

The Vision of Public Health in the 21st Century

By John Steen

Public Health has always waged battle against the dangers that threaten human life. In its beginnings, it was preoccupied with the environmental agents causing disease and threatening human development, but today in those nations fortunate to have sufficient funding for public health, those threats have been largely overcome. The greatest threat is no longer environmental nor even economic, but social and political, and the vision of public health must be raised to reflect that. In promoting health today, a consensus of the world's nations supports the guiding principles in the Universal Declaration of Human Rights¹ in which the goal is to improve not only health status but human development, which embraces social justice as well as human rights. This approach is also reflected even more specifically in the UN's International Covenant on Economic, Social and Cultural Rights (ICESCR), adopted in 1966 and never ratified by the U.S., that requires governments to recognize "the right of everyone to the highest attainable standard of physical and mental health." (Article 12)² In 1978, the Declaration of Alma-Ata proclaimed the right to health to be a "most important world-wide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector."³ It is the realization of this ideal that should guide public health in the 21st Century.

Public health must now embrace those social and political factors that prevent us from achieving its aims. It must see health as reflective of, and as contributing to, the quality of human life where that quality is largely determined by political and social policies. Sufficient evidence has been collected worldwide to establish the role of social and behavioral factors in health,⁴ sufficient to require that public health adopt as part of its mission, nurturing a shared sense of the intrinsic value we all have as members of one community. 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.⁵

The improvements sought by public health must be made in politics and education, and though these may still be seen to be "upstream" from it, that very reason is why public health must adopt their improvement as a priority. Public health officials have a vested professional interest in framing how the public understands their issues. To do public health in the 21st Century is to engage in a form of political activity⁶ driven by a social conscience, and it is always a challenge for public health officials to "speak truth to power" from within government service. The practice of public health is so marginalized and parochial in the U.S., policymakers are hardly aware that a body of international law exists that has concrete implications for domestic policymaking regarding health. For a generation, we have evidenced a nearly total disconnect between our global commitments and our domestic politics, never seeing how the two are connected by human rights. Corporate political interests lobby to ensure that the government defends the status quo.

Were we to ratify the ICESCR, in order to meet its standards we would not only have to provide universal access to health care, we would have to allocate our health care resources equitably.

Public health is contained within a political compact between people and their government, and when people no longer trust nor support their government, the commitment represented by public health can no longer be fulfilled. We can no longer claim to be doing public health without promoting public participation in the political process, and through it those political policies that would better enable public health to achieve its goals.

Where can we look for a human value powerful enough to sustain such an effort? We should look to the family and its extension and support, the community. The public health ethic is strongest where there is the strongest sense of community and solidarity. Why is that sense so weakened now in America? I think it is the result of the sort of fragmented and self-centered lives we have been living in which public life is depreciated, and to our failure to teach the traditional social and political values in our educational system. Solidarity is still strong in Europe where the past century's wars forced people to fight to save their families and communities. We have been spared the damage of such social upheaval, but we've also missed the benefit of its lessons.

The upward arc of history has allowed most Americans to enjoy a period of peace and a degree of affluence unprecedented in human experience, but we have been lulled into thinking we live outside of that historical context. And we can react to the beneficence of history with humility and gratitude, or with hubris and greed. Of late, wealth and political power has decided which of these directions our society follows. What might lead us to want to take a new direction now?

The Moral Equivalent of War

In the words of William James, we need to find the "moral equivalent of war"⁷ in modern life. A century ago, James still saw that as "warfare against *Nature*," but we can now see how ironic that is. It is man's shortsighted, irresponsible development of those very institutions developed as improvements on nature that have created a world crisis. And in our own nation, our increasing isolation from nature in our daily life makes it harder for us to perceive ourselves as part of it, and supported by it.⁸ The growing realization of the threats posed by climate change to all the world's nations, threats of war as well as economic disruptions and newly virulent environmental agents, should now be seen as requiring us to promote that enlarged conception of public health that embraces all of the conditions in which the world's peoples live. Climate change is now acknowledged to be the single greatest threat to public health in the 21st Century,⁹ but we have yet to realize its full implications. It raises every threat that public health has ever dealt with, and adds a host of upstream political factors as well. Then too, its impact falls hardest on those nations that have benefited least from the excesses that have given rise to it. That may be the silver lining in the crisis of climate change – it might reinspire our political life and our social morality. It forces us to confront "the tragedy of the

