

## Making Disability Public: An Interview with Katherine Ott

*David Serlin*

In April 2005, the National Museum of American History (NMAH), Smithsonian Institution, in Washington, DC, mounted “Whatever Happened to Polio?” an exhibit marking the fiftieth anniversary of the announcement of the results of the clinical trial of the Salk polio vaccine in April 1955. Although the installation was partly framed as a commemoration of an important turning point in the history of twentieth-century public health, the physical exhibit, as well as its virtual presence on the Smithsonian’s Web site, were designed deliberately as departures from more commonplace histories of polio. Typically, exhibits, as well as books and other media, focus almost exclusively on the events leading up to the discovery of the vaccine. By contrast, “Whatever Happened to Polio?” includes life histories, visual images, and material artifacts of ordinary Americans who lived with polio, and not just familiar life histories such as that of Franklin Delano Roosevelt (FDR). Instead of merely replicating the triumphalist narratives of Western medical success, the exhibit reclaims the physical and social experience of the disabled body, and rather than denying or displacing the body, the show historicizes it in local and community contexts by examining the historical and cultural dimensions of disease over the past century. Known and unknown figures, as well as familiar and unfamiliar objects, grace the walls of the exhibit: from narratives about poor immigrants affected by the 1916 polio outbreak and a working iron lung to contemporary photographs of impoverished Africans and South Asians targeted in the most recent campaigns for

*Radical History Review*

Issue 94 (Winter 2006): 197–211

Copyright 2006 by MARHO: The Radical Historians’ Organization, Inc.

eradicating polio by organizations like Rotary International. The exhibit's emphasis on ordinary lives and bodies represents a commitment to examining public health as a public story, an emphasis made all the more effective by its prominent location on the Mall. References to AIDS within the exhibit, as well as documentation of the ongoing struggles to contain the global polio epidemic, are elements of public history that are not merely incidental but foundational to preserving and shaping cultural memory.

The exhibit's principal curator, Katherine Ott, describes *Whatever Happened to Polio?* as a vehicle for thinking about *public* history rather than a history that is the exclusive provenance of the medical establishment. Ott holds a PhD in American history from Temple University and has been a curator in the Science, Medicine, and Society division of the NMAH since 1997. Ott is no stranger to engaging with the relationship between disability and public history: in 2000, for example, on the tenth anniversary of the passage of the Americans with Disabilities Act, Ott curated an exhibit at the NMAH on the disability rights movement in the United States, strategically positioned next to the museum's installation of the Woolworth's lunch counter, site of the Greensboro Four's sit-in for civil rights in Greensboro, North Carolina, in February 1960. She also served as a guest editor, with Susan Burch, for *The Public Historian's* special issue, "Disability and the Practice of Public History" (Spring 2005).

The following interview was conducted by David Serlin of the *Radical History Review* editorial collective.

**David Serlin:** *How did you, as an academically trained historian, become interested in public history?*

**Katherine Ott:** I have to think back to the origins of how I became interested, because there are so many occasions when I have become reenergized by public history in the last ten years or so. I've always thought of myself as a teacher and educator; I've taught courses at American University and, more recently, I've taught at Georgetown University. But I was never really happy with departmental politics and the complications of academic life because I've always been more interested in teaching and students.

I had a postdoctoral fellowship at the Smithsonian early in my career, when I was still trying to figure out in which direction I wanted to go, and that was really formative for me because I started working with material and visual culture. I also got to know more about exhibits and the potential for public history. It was a field I didn't know that much about; I had taken a few courses at Temple in archives and one on basic public history, but still didn't understand it. Even now, in 2005, it's still a relatively young field; it's not very theoretically developed. That made it harder to get a handle on what it is, because you can't really read public history theory the

way you can read in other fields and start to figure out what the core issues are. So coming to the Smithsonian was very important in pushing me toward public history. In fact, a lot of my colleagues at the NMAH would not speak of themselves as public historians; they don't identify that way.

*How do they identify?*

They call themselves historians of technology, or whatever. Even though they do exhibits and they work in a public institution, they don't think of themselves as public historians. Perhaps, at its heart, public history entails a particular orientation toward audiences—whether you see the intended audience for your work primarily as colleagues or as those less immersed in your particular subject. There is a difference between a historian working in a public venue and a public historian.

