3

CASE STUDIES WHERE ORAL HISTORY HAS IMPROVED POLICIES AND PROGRAMS, LOCALLY AND GLOBALLY

The doctors were sure they'd done everything right. The new family planning clinic was a discreet, welcoming place near the target population. Staff were friendly, there was plenty of publicity and the services were free. It was badly needed. The local women—miners' wives in the poorest part of town—were subject to constant pregnancies. They often told midwives they weren't happy with this, and were distressed at the thought of another mouth to feed.

They were expected to turn up in droves for the clinic's free contraception and the peace of mind it could bring them. But staff sat idle, waiting for customers who never came. The contraceptives lay on the shelves in their shiny packets. What had gone wrong?

An oral history project uncovered the simple obstacle that was keeping the women from the help they needed. The interviewer's task was to solve a delicate puzzle: *Why did the women not use the service created for them?* The answer was out there in the community: Could she get narrators to disclose it? This was retrospective oral history to address a very specific policy problem. The primary problem had been to get contraceptives to the women. The service-creators thought they had addressed every possible obstacle—cost, distance, shyness, lack of awareness . . . But some mysterious snag had been overlooked. Due to lack of sufficiently deep listening at the outset, this wasted clinic might have remained another policy sinkhole swallowing up public funds.

At the end of this chapter you'll see what the oral histories uncovered. Meanwhile, try to guess what the problem was. This exercise will show you how

important it is to hear directly from service-users what they need, rather than assuming we know or can guess.

This chapter gives you a really vivid understanding of the sheer diversity of oral history projects being used to improve public programs locally and globally. The rest of the book will then walk you through all the steps for doing your own project, so here you can just relax and take in the view. But keep your own potential projects in mind, as the case studies may inspire them with new ideas.

Oral History Tackling Twenty-First-Century Problems— Case Studies from around the World

Let's shift now to some truly far-off places and bigger pictures, on a whistle-stop tour of seven continents. From the wealthiest, most high-tech regions to the dirt-poor hinterlands of Africa and India, you'll see cutting-edge oral history generating new solutions for some of the most urgent, intractable problems facing humanity today. These are the truly daunting issues of the twenty-first century that sociologists call 'wicked problems'—complex and interdependent, with spirals of global and local causes and impacts (Brown, Harris & Russell, 2010). A glance down the left-hand column in Figure 3.1 shows you the scale of the issues being tackled.

Back in Chapter 1 we saw why oral history is good at uncovering embedded, systemic, tailored solutions for complex problems. These case studies will add another layer to your understanding by showing how narrators' solutions were also scaled up and applied elsewhere, in cycles of generative learning that spread policy solutions to other settings too.

1. Climate Change—Tackling the Impacts

Since the 1990s, a growing network of academic and scientific researchers has been documenting the world's 'Traditional Ecological Knowledge' (TEK), both historical and contemporary. TEK is now recognized as a resource that can help scientists tackle the effects of climate change. Oral history is the primary method for collecting this hitherto unwritten data from Indigenous peoples (Cruikshank, 2001). In 2007 the Intergovernmental Panel on Climate Change formally asked TEK holders to help them develop strategies for alleviating the impacts of climate change. A spokesperson explained, 'One of (our) limitations is how to identify problems and solutions for dealing with global climate change at the local level. This is something that (. . .) those who have lived in these regions for generations (. . .) know in minute detail' (Rocha, J., 2013). One such partnership is the Arctic Council of eight countries and sixteen Indigenous populations, who now make strategic decisions about the North Pole together.[1] Their exchange is so intensive that codes of conduct have been developed to recognize the strategic value of narrators' local knowledge and protect their intellectual property rights (Climate and Traditional Knowledges Workgroup, 2014).