commons”¹⁰ that demonstrates how something may be “good for each, bad for all” and “bad for each, good for all.” We may once again come to think in terms of “the common good,” and to see the rhetoric of “rugged individualism” as something we can no longer afford. It is that “rational” self-interested behavior of all of us as individuals, sanctified by our libertarian beliefs, and protected by conservative political interests, that has led us toward ruin. Our faith in investing in markets carries with it the belief that that enterprise and those markets can be “free,” blinding us to our responsibility for investing in the society that nurtures them, and us. It is not as if we don’t acknowledge the necessity of regulating to ensure a healthful environment, we simply haven’t understood to what extent we have compromised everyone’s safety by allowing a simplistic concept of “free enterprise” to rule national policy.

We never consented to being misgoverned, but we did tacitly consent to our political blindness. If we truly realize that, we may finally be forced to open the black box of corrupted political policy, and see how we’ve betrayed ourselves by fostering greed, underinvesting in our communities, and substituting corporate welfare for public welfare. And we may see fit to empower ourselves through our government once we realize that government is not the problem, it is the only solution. Only government can carry out the will of the nation, and now that will must be directed toward solving this crisis. Isolation is no longer an option. We all share the atmosphere of planet earth.

The efforts of government in public health have long been denigrated as abridging individual rights and liberties, but responding to climate change will prove otherwise. Climate change threatens to erode human freedoms and limit choice. Here promoting public health will protect individual human rights by addressing determinants of health beyond the control of the individual. Public health is depreciated and threatened by the advance of globalization based on a prevailing neo-liberal economic paradigm that ignores social determinants because it cannot place an economic value such as income levels or rates of growth on them. Public health needs a rights-based mission to effectively overcome the agendas of the powerful and advance the cause of the neediest who constitute the majority of the world’s population. To win this war, we will need the political will to cooperate in a common effort against a common enemy.

The gist of James’ essay was that “war is the *strong* life; it is life *in extremis*.” He said that “our ancestors have bred pugnacity into our bone and marrow, and thousands of years of peace won’t breed it out of us,” so we need to find its *moral* equivalent to occupy our energies if we are ever to replace it. Our future may now depend on our being able to commit ourselves to the proper exercise of virtue in a war against climate change. As James pointed out, “the virtues that prevail [in winning a war], it must be noted, are virtues anyhow, superiorities that count in peaceful as well as in military competition.”

We need a renewal of our vision of what America is, one that instills the pride in our nation that makes us want to do whatever is necessary for all of our people to prosper. James pointed out that “a permanently successful peace-economy cannot be a simple pleasure-economy.” He saw obligatory service to the state as the best expression of the moral equivalent of war, saying that “we could be poor, then, without humiliation,”¹¹ but

the last, best promoters of that ethic in America were assassinated in the 1960s. He ended his essay on a note of optimism, writing that “it is but a question of time, of skillful propagandism, and of opinion-making men seizing historic opportunities.” President Kennedy articulated a vision for America when he set the goal for us to put a man on the moon, and we immediately started laying out the steps that would get us there.¹² We have yet to do that for the promotion of our own health, so we have neither a public health system nor a personal health system. Today, the world needs us to employ that uniquely American “can-do” approach toward solving its public health problems, but that has to start with public health owning all those problems that now threaten the health of the world’s peoples regardless of what they are.

The Human Right to Health

What should be seen as a human right is ensuring the conditions in which people can be healthy, the principal responsibility of governments. This means recognizing the human right to public health. This right exists at the intersection of human rights, public health, and international law. Human rights are the underlying determinants of health, and they need to be fulfilled through public health systems.

The concept of the human right to public health answers to the threat of global climate change by creating international obligations for realizing health, recognizing the interconnectedness of risk that requires international responses¹³ and the need for protection under international law for risks that fall outside of the jurisdiction of individual states. We might all come to see as Kant did that “a transgression of rights in *one* place in the world is felt *everywhere*.”

The 21st Century has given to the whole world the task of ensuring that “the tragedy of the commons” does not become the world’s tragedy. The United Nations must be empowered to do what it was created to do and what only it can do: organize a global response to this critical global challenge, and we must be its leading supporter. Nations will be obligated to assist each other, to work together in their public health programs, all in the spirit of brotherhood. We will see that we are all brothers because we all live in the same home, and we will see why we must all become each other’s keepers.

