An Inconvenient Truth:
Politics, Economics, and Ethics

By John Steen

On February 26, 2002, the APHA Executive Board adopted 12 Principles of the Ethical Practice of Public Health.[1] No. 4 reads:

> "Public health should advocate for, or work for the empowerment of, disenfranchised community members, ensuring that the basic resources and conditions necessary for health are accessible to all people in the community."

No. 6 reads:

> "Public health institutions should provide communities with the information they have that is needed for decisions on policies or programs and should obtain the community's consent for their implementation."

But what are the implications in these principles for how public health ought to be practiced? And what are the implications of being bound by international human rights law including the right to the highest attainable standard of health?

An Inconvenient Truth…

Public health is validated through its ethics and through a political mandate that sanctions its work. That mandate is provided by government that, in its stewardship role, has responsibilities to look after the vital needs of people both individually and collectively, including to seek to provide conditions that allow people to be healthy.[2] It is the responsibility of public health to intervene where the health of the population is significantly at risk. This responsibility includes that of providing authoritative information and advice.

In making health equity fundamental to its mission, public health has adopted social justice as a profoundly political theme. The very act of defining public health is a political act. Public health must acknowledge that it cannot pursue its vision of better health for all as a human right without confronting the political and economic power opposed to it. It must begin by addressing the disparity between its goals and its means. The separation of epidemiology from political engagement reflects moral blindness. I concur that "a determined desire to achieve equality in health makes obvious the need for political action to effect fundamental social change," and "…perhaps more assuredly than for any other health field, public health can never be depoliticized without losing its very essence and effectiveness."[3]

In its landmark 1988 report, the Institute of Medicine identified some "appreciable barriers to problem solving in public health," including "limits on effective leadership,

including poor interaction among the technical and political aspects of decisions."[4] It found that "public health agencies are having difficulty striking a balance between political responsiveness and professional values."[5]

The acknowledgement that the health status inequities of whole populations are the result of a world being remade in a neoliberal image carries with it the promise of the ability to reverse that process through designs promoting greater equity and social justice. That is a decision societies must make, but first they must understand how and why to make it. It is not the role of public health to manage the democratic political process, but it assuredly is its role to inform it. It is the empowerment[6] of the population as an imperative of human rights that results in the sought-after benefits of better population health, and these ensue only from good governance. The public health ethic requires its adherents to open its populations' eyes to all those inequities resulting from a dysfunctional political process and the misuse of political power.

Health risks aren't a given. Much good research has been conducted on the social determinants of health as agents adversely affecting the health status of populations, agents whose existence is properly seen as a challenge to public health's mission. The problem is that public health fails to identify the people with the economic and political power behind those agents. "It is not *inequalities* that kill, but *those who benefit from* [and perpetuate] the inequalities that kill."[7] "Disease is a social and political category imposed on people within an enormously repressive social and economic capitalist system, one that forces disease and death on the world's people."[8] In public health's failure to identify this, it implicitly operationalizes the neoliberal policy model[9] of assignment of responsibility for health status to the individual.

It has been argued that there is a fallacy in this too. "By essentially assuming that risk factors for disease in individuals can be summed to understand the causes of disease in populations, academic epidemiology has limited itself to a narrow biomedical perspective, thereby committing the biomedical fallacy of inferring that disease in populations can be understood by studying risk factors for disease in individuals."[10]

It was claimed that "a major thrust" of the WHO's Commission on the Social Determinants of Health was "turning public health knowledge into political action,"[11] but its report never made those linkages clear. It failed to ask the question why we are burdened by those social determinants, to ask for the causes of "the causes of the causes,"[12] a question needed to arrive at the insight that the public's health is politically and economically as well as socially determined. *Political pathology* is the cause of the causes of the causes.

This is abundantly clear in an excellent Canadian report: *Social Determinants of Health: The Canadian Facts*.[13] It describes a situation in Canada that is very similar to that in the U.S., but it includes "policy implications" that are properly governmental/political. "Our key message is that the health of Canadians is much less determined by the health care

system than we typically think. Much more important are public policies that influence our living conditions," says Dennis Raphael, the report's co-author. And Ronald Labonté, Professor and Canada Research Chair, Globalization and Health Equity, University of Ottawa is even more pointedly specific: "We have lived through three decades where the predatory greed of unregulated markets has allowed (and still allows) some to accumulate ever larger hordes of wealth and power while denying others a fair share of the resources they need to be healthy. This book is a fast-fact reference and an invitation for Canadian health workers to join with social movement activists elsewhere to reclaim for the public good some of these appropriated resources."

…Speaking Truth to Power

The societal determinants of disease – poverty and living conditions – were first described by Rudolf Virchow in his medical report of a typhus epidemic in Upper Silesia in 1848. It remains for public health to adopt the social medicine agenda to address those causes in today's political context. If as Virchow wrote, health is more political than medical, then the sort of society we are and who gets to participate in decisionmaking are principal concerns for public health. He envisioned healthcare as a constitutional right of citizenship, delivered by a public health service consisting of an integrated system of publicly owned and operated healthcare facilities, staffed by health workers who were employed by the state. Most trenchantly, he saw that it was naïve to argue for a public health service without also struggling for more basic social change.

Public health is entrusted with the authority to exercise the diligence necessary to protect the public's health. To carry out that responsibility with professionalism and integrity requires that it be independent of excessive political influence that would undermine its effectiveness. Ideally, public health leaders should be seen as having the ethics and politics defined by the value of truth, together with the freedom to correct policy errors.

Where there is evidence that the underlying causes of the morbidity and premature mortality of populations lie outside of the traditional field of public health, it is justified in pursuing those causes to a satisfactory conclusion as an intersectoral advocate. Its mission then becomes one of promoting social justice by nurturing a shared sense of the intrinsic value we all have as members of one world community.