*For you, then, what is that difference? Is it a political difference, a difference in sensibility? What is it that distinguishes a historian working in a public institution from a public historian?*

Some of it has to do with relationship to audience, or as we would say at the museum, visitors. Some of it has to do with the way in which we communicate and the research that we do. For me, as a public historian, audience is critical. It's the first thing that I think about when I'm doing research: who is this ultimately for? It's different from doing more academically oriented research because you're following where the research leads. I certainly do that when writing a narrowly focused monograph or article, but most of the time the questions I'm asking, or the application of those questions, are shaped by the public. As an aside, let me say that I am aware that the concept of *public(s)* has issues surrounding it, too, so I use it the term with brackets. Public history in that sense is much more applied, and for me, it is a political decision to choose to produce for broad public education.

*Let's talk about some of the exhibitions that you've done. In 1998, you began working on what became the exhibit on the disability rights movement in the United States. How did that exhibit come about? Was it an exhibit that allowed you to express your political commitment in a way that other types of exhibits did not?*

In working with a living, active, vocal constituency—whatever community you're working with, and in this case it was people with disabilities, and it was the tenth anniversary of the Americans with Disabilities Act—it's a different kind of history. People who do oral history face this all the time. You're interviewing and gathering data from people who have lived this history and who often are very engaged with whatever the subject is. I'd worked on other shows and did some smaller exhibits before this one, but this was the first significant exhibit that I did.

I think of myself as a storyteller, and exhibits then become the vehicle for

people's stories. My training as a historian gives me the filter to frame things in bigger contexts and see what's significant from what we understand today, and how things that happened in the recent past can be connected to larger historical trends. That's the professional part of my skill. But the other part—serving as the medium for others' stories—has a social edge to it that is rather like seduction. It's like creating a love letter, not only to the general public but also to the people who lived it, who must feel that their story is told and understood. Of course, half of them don't feel that their story has been told and understood—lovers can be so high-maintenance—but that's the cross that a public historian has to bear. It's not for me to editorialize; it's for me to give enough of the data so that visitors can understand and make their own analyses.

*But a curator is like a traditional historian in that he or she makes choices all the time, right? Even if you're trying to give options, or multiple or contradictory stories, so that a visitor can make his or her own decisions, you are still making deliberate choices about what you show and what you don't show, what you emphasize or don't emphasize—the same choices that historians make when they write or teach.*

Yes, they're all editorial decisions: how you interpret the topic, the language that you use, what you decide to highlight and what you don't. But being a curator, like being a historian, rests in how skillful you are at your choices and what you make from them. One of the first issues we had to deal with in making the disability rights exhibit was the prevalence of the medical model with disability. When I wrote the proposal, the exhibits committee that read it all wanted to know, "Where's the medical stuff? Where's the access stuff?" I'm a historian of medicine, so the perception is that I'll be telling the medical story. It's changing now, but disability is still perceived to be a medical issue, not a sociocultural entity. In knowing that visitors would get tripped up by their preconceptions, we consciously did not have anything about medicine in the exhibit. There's a sentence that describes how there was a critical mass of people with disabilities because of changes in rehabilitation or changes in medicine that allowed people to recover or live longer. But there are no medical objects. We knew—and when I say "we," I had a team of people and consults from the disability community that I worked with—that if we included any sort of medical artifacts, people would immediately say, "OK, this is about medicine" and the rest of what they saw would be within that framework because it's such an overpowering narrative with disability. We were also lucky enough to have the exhibit placed next to the Greensboro lunch counter, so that people who didn't even read labels saw the "Disability Rights Movement" sign next to it and saw the exhibit working seamlessly as part of the civil rights story of the lunch counter. And that was the whole point, that the story of disability rights is about civil rights.

*Tell me about some of the artifacts that were donated or that the NMAH collected for the disability rights exhibit. How did the objects help you to tell the story?*

This is where working with different people is crucial, because my personal experience does not involve disability. I haven't lived with a stigma or struggles in that way, so I relied on others to tell me what was significant. I sent out e-mails to all of the Web sites where I thought I could find people. I gave them a survey in which I asked them to describe the most significant events in the last ten years in disability rights; who were the most significant people; what objects do you associate with the disability rights movement. And I got back dozens and dozens of responses, which were rich and helpful. So I knew what was important to the people who lived it, and that became the story I wanted to focus on. I then set out to see what we had in our collections and what we needed to find, and again relied on the people who lived it to help me find the objects.