Policy problem	Location	Oral history project	Geographic spread of interviews	How policy solutions from oral histories are being scaled-up
1. Climate change	Arctic regions	*The Arctic Council*, a collaboration between scientists and Indigenous oral narrators from eight countries	Eight circumpolar nations	Commissioned by the Intergovernmental Panel on Climate Change, which shapes government programs on climate change
2. Poverty in the developing world	India	The *HoneyBee Network*, with the Indian government	One-person projects in poor villages	Narrators' solutions are databased, patented, licensed and commercialized
3. Land use	UK & Africa	*The Ouse Project* flood repairs; development aid in Zimbabwe	Specific river courses & farmlands	Oral history solutions applied in a crisis out of necessity, then published as reusable methodologies that went on to be applied elsewhere
4. Famine	Vietnam	Malnutrition intervention by Save the Children	Inside individual households in villages	Narrators' solutions were taught locally, then scaled-up to national level
5. Disaster-response	USA	*Northern Colorado Flood Oral History Collection*	Inside a federal state agency	Lessons learned by professional responders were used to improve future disaster responses
6. Global pandemics	Africa	Health & Education Advice & Resource Team for 2014 Ebola crisis in Sierra Leone	Inside local communities	Oral histories helped design the changes in local practices that halted the Ebola epidemic, preventing a global pandemic
7. Elder-care and dementia	UK	Reminiscence Therapy, with London Centre for Policy on Ageing and National Health Service	National	Improved protocol and methodology for dementia care, taught to other medical staff internationally
8. Refugees	Canada	*Mapping Memories—Life Stories of Montrealers Displaced by War*	A Canadian city	Multimedia oral histories used as teaching materials for schools, public and policy-makers
9. Institutional racism	Australia	*'Bringing Them Home' Oral History Project*, with the Australian government	With nationwide Indigenous population	Official process of reparation for past racism, funded and publicized to transform national consciousness

FIGURE 3.1   Policy problems that are using scaled-up solutions from oral histories

2. Poverty in the Developing World—Microfunding Grassroots Innovators

This next example takes things much further. The BBC has described India's Honey Bee Network as 'one of the most remarkable organizations on earth' (Day, 2006). This network of volunteers scouts in poor areas all over India, gathering oral accounts and demonstrations of home-made, sustainable technologies and inventions improvised by local farmers, mechanics and householders. These grassroots

innovations are documented and shared across communities 'to serve those who are knowledge-rich, economically poor' (Gupta, Kothari & Patel, 2000). The vast national register of over 100,000 sustainable innovations and practices is now a living eco-system of Traditional Ecological Knowledge, shared back down to the grassroots to ensure its value isn't siphoned off by commercial interests. The *Honey Bee Network* functions as a 'cross-pollination of ideas, creativity and grassroots genius, without taking away the nectar from the flower for ever'.[2]

Going a step further again, the Indian government's National Innovation Foundation funds the scaling-up of some of these home-made inventions, bringing them to decision-makers who adapt and apply them elsewhere. They have secured over 700 patents for individual grassroots innovators, provided venture capital for almost 200 projects, licensed others to entrepreneurs, commercialized products on six continents and gotten MIT in Boston doing the research and development that validates their herbal products! This '*Grassroots to Global*' economic model (*G2G* for short) 'carves out space for grassroots innovators in the global market' (Gupta, 2007). And remember, it all starts with gathering those oral accounts of individuals' practices in the villages.

3. Land Use—Dealing with Environmental Damage

When the River Ouse in the low-lying east of England broke its banks, it flooded the land with a sludge thick as an oil slick. Historic damage to homes, fields and river banks confounded the water authority professionals. So they listened in detail to generations of the isolated, traditional community who had farmed these exceptionally low-lying wetlands for centuries. Field by field, a wealth of tried and tested, low-tech solutions emerged from each farmer about his own patch of ground and how it responds (Holmes, 2011).

Two geographers were equally lost, faced with similar climate-change impacts on rivers in England's Devon and Peak District. They realized that—like jumping across a stream to the other bank—they had to take a leap of faith into the alien discipline of oral history and look for solutions there. Their publications now extoll the importance of doing oral history with farmers to track the real-time effects of climate-change which farmers notice every day, and to find workable ways to handle these changes at ground level (Riley & Harvey, 2007).

Britain's foreign aid officers have had the same experience in the developing world. One published a self-deprecating account of how he found his way to oral history for public policy. His mission was to help African farmers grow more productive vegetables in Zimbabwe's hot, dry climate. So he planted hardy tomatoes that grow well in the hot, dry climates of Spain and southern Italy. His plantation flourished, with tomatoes more luscious than any he'd seen in Europe. He reckoned it was a world breakthrough, solving a major problem. But the night the tomatoes reached peak ripeness, the local elephant population stepped neatly through his fences and enjoyed the lot, trampling the stems back into the dry ground. Dismayed at the empty terrain where his precious crop had stood, he

asked the locals angrily, '*Why didn't you tell me about the elephants in the bush?!*' Their answer: '*You didn't ask.*' He learned his lesson and set about '*Listening for a change*'—the title of the book that tells his story. He drew from the locals a wealth of oral knowledge about hidden obstacles and solutions. Supported by his funds, it enabled the local soil to be managed more productively than any British officials could have done with their own knowledge alone (Slim & Thompson, 1993).

