org for a list of signatories.