For example, I'd heard about cemeteries where there were unmarked, or almost unmarked, graves for disabled people who had died in institutions. People were stuck in graves that were assigned numbers rather than ones with names on them. In almost every state, there were institutional cemeteries like this because the people who were institutionalized were thought of as objects, not as people. They had no identities. I thought a grave marker would be important to have in our exhibit because it would capture the context of people who were made anonymous by these institutions.

I met online Pat Deegan, who's an activist in the psychiatric survivors' movement in Massachusetts. She was wonderful and helped to lead me to projects where activists are reclaiming the cemeteries where people were buried and are placing new markers with the names and dates and identities of the former anonymous inmates. She helped me to locate the grave marker of a former inmate named Bertha Flaten that had been replaced, and Flaten's family was willing to donate the original grave marker with just the number on it. It was a political and therapeutic act on the part of the family to donate this marker to the Smithsonian, and in some ways it was also very brave because it was airing family secrets and family "errors." To get to the place to collect objects like this, however, I had to talk to many different people, and some days I'd hang up the phone and just cry. I wouldn't be able to make another call because the stories of abuse and what humans have done to each other were so hard to hear.

*So would you say that one important difference between the kind of work that you do and the work of an academic historian is that when you curate, you don't necessarily start with a historiographical argument or one rooted in the scholarly literature, but with tools, such as surveys, to gather public stories and public experiences that are made by the public or on behalf of the public?*

Surveys—asking people’s opinions—are a way to open up ownership of whatever the subject is, and that’s certainly unique to public history. You wouldn’t do that in a classroom. You might invite your students to create something together on a small scale, but working with unknown people in the public and saying, “Tell me what you think,” is certainly a different way to start a project. But I don’t know if the intellectual process you’ve described, of starting from the public rather than from an academic argument, is unique to public history. It’s probably unique to me at an institution like the Smithsonian because, generally speaking, curators don’t look for a wide circle of input. They have a message, or something that they want to accomplish, and they’re determined to do it. I was trained more recently as a curator, so I have a different orientation toward museum exhibition. Maybe it’s because of who I am, or my zeal to change the world. If you teach, you often have a passion to change the world, and I’ve taken that with me into museum work.

With most museums, a curator is in the position of speaking for others. Because the profession is predominantly white, lamentably heterosexual, certainly middle-class, and dominated by a homogenous academic culture, I have to think about the possible tension and power dynamics inherent in my work because I’m always speaking for others. My solution is to let others speak through me, but it’s still me being the filter. It’s a stressful position to be in—I think Richard Curran has called it being a “culture broker.” It carries a lot of ethical freight with it, and you need to keep your ego out of it—as a curator you want to be the one in authority and “speak the truth” and say absolutely everything you think is necessary and not have anyone contradict you. We try to mentor people who have diverse experience into the profession, but as in American society in general, the people who are in charge are speaking for the white middle classes that aspire to become a white upper class.

*I want to ask you more about the idea of ownership and being accountable to the public. In an academic culture where everyone is proprietary over everything that they produce, where every document to which you sign your name is supposed to represent you, giving ownership of history to other people seems almost counter-intuitive to how one is trained as an academic historian.*

In public history, there’s a strange dynamic where everyone’s an expert. Everybody’s read a little history, or seen a film that takes place in the past, so everybody has some amount of knowledge or has an opinion. Our visitors think of themselves as experts, and they are, to a point. But this is where a little knowledge can be a dangerous thing [laughs]! So you want everyone to feel ownership for our collective past, but there is something to be said for professional training and how to judge the quality of facts or the quality of information.

One of the solutions to the question of ownership that we used with the “Whatever Happened to Polio?” exhibit is that there’s hardly any explicit curatorial

voice. There's curatorial choice in what goes into the exhibit, of course, but most of the text is composed of quotes from people taken from textbooks, articles, letters, and memoirs. We wanted the first-person voice to be there throughout, so we have quotes from people who had polio talking about their experiences and quotes from the perspective of doctors and nurses, and that's been very effective.

You know, even the language of ownership that we're using sounds like the king conferring ownership to the people. People don't need that transfer of power; they already feel ownership. It's already their story. In this sense, my role is distinct from that of the historian in the classroom because I'm mediating their stories in a different way. But it is a delicate balance. You do want the unfiltered stories, but if they go in a direction that you're not comfortable with, then what should you do? There's no way to describe what we do without saying that we allow or that we give ownership, and we can take it away just as easily. It still comes back to locating power.