4. Famine—Finding Hidden Solutions in Local Communities

In 1991, after decades of war and famine, 65% of rural Vietnamese children were malnourished. The Vietnamese government asked *Save the Children* to create a national program to solve the problem. But further problems abounded. There was no budget. *Save the Children* staff were American, and since the US war, both locals and officials feared Americans. So they were to show sustainable results within six months or get out. The Americans tried Positive Deviance, a methodology that uses oral histories and participant observation to combat social problems with minimum budgets.[3] First, volunteers weighed 2,000 impoverished rural toddlers to scout for the rare kids who *weren't* malnourished—those 'positive deviants' with some as yet unknown influence protecting them from hunger. Oral interviews inside their households then examined their lives very closely: exactly what were they fed, when, where, by whom, how much? It's central to this Positive Deviance methodology that 'local facilitators go out and LISTEN (*sic*) to the maximum number of people in their community' (Pascale, Sternin & Sternin, 2010 and Sternin, 2013).

Eventually the hidden expertise emerged: the 'positive deviant' households were discreetly feeding their kids tiny shrimps, crabs and snails from the rice paddies, plus green tops left over from sweet potatoes. These were available free to everyone but weren't considered 'food'. When these households taught their peers the same behaviors, several hundred malnourished children were rehabilitated sustainably. Years later, Harvard's School of Public Health verified that 'younger siblings, not yet born at the time of the program, were benefiting from the same levels of enhanced nutritional status' (Pascale, Sternin & Sternin, 2010). By 2003, local communities had scaled the method out to reach over 2.2 million people across Vietnam (Sternin, 2013).

5. Disaster Response—Improving the Performance of Public Agencies

Oral history for public policy doesn't have to be exotic, cross-disciplinary or even involve grassroots communities. It's also being used as a tool for reflective learning among high-level professionals, to improve their own performance. For instance, the *Northern Colorado Flood Oral History Collection* studied the historic Colorado rains of 2013 that killed eight, causing US$2 billion of damage to homes, farms and irrigation structures. Interviewing hundreds of professionals responsible for

flood management and recovery, this was retrospective oral history solely to improve their future performance. As a progressive, learning organization, the Colorado Water Board used it to define the 'locally-tailored recovery and pre-paredness plans (that would) best protect unique individual communities from flood damage' in the future (Varrella, 2014).

6. Global Pandemics—Stopping Them Spreading

Again, disaster-response professionals deployed oral history as a tool to fight the 2014 Ebola epidemic in Sierra Leone. Oral historians and anthropologists who had worked in Sierra Leone formed a virtual *Helpdesk*, passing on to the relief effort on the ground the local attitudes and practices they had gathered that were relevant to stopping Ebola. Britain's Department for International Development used their document *Ebola—Local Beliefs and Behaviour Change* to help design the cultural interventions that halted the epidemic (Grant, 2014). Now the Museum of the US Centers for Disease Control and Prevention is also collecting oral histories from 150 disease-control professionals who helped to stop the Ebola epidemic.[4] This will be another example of internal, retrospective oral history among professionals to improve their own future programs and performance.

7. Elder-Care and Dementia—Clinical Benefits of the 'Reminiscence Therapy' Approach

If Ebola outbreaks are like a tsunami in medical terms, elder-care and dementia are more like a rising tide set to steadily engulf health budgets. According to the lead clinician for long-term disease in the English National Health Service, the soaring numbers with diabetes and dementia is 'the healthcare equivalent to climate change. It is putting pressure into the system, which—unless we change the way we address the problems—will overwhelm the system' (Campbell, 2014).