¹ Adopted by the United Nations General Assembly on December 10, 1948. Available at: <http://www.un.org/Overview/rights.html>. Article 25 states: “Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services....”

² The United Nations Committee on Economic, Social, and Cultural Rights (CESCR), which monitors the implementation of the ICESCR, issued its most authoritative statement on the meaning of the right to health in General Comment No. 14, “The Right to the Highest Attainable Standard of Health,” in 2000. Accessible at: <http://www.unhchr.ch/tbs/doc.nsf/>.

³ Available at: <http://www.who.int/hpr/archive/docs/almaata.html>.

⁴ For a good overview of the relevance of social determinants of health to areas of social policy, see World Health Organization, *Social Determinants of Health: The solid facts, 2nd edition*, R. Wilkinson & M. Marmot, eds (2003). Accessible at <http://www.euro.who.int/document/e81384.pdf>.

⁵ These underlying determinants of health – including financial resources, employment, access to potable water and sanitation services, adequate supply of safe and nutritious food, shelter, healthy environmental conditions, social stability, freedom from violence and discrimination, and health-related information and services – are addressed most effectively not through individual medical or behavioral interventions but through public health and social welfare systems. J.M. Mann, “Medicine and Public Health, Ethics and Human Rights,” in J. Mann, S. Gruskin, M. Grodin, and G. Annas, eds., *Health and Human Rights* (New York: Routledge Publishing, 1999): 439-452.

⁶ Over 150 years ago, this was seen as an ideal of social medicine by Rudolf Virchow: “Do we not always find the diseases of the populace traceable to defects in society?” and, “Should medicine ever fulfill its great ends, it must enter into the larger political and social life of our time; it must indicate the barriers which obstruct the normal completion of the life cycle and remove them. Should it ever come to pass, Medicine, whatever it may then be, will become the common good of all.”

⁷ This is the title of a speech James delivered at Stamford University in 1906. It is as relevant now as ever it was. He describes a view of history that sees nations as expanding or shrinking “according to their vitality or decrepitude,” the proclivity of any nation reaching a peak of strength to enter into war as the only adequate exercise of its strength, and even the conviction that it is God’s intent and design for weighing the virtue of nations. He uses Japan and Germany as examples, but now we have a new example of what Sen. Fulbright called “the arrogance of power.” The text of the speech is available at: <http://www.barnard.edu/amstud/resources/nationalism/james.htm>.

⁸ When Thoreau wrote, “In wildness is the preservation of the world,” he meant that the experience of nature must inspire in us the sort of gratitude for what is given us that will commit us to its preservation.

⁹ Climate change has been deemed “a question of values, ranking among the great moral imperatives of our era,” by U.N. Secretary-General Ban Ki-moon. On February 2, 2007, the UN Intergovernmental Panel on Climate Change declared that the evidence of a warming trend is “unequivocal,” and that human activity has “very likely” been the driving force in that change over the last 50 years. A collection of reports, initiatives, and pleas for action by many of the world’s nations can be found in “Green Our World!,” *UN Chronicle*, Vol. XLIV, no.2, 2007: <http://www.un.org/Pubs/chronicle/2007/issue2/0207cont.htm>. For the health implications, see D Campbell-Lendrum, C Corvolan, and M Neira, “Global Climate Change: implications for international public health policy,” *WHO Bulletin* 85:3 (March, 2007), 235-237; accessible at <http://www.who.int/bulletin/volumes/85/3/06-039503/en/>.

¹⁰ This is the title of a fine essay by Garrett Hardin in *Science*, 162(3859):13 December 1968, 1243-1248.

¹¹ In writing this, James captured an important insight. Not only is it morally repugnant that the poor feel humiliated, feeling so is an independent social agent for disease. Where the poor feel supported in their society – Costa Rica furnishes an example – their health status is uncompromised.

¹² But he also declared, “. . . to those peoples in the huts and villages across the globe struggling to break the bonds of mass misery, we pledge our best efforts to help them help themselves, for whatever period is required – not because the Communists may be doing it, not because we seek their votes, but because it is right. If a free society cannot help the many who are poor, it cannot save the few who are rich.”

¹³ This has been recognized in connection with the emergence of infectious pathogens threatening pandemics.

* * *

This essay is dedicated to the memory of Jonathan Mann (1947-1998) who so effectively disseminated 21st Century thinking in ethics, human rights, and public health by reminding us of the world’s unending need for compassion.