

What is Said, What is Silenced, What is Obscured: The Report of the Commission on the Social Determinants of Health

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The final report of the WHO Commission on Social Determinants of Health (CSDH), chaired by Dr. Marmot of the United Kingdom, is a remarkable document for what it states, what it silences, what it obscures, what actions it advocates, and what it leaves out. A brief analysis of the Commission's statements is presented here.

The Report is an important landmark in the history of the social determinants of health and in the trajectory of the WHO, the institution which convened the Commission. For WHO, the report represents an auspicious and welcome change in a regrettable trend; since the 1980's WHO has abandoned the ideology of its founders, i.e. an interventionist commitment to improve the situation of poor individuals and countries. The early WHO was a strange and contradictory – yet creative – combination of Social and Christian democracies, of Third World activism promoted by countries in the midst of independence or liberation struggles, and of Eastern European Marxism. All of this was perfectly in sync with the role that the United Nations and its agencies played during the Cold War. With the two rival blocks constantly at odds, there existed a fertile middle ground on which initiatives could develop which promoted social justice and which, in turn, provided legitimacy to the rival Cold Warriors who profited from them. After the disappearance of “really existing” Socialism, triumphant Western neoliberalism began harassing any country which

attempted progressive social measures, a harassment that sometimes involved the use of force. WHO and its sister agencies of the UN became the new acolytes of neoliberalism triumphant. WHO gave up its leading role in the world's collective health, and resignedly limited itself to following policies which were designed and implemented by organizations of a neoliberal bent, such as the IMF, the World Bank, and the WTO. While the consequences of these policies were not all that clear at the time they were being implemented, their results are clear for all to see: a setback for the concept of health as a social right and a weakening of nation states or communities which prevents them from playing an active role as either service providers or as regulators of the workings of the market. According to neoliberal dogma, the market is the perfect allocator of resources and the ideal arbiter of priorities and policies. Beginning in the unfortunate decade of the 80's, the market, in both general society and in health, weakened labor, increased unemployment, dismantled universal social coverage, lowered salaries, reduced public health expenditures, privatized services, mandated user fees, and decreased supervision of private health care providers and of the pharmaceutical industry. All these initiatives deteriorated the collective physical health. As to mental health, the replacement of more or less predictable individual lives with the uncertainties and unpredictability of unchecked market forces quite clearly deteriorated it. Unfortunately many of these assaults on mental health will never be well recorded since they are largely unquantifiable.

The creation of the Commission on the Social Determinants of Health is welcome; it represents a

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return to the idea that the social determinants of health have a central role in collective health and that they can be modified by government policies. However the Commission merits criticism for not having gone far enough both in its diagnosis of the health situation and in the measures which need to be taken in order to ensure that the social determinants of health maximize collective health. The WHO is currently underfinanced and faces constant restrictions on its ability to speak out about certain subjects which affect very powerful lobbies (whose most vocal defender is usually the US delegation). WHO seems ill placed to deepen its analytic framework and to correct its shortcomings.

The Commission held extensive consultations during the preparation of the report. Some of those consulted were representatives of civil society, including People's Health Movement (India and South Africa), the Association for Health and Environmental Development, ALAMES, Health Action International Africa, EQUINET, and the Health Civil Society Network. But, as is often the case, it is the voice of the academics, particularly those representing national or international elites, who dominate and they are usually anxious to avoid controversy. Agreements within the Commissions needed to be ironed out at the time of documents are drafted; what usually happens in these cases is that compromise leads to documents representing an uncontroversial "middle ground."

Yet, the collective health of world, subject as it is to the hazards of international and national health policy, demands that those who are called to speak about it show an extraordinary intellectual independence. The difference between the current state of ill collective health and a better (and perfectly realizable) one is the mountain of dead bodies being produced every day. In few human endeavors are ethical demands as stark as those in the arena of health.