In what has been called a 'cross-fertilization between oral historians and gerontologists', oral history is now being used to improve the experience of geriatric patients and devise therapies for dementia. One of Britain's leading oral historians also runs the London Centre for Policy on Ageing; her book *Oral History and Ageing* interviewed patients and staff to reveal representations of older people in aging research and medical treatments (Bornat & Tetley, 2010). Meanwhile, theater director Pam Schweitzer received a *Lifetime Achievement Award* from the National Dementia Care Awards Board for the *Reminiscence Theatre* treatments she devised for dementia sufferers and their carers, based on creative uses of oral history. A *Cochrane Review*—the most rigorous assessment method used by scientists—found the approach yields significant clinical benefits for patients. It has been shared through clinical publications and the *European Reminiscence Network*, an international training organization for medical staff (Schweitzer & Bruce, 2008 and Woods et al., 2005).[5]

8. *Refugees—Facing up to the Policy Challenges Ahead*

If those suffering from dementia are one growing, vulnerable population whose future is uncertain, refugees are another. A lot of traditional oral history has been done with settled immigrants. But responding to the refugee crisis emerging worldwide, the online *Living Refugee Archive* is more contemporary and policy-oriented (Dudman, 2015). It gathers oral histories on refugees and migration into an online resource that feeds activism and works with policy.[6] While foregrounding current refugees' oral histories, the archive also holds the oral archives of policy organizations like the UN High Commission for Refugees and the British Refugee Council. The *Living Refugee Archive* is partnered with the Centre for Refugees, Migration & Belonging, who delivered part of the European Union's *Borderscapes* program of research to shape policy on 'bordering, political landscapes and social arenas—potentials and challenges of evolving border concepts in a post-cold war world' (Scott, 2006).

Meanwhile, funded by the Canadian government, a five-year *Mapping Memories* project used multi-media oral histories to give unprecedented voice to over 100 refugee youths in Montreal. It trained the refugee youth to achieve professional standards in emerging techniques like do-it-yourself cartography and video blogging. Their videos, exhibitions, training workshops and classroom materials teach a better understanding of refugee youth to educators, decision-makers and the public. And the project's website methodically teaches other communities how to do this sort of oral history project.[7] As a spokesperson explained, 'oral history has a pivotal role in educating ourselves and our communities about the social preconditions, experiences and long-term repercussions' of becoming a refugee (High, 2009 and High, Little & Duong, 2013).

9. *Institutional Racism—Oral History Exposing the Problem and Bringing Solutions*

It's not only newly arrived ethnicities that can be vulnerable. In the 1980s, Indigenous Australians were still being forcibly removed from their families in ethnic-cleansing style adoptions. In the 1990s, Australia's Human Rights & Equal Opportunity Commission did a national inquiry that included 535 Indigenous oral histories. Their 700-page report concluded that 'Indigenous communities endured gross violations of their human rights (that) continue to affect daily lives', Including preventing access to public services. So the government provided almost AU\$2 million to fund the '*Bringing Them Home' Oral History Project*, a massive reparation program that heard and published the harms done by the former policy. In 2008, the Australian Parliament formally apologized to their Indigenous people for 'the laws and policies of successive parliaments'. They committed to 'closing the gap that lies between us in life expectancy, educational achievement and economic opportunity'. Follow-up interviews in 2010 checked that public

policies and services for Indigenous people had improved in the ways promised (Haebich, Delroy & Patuto, 1999).[8]

In the unlikely event that you still hold any doubts that oral history is being used successfully to shape public policy, have a look at the vast *Regulatory Oral History Hub* curated online by the world-famous Sanford School of Public Policy at Duke University. It documents thousands of oral histories that have shaped regulatory public policy in the US alone (Kenan Institute for Ethics, 2016).

The Levels of Influence Oral History Can Have on Public Policy—Six Local Case Studies

Figure 3.2 shows six escalating levels of influence that oral history can have on public policy. To bring all this closer to home, we'll illustrate them with local projects I've been involved in myself. The decision-making systems where these oral histories intervened are all around you in any modern democracy, so these projects are local and accessible enough to be entirely doable *by you . . .*

Influence Level 1: *Some Concessions Won in Exchange, Though Oral Histories Failed to Stop the Program*