*What you just said could be applied to many different kinds of historical projects: the same issues of ownership and authenticity inhere to doing ethnic history, or women's history, or lesbian and gay history. Is there something about the specificity of disability history that you think changes some of these terms, if at all? How are the stakes different for representing disability history?*

In some ways, there's no difference: people's lives are at stake. Like other forms of discrimination and abuse, people are dying in nursing homes or aren't getting the services they need; people are shut out and experience what Paul Longmore has described as "social death." So in many ways it's exactly the same for disability history as it is for other branches of social history. But understanding disability rights as civil rights is about twenty years behind understanding gay rights—which is obviously still a contested area of politics—or other related civil rights issues. With disability, there is a different set of social and cultural hurdles to overcome, like the emphasis on the medical model and the stereotypes of triumph and heroism or of pity in representations of the disabled. Other groups have been able, more or less, to successfully educate the general public and get beyond stereotypes, whereas disability is still seen by most people as an individual rather than a collective issue. People accept the historical narratives of other groups much more easily than they do with disability groups because the narratives of ethnic history or women's history or gay history are to some degree more familiar to the general public.

*One of the things I found so remarkable about the disability rights movement and polio history exhibits, in addition to the way they emphasize individual stories, is the way in which you make physical and spatial choices for how those histories are displayed that account for the number of disabled people who, we hope, will attend the exhibits. If you were doing a show about African American history or*

*women's history, one wouldn't necessarily expect you to provide certain kinds of physical accommodations for those groups in the way you would be expected to for disability groups.*

It's funny, because this is where I can be a fox in the henhouse. No matter what the topic or subject matter, I think the environment of usability is crucial to content. It's easier when you're doing a show where the content is related to disability, because people already expect you to make it usable in terms of access and universal design. So I can be a fox and play to the fear that there are things that people won't be able to read or see something—"Oh yeah, there are going to be a lot of people in wheelchairs and we want to make sure that they can see everything." Meanwhile, of course, that argument should be used for *every* exhibit. There's no reason why usability and accessibility and universal design principles shouldn't be used everywhere, not just for all museum exhibits but also for hotel lobbies, restaurants, department stores, and for public spaces everywhere.

*On one hand, the goal of the disability rights exhibit that you put together was to collect the stories and objects of ordinary people; on the other hand, it was also meant to commemorate the tenth anniversary of the historic Americans with Disabilities Act (ADA), a set of provisions and protections signed into law by the U.S. government. Did you feel that you needed to strike a balance between these two aspects of disability rights history: a populist story versus a federal story?*

I didn't approach it in that way. The balancing act for us was to show disability rights as emerging through grassroots groups as opposed to big individuals who made a big impact. We could have featured lots of relatively well-known disability activists, but the story of the ADA and the success of that was due to thousands of people who did small acts, perhaps only in their own living rooms, to paraphrase Justin Dart. That was the curatorial balancing, to go with relative unknown figures: it's activism as representing everybody and not only the great people who get recognition but who, in the end, are riding on a bus full of people.

*But just to play devil's advocate, there are so few people who know the name Ed Roberts [who started the Center for Independent Living in Berkeley in 1972]. Why not an exhibit that talks about some of the big figures in disability rights history? Why not an Ed Roberts kiosk all by itself in the same way that one might expect a Sojourner Truth or Cesar Chavez or Harvey Milk kiosk?*

Besides focusing on the kind of story we wanted to tell, if you've got a living constituency, where do you stop? Where do you draw the line? There are so many people who did important acts who are well known at least within their own communities, and we have few if any objects from these people that we could use for the exhibit.



So in order to do justice to the topic, we couldn't do lots of figureheads. We would never get them all. The story would then be one of who was left out, and this is true of almost any topic. If you do a general history of medicine, for example, the nurses want to be there, the pediatricians want to be there, the dermatologists, the inventors, the surgeons, they all want to be there. You can't do all of those subtopics, but you can tell a story about the issues that have changed. We did focus on a few individuals, such as Marilyn Hamilton, because we had her wheelchair; she was featured in a section about mobility. Justin Dart was there for the signing of the ADA, so we had a photograph of that. We also mentioned individuals who helped foment the independent living movement. But the message we wanted to impart is that this was a grassroots movement and it was people inspiring each other all over the place: the section 504 sit-ins in Los Angeles, actions in San Francisco and Berkeley, and so forth.