Some of the silences of the CSDH Commission can be explained. Its Chairman and some of its members are, by nationality or attachment, Americans or British. These two countries were

those who invaded Irak in 2003 on the basis of lies propagated by the mass media. The invasion produced a "surplus mortality" of between half a million and a million persons, and the uprooting of millions of survivors. There are no references to facts like these as social determinants of health. It is quite clear that "war" is a social determinant. And this concept can be enriched by considering categories such as "preventive war," "war to obtain resources from the invaded country," "war to punish or to set an example," "war of ethnic cleansing," etc. The Commission did not deal with the subject of war, even though it kills, hurts, and sickens much of the human population.

The Commission hardly dealt with the subject of pharmaceuticals. These now account for about one quarter of total health expenditures, surely the largest superfluous expenditure in health. This spending should be significantly reduced. Iatrogenic harm would be decreased and the amounts saved could be spent on proven health interventions like Primary Health Care. Perhaps the fact that many members of the Commission come from countries with strong pharmaceutical industries explains their scant interest in discussing this subject.

The findings of the Commission are presented in an abstract way designed so that almost any right thinking person would agree with them. But, in general, explanatory examples are seldom offered. There exist in world history numerous case studies of national experiences which have resulted in improvements in the social determinants of health and comparisons can be made between them. Some suggested areas would include:

- A comparison of policies regarding social determinants between the Nationalists and the Communists during the Chinese Civil War of 1927-1949.
- A comparison between the current policies on pharmaceuticals, the environment, and regulation of for-profit health care in the European Union and in the United States.

- A comparison of social determinants health policy in Cuba compared to the rest of Latin America.
- Trends of the social determinants of health in South Korea, Taiwan, and Singapore in the last 30 years.
- Policies on social determinants of health which are currently being implemented in the so-called “populist” countries of Latin America: Venezuela, Ecuador, Bolivia.
- Policies on social determinants in the Gaza strip and the Palestine Occupied Territories during occupation by the State of Israel, and after achievement of relative autonomy.
- Differences of policy in Chile and in Argentina with respect to health social determinants.
- Evolution of the social determinants of health in the “really existing” Socialist countries between 1945 and 1989.

The SDH Commission report was issued before the outbreak of the current financial, banking, economic and subsistence crisis, the most important economic crisis affecting humanity in the last 80 years. Its cost in human suffering has yet to be fully studied. The crisis is an example of what an omnipresent and unregulated market can do to harm health by deteriorating social determinants of health. However, even before this crisis, the Commission had much evidence of how the workings of pressure groups in health affect social determinants in a generally harmful way. The behavior of these interest groups, their objectives and strategies, could well have been made objects of analysis by the Commission. The intellectual analysis of this concrete problem would have added to Commission’s scenarios for the political adoption of the lofty abstract measures which the

Commission proposes to improve the social determinants of health. This might have made these scenarios more than just wishful thinking. Below is an incomplete list of pressure groups within the health sector which operate upon the social determinants of health and which ought to have been analyzed.

- Professional associations, especially those of physicians.
- Private health insurers and the banks to which they belong/are related.
- International funding institutions.
- Regulatory agencies for world trade.
- Private foundations.
- Manufacturers of pharmaceuticals, vaccines, and other medical technologies.
- Countries with a significant industrial sector producing health-related goods.
- Manufacturers of artificial sweeteners and fast foods as well as their distributors.

The Commission states “[t]he poor health of the poor, the social gradient in health within countries, and the marked health inequities between countries are caused by the unequal distribution of power, income, goods, and services, globally and nationally,” This is correct but it begs the next question: how does one get the power needed to improve collective health? History provides multiple and diverse examples: the French and Mexican revolutions; the democratic electoral examples of the Industrialized Western countries; Allende’s Chile and Chavez’s Venezuela; the civil wars of China and Cuba; the liberation wars of Vietnam and Algeria; the Intifada... Perhaps the WHO ought now to convene a Commission to study how is it that one obtains power to institute the social determinants which improve collective health.