In Western countries, if planners approve a major building development that was opposed by testimonies from the local community, they often force the developer to fund local amenities like schools, parks or town center improvements to offset the perceived harm. The planners use residents' testimonies to help decide which amenities would be most useful. In just one year in Cambridge, these improvements included community centers, public sports facilities, public art, landscaping, play areas, history trails and a boathouse (Cambridge City Council, 2016).
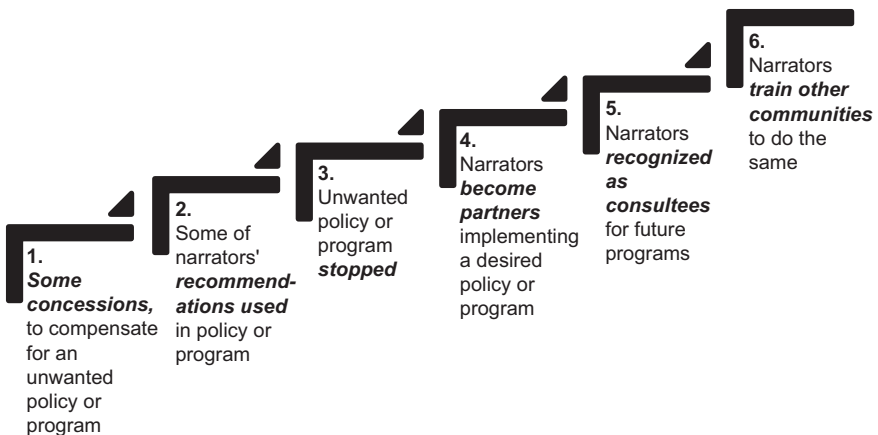

FIGURE 3.2 Six levels of influence that oral history can have on public policy

Influence Level 2: *Some Recommendations from the Oral Histories Used to Mitigate an Unwanted Policy or Program*

Oral histories have been widely used to soften Britain's *Welfare Reform* legislation, which has gradually been implemented since 2013. A new government sought to dramatically reduce access to welfare and social housing. Initial proposals brought a public backlash they had underestimated. They held firm but allowed some details of implementation to be defined by the protest-lobby. Cuts would be phased, rolling through the regions over several years; individual appeals and hardship funds would be allowed . . . Oral histories with welfare-recipients were critical in achieving these concessions and were used at three different phases of the legislation. Before the cuts hit, testimonies revealing how badly individuals would suffer fueled the initial opposition. Then, oral histories on the daily life and needs of welfare recipients were used to flesh out the concessions to cushion those hardest hit. Finally, oral histories continued to be gathered as the first regions received the cuts, revealing how badly lives were indeed affected. Suicides, medical deaths and physical suffering allegedly due to the cuts made grim footage in the national media. Real-life oral testimonies caused the British Medical Association to publicly denounce the legislation, even though it was well underway.[9] Oral history will continue to be a player as this national policy drama unfolds over the years ahead.

Influence Level 3: *An Unwanted Policy or Program Stopped*

I was dozing one evening at the back of the voting chambers of city government. The city's head accountant had just shown a PowerPoint presentation regarding all the reasons for a policy change he wanted the politicians to approve. Previously, if a disabled tenant in the low-income social housing owned by the city needed a stairlift, the city would pay for installing it. Those glory days were over, he explained, his cuff-links glinting under the chandeliers. In the future, the tenant must pay some of the installation and maintenance costs—we needed the income.

There was a sudden crash outside the huge brass double-doors of the chamber. A second boom took someone to investigate. As he levered the doors open a crack, we heard a voice explain '*I'm here about the stairlifts!*' A petite blonde managed to wedge her wheelchair through the crack and then wheeled more elegantly to the politicans' table, parking neatly between them. '*I'm here about the stairlifts*', she breathed, by way of clarification.

She launched into an impassioned testimony on how the stairlift had been a life-saver for her. She read out oral accounts from others about how they would struggle to pay stairlift fees. She was bordering on tearful when the lead politician cut across her, bashing his ceremonial hammer because her time was up. '*Amendment to the accounting proposal*', he barked. '*Amending that the proposal be thrown out and stairlifts be funded as before. All in favor, vote now.*' After a decade in the chamber,

I had assumed she didn't stand a chance because the financial facts were against her. But they voted unanimously against charging for stairlifts, and the accountant was sent off to find his savings elsewhere. She won the policy singlehandedly, through her own testimony and by bringing the accounts of others to the table.

Years later, that little blonde got elected as a city counselor, sitting at the policy-table voting policies in and out herself. (She stood for election five times before succeeding.) She went on to be elected the most popular mayor the world-famous city of Cambridge has known. Only then did we learn in the press the life-story of this cheerful, determined migrant who was abandoned as a baby, suffered in children's homes and triumphed over her physical disabilities (Cambridge News, 2014).