*Is there a danger about making an exhibit about disability history and locating its origins in a particular moment in time—say, the early 1970s—or with a particular action or the work of certain individuals? Where do you cut the cake when you're telling a narrative about disability?*

I wouldn't say it's a danger. There are always more stories to tell, and always more information that will come to light. If you start the history of the modern lesbian and gay liberation movement with Stonewall, for example, it inspires people who want to know more about what happened before Stonewall and encourages them to bring those stories out. But I think it also has to do with intellectual taste. Some people like watershed moments because it conveniently crystallizes issues. Others always want to know what else was happening, what remains uncovered, and those people will always dig for it.

I hate to make it sound like an either-or proposition because all of it is necessary, and for public history, the biggest bang comes with an anniversary or with a watershed event that you can interpret. You can show, yes, they signed the Americans with Disabilities Act, but there were also activists at Gallaudet University in Washington, DC, who were protesting to have a deaf president, and the effect of that was not lost on those debating disability legislation on Capitol Hill half a mile away. In the 1950s, there were movements by disabled veterans of World War II that fueled disability liberation. And there were disabled people who were part of civil rights marches in the 1960s. So there are always more stories to tell, and because you can't tell them all at once, you have to make choices. With public history, a good choice is usually something that people are familiar with, or have some knowledge of, which will intrigue them or hook them enough, because otherwise it's sometimes hard to get an audience.

*It seems to me that the “Whatever Happened to Polio?” exhibit is a combination of these two traditions that you’re describing. There’s the watershed—the fiftieth anniversary of the Salk polio vaccine and its implications for American culture and global history more generally—but also a conscious attempt to make it not only about the watershed. You tell stories from the 1916 polio epidemic, you use objects to tell the stories of people who lived with polio, and you show global health activism around polio today. Would you say that the polio exhibit brings both of these traditions together?*

I think it does. It’s only been a month since the exhibit went up [in April 2005], but the response has been gratifying; all kinds of people are coming and spending time with the exhibit. We’re getting back comment cards, which show us that we hit the mark in what we were trying to accomplish. With polio, it’s a great excuse to do a big anniversary show, much like the NMAH’s recent show on the fiftieth anniversary of *Brown v. Board of Education*, but that’s only the public relations part of it. For people to understand the significance of an event, they need to go more widely around the anniversary, before and after, to see the repercussions of what the last fifty years have brought. They need to ask themselves: why is it so important to understand polio in the decades before the Salk vaccine appeared, rather than just understanding the significance of the watershed moment?

This is where public history is very different from academic history. The exhibit content is very different from books on the history of polio that have been coming out lately, which are narrowly focused and tend to look only at Salk and Sabin and the science of the vaccine. They don’t look at the impact of polio on the people who had it. They may reference postpolio syndrome, and they may gesture toward global efforts to stop the transmission of polio, but that information is usually reserved for the book’s afterword, which an editor asks you to put into your book to make it more relevant. Almost all of the secondary histories are focused on the clinical trials. For most people, though, the history of polio is made up of two things: their memory of not being allowed to go out and play, if they’re of a certain age; and iron lungs and “crippled kids.” There are two books I know of that came out this year that were written by people who had polio, and they’re part of a tradition of polio memoirs. The polio memoir is a mini-industry. But historians have generally ignored the impact of polio as a cultural entity.

I don’t know of any books that explore the full story the way we can in a museum exhibit because we’ve got objects and images that tell intense stories. For example, we’ve got a chunk of curb from the Atlantis community activists in Denver who were tired of not being able to get down to the curb even though federal law demanded that municipal governments install curb cuts. So they made a do-it-yourself curb cut using a sledgehammer, and we have a piece of that in the exhibit. The curb cut is an artifact of the history of polio, an artifact of the disability rights

movement, and it's an artifact of the Architectural Barriers Act, which was written in 1968 by Hugh Gallagher, a man who had had polio. So there are all of these connections that the object can carry with it. What we can do through the exhibit form is look at the social and cultural impact of polio in a way that traditionally trained historians have overlooked and largely ignored. We show the experiences of people with polio like Frank Mars, who was homeschooled and learned to make candy and founded the Mars candy empire. We also show the experiences of people like Justin Dart, Cyndi Jones, Ruth Lusher, Ron Mace, and Ed Roberts: people whose polio led them to a life of activism.

