4.2. Rural Health Tourism: a New Domain for Rural History

Panel organiser: van der Burg, Margreet, Wageningen University, Netherlands

This panel will explore rural health tourism as a new domain of rural history, especially in the modern period. It is well known that many health and rehabilitation institutions, caring homes and health centres are, and have been situated in rural areas. This is the case for both western countries and their colonized rural areas. Though, their presence has hardly been seen as connected to or integrated into the research field of rural history and rural change. Neither has this been the case for physically nor mentally ‘healthy’ activities that are and were often connected to the rural environment, such as hiking, skiing, pilgrimages and spiritual retreats. When comparing to critical studies on contemporary medical or health tourism into the so-called developing countries (e.g. Hall 2011), we can raise many related questions with regard to the rural past. The ‘invasion’ of patients, clients and their visitors in rather social and economic homogeneous rural societies when these rural based institutions and activities started and intensified, does not only ask for how their coming changed the livelihood of the inhabitants and how new (professional) labour opportunities altered the social setup, behaviour and structures of the surrounding communities. It also asks for how the direct or indirect contacts with others (e.g. most urban elite class) cultures, new health ideas and rituals, leisure and entertainment activities, and new professionals, have affected (groups of) people in the villages and small towns culturally. Another perspective is how the portrayal of the surroundings in promotional campaigns, infrastructural designs for accessibility and sanitation of the newcomers, designs of the health accommodations, day schedules, leisure activities, tell more about how the newcomers perceived their (future) relationships to the existing rural population and the people who lived there. This session explores the research area by literature review, points for the research agenda and case studies in especially the Netherlands, USA New Mexico / N. Carolina and Switzerland. It focusses especially on the modern period. Besides especially the gender dimension is at stake in this domain (e.g. m/f labour changes, services rendered to the institutions, visitors and tourists, f/m ratio of patients, clients, visitors, health movement adherents), we also pay attention to the intersections with other dimensions such as class/wealth, religion, race/ethnicity, age/generation, health status.

Chair: Keller, Irene, Archives of Rural History, Bern, Switzerland

4.2.1. Rural Welcome for Health Activities and Medical Treatment: Connecting Histories of Health Tourism and Rural Change
van der Burg, Margreet, Wageningen University, Netherlands

Currently, the impacts of health related traveling and tourism are passionately highlighted and addressed. The existing historical literature on health institutions and activities hardly makes any notice of them being based in small rural towns or even more remote away from them within rural areas. The healthy environment is often propagated but hardly discussed in relation to ideas of rurality or images and the realities of rural communities. Though, if we want to know what rural change they brought about, characterizing the interactive relationships between the rural communities and the health related newcomers is crucial. This paper will connect the main contemporary issues and concepts with new research questions, conceptualizations and methods for rural history research in this field. I will discuss how definitions and distinctions of various health activities and medical treatment can be used for historical research on rural change. Altogether I will suggest how relationships between health facilities and rural communities can be systematically mapped to investigate change and impacts both within the field, from the economic, social, cultural and political perspective. I will present an exploratory research of how the promises of bringing welfare and health facilities in exchange for advantageous support and licences are accomplished. From recent examples it has become clear that some really profit, but also that there is a potential increase of inequality and conflicts over incomes, social status, access to natural resources, and over decent behaviour among the sexes, generations, classes and ethnicities.

4.2.2. Magic Mountains: Rural Health Tourism in Early Twentieth Century United States

Jensen, Joan, New Mexico State University, Las Cruces, NM, USA

This paper will focus on three rural mountain health resorts in the United States. One, in the Appalachian Mountains of North Carolina, was a sanatorium started by Dr. Mary H. Lapham, who had studied with Dr. Brauer of Hamburg and Dr. Spengler of Davos, Switzerland, perhaps the same sanatorium at Davos that inspired Thomas Mann’s novel The Magic Mountain. Dr. Lapham introduced the pneumothorax machine into the United States, at a 1912 National Tuberculosis Association meeting and later instructed doctors in Silver City, New Mexico on the use of the new machine. By 1912, Silver City, New Mexico, at the southern end of the Rocky Mountains, had become a mecca for health tourists from all over the country. There Dr. Earl S. Bullock, overlooked the Cottage Sanatorium. The third centre, and the best known, in the Adirondacks of New York, was established by Dr. Eduard L. Truus, each of these mountain sanatoriums became health resorts specializing in cures for tuberculosis, then a major cause of death in the United States. The paper will examine the cultures and cures of these three centres, who sought them, who staffed them, and how they influenced rural mountain communities.

4.2.3. The Search for Health in the High Alps of Switzerland: Sanatoria Treatments in Davos and Leyson

Barton, Susan, De Montfort University, Leicester, UK

Tuberculosis was one of the biggest killers in the industrial cities of nineteenth century Europe. Without antibiotics there was little that could be done to relieve symptoms or provide a cure. Medical climatology was widely adhered to by physicians who sent unhealthy TB sufferers away to the milder climates. By the beginning of the twentieth century the treatment of tuberculosis in Davos and Leyson reached industrial proportions and adapted to the needs of the sick who followed strict regimes, often remaining in the sanatoria for many years. Barton, Susan

Keller, Irene

Rural Health Tourism: a New Domain for Rural History

van der Burg, Margreet

Dr. Margreet van der Burg is a rural gender historian at Wageningen University, NL. She published several books and many articles on rural women within agricultural and rural modernization processes with respect to labour, education, extraction, self-organization, representation, and agricultural research. From this, she broadened her view to Europe and the western world, and especially the last decade to global and transnational change. She served as chair/board member in organisations on women’s history, rural women’s studies and agricultural/rural history, and is now on the editorial board of Agricultural History.