> "Social parameters such as income, housing or education have a great effect on health status, and health equity depends substantially on the implementation of appropriate policies in all public sectors. As a consequence, health sector policies and programmes that seek to improve the health of all citizens should consider collaborating with any relevant actor, whether inside or outside the government, and whether concerned primarily with social, educational, environmental or legislative issues."[14]

David Kessler furnishes the example of a government official undertaking a major public health initiative aimed at altering the political dynamics of the nation for the public welfare. In 1995-96, he applied his full power as Commissioner of the FDA

toward regulating the advertising of tobacco in order to limit the damage to the public's health from smoking.[15] For this, he was awarded the Public Health Hero award on April 2, 2008 by the U C Berkeley School of Public Health "for his leadership and courage in challenging the U.S. tobacco industry."[16]

A good suggestion is for "public health to take on an ombudsman role, to be responsible for carrying out and making public 'health impact analyses'[17] of government policies."[18] It comes with the recommendation that the mandate and role of public health should be to:

> "1. Assure that government and institutional actions are assessed for their impacts on the health of the citizenry (political action);[19]
> 2. Advise governments and institutions on policies and actions that will enhance the health of the citizenry (policy development); and
> 3. Support communities and work to enhance community participation and cohesion (participation)."[20]

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[1] *Principles of the Ethical Practice of Public Health*, Version 2.2, Public Health Leadership Society, 2002. http://phls.org/CMSuploads/Principles-of-the-Ethical-Practice-of-PH-Version-2.2-68496.pdf.

[2] "Stewardship is the overarching function that determines the success or failure of all other functions of the health system…. A strong stewardship should in fact permit a more efficient use of the private sector to meet the needs of the health system." *World Health Report 2000* (Geneva, Switzerland: WHO, 2000)

[3] Hillel W. Cohen, Mary E. Northridge, "Editorial: Getting Political: Racism and Public Health," *AJPH*, 90 (6), June 2000, p.842. http://ajph.aphapublications.org/cgi/reprint/90/6/841.

[4] Institute of Medicine, *The Future of Public Health*, National Academy Press, 1988, p.107.

[5] Ibid., p.154.

[6] "A social-action process that promotes participation of people, organizations, and communities towards the goals of increased individual and community control, political efficacy, improved quality of community life, and social justice." Nina Wallerstein, "Powerlessness, empowerment, and health: implications for health promotion programs." *American Journal of Health Promotion*, 6(3), 197-205, Jan. /Feb. 1992.

[7] Vicente Navarro, "What We Mean By Social Determinants of Health," *Global Health Promotion*, 16, no. 1, 2009, p.15.

[8] Vicente Navarro, "What We Mean By Social Determinants of Health," *International Journal of Health Services*, Volume 39, Number 3, 2009, p.440. http://baywood.com/hs/ijhs393A.pdf

[9] A succinct definition of neoliberalism: "…the role of the state in all dimensions of economic and social life should be reduced in order to free up the enormous potential of market forces (usually referred to as "free" market forces), by deregulating world trade, increasing the mobility of capital and labor, and eliminating social arrangements (such as social pacts and protectionism) that [stand] in the way of the full development and expansion of capitalism." Vicente Navarro, ed., *Neoliberalism, Globalization, and Inequalities: Consequences for Health and Quality of Life*, Baywood Publishing Co., 2007. Introduction, p.1. http://www.baywood.com/intro/338-3.pdf.

[10] Carl W. Shy, "The Failure of Academic Epidemiology: Witness for the Prosecution," *American Journal*

of Epidemiology 145 (6), March 15, 1997, pp.479-484. http://aje.oxfordjournals.org/cgi/reprint/145/6/479.

[11] Michael Marmot, "Social Determinants of Health Inequalities," *The Lancet*, 365 (9464), 1099-1104, March 19, 2005. http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(05)71146-6/fulltext#.

[12] This is a phrase used by Sir Michael Marmot.

[13] Mikkonen, J., & Raphael, D. *Social Determinants of Health: The Canadian Facts*. Toronto: York University School of Health Policy and Management (April 28, 2010). http://www.thecanadianfacts.org/The_Canadian_Facts.pdf.

[14] World Health Organization, "Health for All," 2005, p.45. http://www.euro.who.int/document/e87861.pdf.

[15] Dr. Kessler was Commissioner of the FDA from 1990 to 1997. For an account of how he succeeded, see Jeffrey Goldberg, "Next Target: Nicotine." *New York Times Magazine*, August 4, 1996. http://www.nytimes.com/1996/08/04/magazine/next-target-nicotine.html?scp=7&sq=%22David+Kessler%22&st=nyt.

[16] http://www.publichealthheroes.org/heroes/2008/kessler.html.

[17] "Health impact" measurement too is subject to the pro-business economic biases insidiously present in public policy. See Katherine E. Smith et.al., "Is the increasing policy use of Impact Assessment in Europe likely to undermine efforts to achieve healthy public policy?" *J Epidemiol Community Health* 2010; 64**:** 478-487. http://jech.bmj.com/content/64/6/478.full.

[18] Dennis Raphael, "Public Health Responses to Health Inequalities," *Canadian Journal of Public Health*, V89 (6), November-December 1998, pp.380-381. http://journal.cpha.ca/index.php/cjph/article/viewFile/1135/1135.

[19] The Politics of Health Group (PoHG) based in the UK advocates that the impact of political power on public policy be assessed to support the human right to health. For membership information, see its website: http://www.pohg.org.uk/.

[20] Raphael, op.cit.