Memory is so important to the history of polio and, just like with the disability rights movement, there are people who lived it, whose experience of polio is shaped by all of the tricks and editorializing of memory that go along with it. We did some audience interviewing before we mounted the exhibit and, unsurprisingly, we found that most of the people under fifty-five had little or no interest in the history of polio, whereas the baby boomers had a great interest in the topic. They could tell you about iron lungs and said they would be interested in seeing an exhibit. So we had this memory issue to deal with, especially the emotion of fear that was dominant among people who had lived through that period. The task, then, for us was to explain the fear that people remember without replicating it, without the exhibit becoming the story of fear. So much of the media that have dealt with polio lead with fear, such as Nina Seavey's 1998 documentary *A Paralyzing Fear*, which even has the word *fear* in its title. We knew that if we were heavy-handed and didactic, we would lose our younger audience. So the section about epidemics is the smallest part of the exhibit; we have some graphics and an iron lung—you only have to put an iron lung out there and people get it—but we don't talk about fear. Knowing that fear would be part of people's general response, we wanted to counteract it so that people could get past it and understand what else was going on back then.

*So is the goal of your exhibit to historicize polio, to show that polio's significance not only changed over time but can be a lens through which to examine the particular historical moment in which it's situated? That the polio of the comfortable 1950s was not the same polio of the depressed 1930s or that of the early twenty-first century?*

It all starts with memory, either a person's individual memory or their grandparent's memory or a memory generated through a film or a book. But our goal is to push people to reframe what they think they know about polio. There was a man who visited the exhibit whose father had polio and who never really talked about his experiences. His father died a few years ago, and he is just now in the process of putting together his family history. Sometimes people read the labels and cry: it hits a chord in them and they find themselves empathizing with stories and objects.

We selectively use a few crutches and braces, which the public associates with polio, but they're used to demonstrate design and the physical effect of using them—the banging that your wrists and underarms take, and attempts to design crutches that spare you this pain, as well as the independence that devices provided. We have one pair of leg braces, and they belonged to FDR, because that's enough to tell the story of leg braces. We have hundreds of crutches and braces in the museum's collections, but we consciously did not use many of them because we didn't want the exhibit to be a story about technology or fetishes. People who have never used a crutch or leg brace might think, “how gruesome” or “how cruel,” but for those who wore them, they're objects of liberation. For others, braces are very personal: one advisor explained to me that a brace is almost like underwear. You sweat in them, they're stained, they're banged up. They're personal, deeply familiar artifacts, and to see them in a museum exhibit is unnerving.

Where to put FDR's leg braces raised other interpretive issues. Rather than place the leg braces with the FDR story—we have a small section on him as president and his involvement with the March of Dimes—I put them in the section on orthotic and assistive devices. This picks up from where the FDR Memorial left off, since in the polio exhibit we put FDR in the context of other people who had polio rather than other great presidents or other great Americans. Because it's a story about polio, that's where his leg braces belong. It's a political statement, but it's also an interpretive historical statement.

*Unlike other large exhibits at the Smithsonian, the “Whatever Happened to Polio?” exhibit doesn't have a traditional beginning, middle, or end. It doesn't start at point A and finish at point B. Is this an intentional challenge to the typical narrative approach that the Smithsonian and other museums tend to follow?*

There are several ways to talk about that type of free-form design. One is that it's kind of like a Web site, so it appeals to younger people. You can choose easily the topic that you want to know about; you can go to this kiosk or that island and “choose your own adventure.” But it's also a way to emphasize usability, and one of the principles of universal design is that there are no wrong choices. If you use something incorrectly, it's not going to hurt you or bite you back. If you enter a regular exhibit through the exit, you're not going to get the point of it, so we have three equal entrances. No matter what door you come in, you can still choose the topics that you want, you can still get the same basic messages and experience the exhibit relatively the same way.

It's tricky doing a historical exhibit because history is generally shown as chronological and thematic. It's unusual for us to do an exhibit like this, but it's a temporary show, so we didn't have the same kind of scrutiny that permanent shows get.