Influence Level 4: *Narrators Become Partners in the Implementation of a Desired Policy or Program*

One group of community narrators that I worked with started out as individual complainers nagging the authorities about park-maintenance in poorer neighborhoods. Eventually, the authorities started using them as unpaid monitors, reporting back on service standards. Next, the deluge of local knowledge and useful data they provided convinced policy-makers to put aside £200,000 extra each year to improve the poorest neighborhoods with new planting, better fencing, bike-racks and seating. They interviewed the former complainers to discover which neighborhoods needed investment most. And the process worked so well that those residents became a permanent part of decision-making as to how the extra funds would be spent each year.

Influence Level 5: *Narrators Recognized as Consultees for Future Programs*

I once did oral histories for city government with our ethnic minorities. This grassroots listening enabled us to implement their modest, useful suggestions for involving them in local decision-making. It was then noted that the city should have a specific *Ethnic Minority Housing Strategy*. But who knew the needs of these communities well enough to draw one up? The ethnic narrators were enlisted to help create the strategy and to officially monitor that it got properly implemented. Two of those ethnic speakers went on to be elected onto the city council with equal voting rights alongside the politicians.[10] In this way, oral history for public policy can function as a 'ladder of participation', enabling excluded communities to eventually gain equal status alongside decision-makers (Arnstein, 1969).

Influence Level 6: *Narrators Train Others to Achieve What They Achieved*

One of the upper rungs of this 'ladder of participation' is when narrators confidently teach their peers to do what they have done. Ours were invited to train

their peers from dozens of other cities and regions around the country, helping residents elsewhere to establish the same influencing-channels with their own decision-makers. This is an example of generative learning, where skills and confidence acquired by a few individuals spread into the community, transferring across into other communities.[11]

Hopefully, this chapter's global and local examples from so many professions will have encouraged you to try an oral history project of your own to improve a public policy or program. Having seen the levels of influence possible, you could now start visualizing the maximum and minimum influencing goals for a project of your own. For instance, your maximum goal might be '*To get the program stopped completely*'. A minimum might be '*To get it postponed for two years, done on a smaller scale and with concessions for the local community*'.[12]

Before you get started, I'd better let you know why those miners' wives at the start of this chapter weren't using the contraceptive clinic. Oral history interviews revealed that no, they weren't shy. No, they weren't fearful or distrusting of the contraceptives themselves. It was just that—um, well, er—in their community, birth control was—how to put it?—*men's business*. It was men who should get contraception sorted out. Wives wouldn't want to interfere in men's business. To succeed, the clinic needed to be readvertised as *men's business* (Fisher, 2000).

Concluding Tip—Before starting your own project, use Figure 3.2 to think through and plan the maximum and minimum levels of influence your project could achieve.

Notes

1. The countries are the US, Canada, Russia, Norway, Sweden, Finland, Denmark and Iceland.
2. You can visit their online resources at www.sristi.org/hbnew and view the colorful documentary about them, *G2G, Grassroots to Global* (Indian Government, 2013), at www.imdb.com/video/wab/vi3177425177
3. At www.positivedeviance.org, you can see how this Positive Deviance (PD) methodology has been applied to other problems and cultures. For instance, my local government employers brought in PD specialists to resolve anti-social behavior in one of our neighborhoods.
4. To be published by the Colorado Water Board in 2018.
5. My local government employers invited specialists to deliver the therapeutic entertainments of *Reminiscence Theatre* in some of our care homes.
6. For instance my book, *Asylum under Dreaming Spires—Refugees' Lives in Cambridge Today* (Hoffman, 2017), was produced in partnership with the Living Refugee Archive.
7. For example, the slideshow *A Taste of Home* (Llunga Sitnam, 2012) is a hymn to the ethnic diversity of one Montreal supermarket, while also giving non-refugee locals a richer appreciation of their own environment.
8. Visit www.noongarculture.org.au/stolen-generations for a colorful multimedia overview of this national drama, with audios of some oral histories.

9. The British Medical Association issued a unanimous demand that the new method of assessing medical fitness for work be stopped 'with immediate effect' (Gentleman, 2012).
10. This project was commended in the policy press by the head of the British Audit Commission, as one of the best strategies he had seen for boosting diversity in policy-making (Irwin, 2009).
11. Our model of generative learning was published and taught by government as positive practice (UK Government Homes & Communities Agency, 2010 and Davies & Lupton, 2010).
12. Use the blank template Appendix 1 (p. 111) to plan these goals and to stay aligned to them throughout the phases of your project.

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