*So if this show was going to be installed for the long term, for the next ten years or so, do you think there would have been expectations about showing chronology that you wouldn't have been able to avoid?*

It did cause some discussion among staff members because it doesn't look like the familiar exhibit. It's object-driven rather than narrative-driven, which makes it different from some of the big shows that we've done recently. There was, initially, pressure for us to include a timeline—we don't have a timeline in the traditional sense, although there is chronology—and you do get a sense of change over time. But now that it's up and it's been successful, it's being understood in a different way than had we been pressured to do it in a more traditional way.

Another difference is that the exhibit focuses on the visual and material culture of polio and the interpretation of objects. The objects are clustered around themes, but the goal is not to try to fit them into a grand polio narrative. This is a self-conscious departure from the way museums have typically used objects. In the old museum paradigm, the emphasis was on typology; you could look at fifteen plows in a row and still not know anything else about plows. Or objects were used in the same way that people typically have used images in books. If you need a photograph of someone diving in a pool, you just get someone diving in a pool; it doesn't matter who the diver is because the image is intended to serve as window dressing for the text. In our exhibit, we focus on the user of the object rather than on just the object itself. Who the diver is, and who took the photograph of the diver, and where the photograph was displayed are matters of historical relevance.

Also, when we decided on where to put our resources, we thought about tactile objects that would communicate to people who are blind or who have low vision or even kids—people who are tactile learners, for whatever reason. What we wanted was informational redundancy: you can get the educational message by reading this label, looking at this photograph, or touching or experiencing this object. We have a miniature model of an iron lung, for example, that tells a story in a tactile way. We also have a full-size iron lung, along with video of people who use iron lungs who are talking about their lives. It's not repetition; it's redundancy of the educational message.

We also thought about the four needs that museum visitors typically have when they come to the Smithsonian. One, they want to see stuff, so we've got great objects. They also come because they want to learn something, so we have factoid labels with bullet points. Third, some people want to have an emotional or psychic experience with the past; some people want to be moved, so we have images and tactiles and objects and designs that move people. The fourth goal is that people want a social outing; they're on a date or they're with their families. We have a lot of seating and benches, and the open design makes it easy for social interactions; you

can split up as a group and know where everyone in your party is. In more traditional exhibits, they're around the corner or outside, and you can't see them. Each of the areas in our exhibit addresses all four of these needs, so if you want all four, you can get all four. If you're in a group of people and one person only wants facts, then he or she will be happy too.

*On the far end of the exhibit, there's a section where visitors can write their own histories of polio or their own responses to the exhibit. There's also a set of poignant, unidentified images for which visitors are encouraged to provide their own captions or subjective impressions. How much of this is inspired by your commitment as a public historian, and how much of it comes from a desire for public feedback?*

We figured we needed a comment station, and the director of the NMAH loves comment stations. We also realized that people would need an outlet for their stories or their emotions. We wanted a place to ask people, "Now that you've gone through this exhibit, what do you think of this image of Marilyn Monroe posing with children with polio, or of this image of FDR?" One of the most powerful and graphic images we have is of a young man in a respirator who is being shown a headline about the success of the Salk vaccine by a nurse. There's a perverse part of me that wants to see what visitors will do with this kind of image, to push them to think about it. So far we've only had a few people who have written captions for the photographs, but people are leaving lots and lots of their stories. The people who work in the exhibit—the docents, the activities coordinators—feel so enriched by it because they can work with the public and see the effect of history on people and see how rewarding history can be. Our visitors need an outlet, to know that it's safe to look at pictures like these, to engage with their own memories.

*So at the risk of using medicalized language, would you say that there's something therapeutic or cathartic about this kind of public history? Should good public history be cathartic?*

It's all kinds of things for people. It can be therapeutic or cathartic; it can be affirming; it can be infuriating. It should be all of those. Whatever it is, it should evoke something, because if you're not reaching people, you're not doing your job. But there's another aspect of polio that runs parallel to the great story of grassroots activism that we haven't discussed. There are stories of the cumulative effect of philanthropy, of millions of dimes; how people who had polio banded together to change the environment and challenge architectural barriers; and how today people are vaccinating in countries around the world to help stop transmission of polio. The power of these stories is built around the subtext of community and how we define community: in the 1950s, community was "my neighborhood, my nation," whereas

today, it's defined as the world. Polio captures that trajectory of community definition. There are also issues of conscience and who's responsible for whom, and how we treat people who seem different, and those issues are always complicated in public. When you deal with the history of disability, you have to anticipate the people who are uncomfortable with bodies, no matter what kinds of bodies they are, as well as people's joy in bodily difference.