

# Revolution now. Public health beyond capitalism

*Chiara Francesca Bodini*

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The last [conference of the International Association of Health Policy in Europe \(IAHPE\)](#), held in September 2017, demonstrated that critical thinking in public health is alive and well. This scientific gathering of a number of well-known scientists and academics shared a starting point that can be captured in the slogan "capitalism is bad for our health". Founded in 1977 as the [International Association of Health Policy \(IAHP\)](#), the European sister to the Latin American Association of Social Medicine (ALAMES) - holds international conferences every two or three years. The eighteenth meeting took place from September 21<sup>st</sup> to 24<sup>th</sup> 2017 in Thessaloniki, Greece, organised by the Aristotle University of Thessaloniki in collaboration with the Queen Mary University of London.

Over 30 speakers from all over the world presented critical analysis on "European health policies in the era of capitalist crisis and restructuring" - as captured by the title of the conference - during seven round table discussions and five key note lectures. In addition, numerous researchers animated parallel sessions presenting posters and papers of high scientific and political value. It is impossible to summarise the richness in analysis and perspectives brought by all the contributors, but I highlight here some aspects worth being widely shared.

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**Chiara Francesca Bodini. M.D.**

University of Bologna, Center for International and Intercultural Health, Bologna, Italy; People's Health Movement; Viva Salud, Brussels, Belgium.  
Email: [chiara.bodini@unibo.it](mailto:chiara.bodini@unibo.it)

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In the first place, it is important to know that IAHPE provides a space for a perspective on health and health policy that does not separate them from the broader political context. This makes it a relevant resource for civil society, social movements and students/young academics struggling to find their place in a professional environment dominated by the hegemonic neoliberal ideology and biomedical approach. More effort should be made to put the knowledge generated through this critical analysis available to all those who are actively engaged in the struggle against the current economic system, which is pathogenic for the people and the planet.

Secondly, IAHPE has a long and solid tradition rooted in Marxist theory, but over the years it has attracted scholars that actively work to develop state-of-the-art analyses necessary to make sense of today's challenges. In other words, although gathered around common premises, IAHPE is not a sanctuary for a unitary ideology, but more a laboratory for the development of critical theory in health. A lively cadre of young researchers, together with the richness and diversity of critical thinkers and traditions referenced by the presenters, are positive signs for the development of an alternative way to 'make health' in today's world.

Among the fields in development, the session dedicated to ecology and public health demonstrates – at last - that the Western perspective on the world must consider the health of people as part of the health of the planet. Many authors, especially from Latin America, drawing on the ancestral wisdom of the indigenous people and their cosmovision of *pachamama* (Mother Earth), made this point.

This way of making science, clearly positioned towards a claim for social and environmental justice, cannot be separated from social movements and the people's struggles. Many presenters had a direct engagement as activist in their own communities and/or in international solidarity, from the struggle against gold mining in Nicaragua, to the social solidarity clinics and occupied factories in Greece, to the Native Americans' protests in Standing Rock, to the movement for academic freedom in Turkey. In addition, an entire round table discussion on the last day of the conference was dedicated to social movements, with reports on the experiences of networks, organisations and trade unions from the USA, France, Tunisia, Greece and an extensive coverage of the activities of the [People's Health Movement \(PHM\)](#). The connection between mobilizations and knowledge generation is two-fold. On the one hand, engaged academics aim to produce knowledge that informs and supports social transformation; on the other hand, it is from the struggle on the ground that new ideas and practices can emerge to inform more progressive policies and new forms of social organisation.

Across the many themes of the conference, ranging from the health impact of structural adjustment plans to the current austerity policies, to the increasing privatization of healthcare services, to the issue of refugees' health, to increasing constraints posed on academic freedom by authoritarian regimes and/or neoliberal policies in the university - one consistent challenge is how to promote sustained progressive changes in a broader context that remains deeply rooted in capitalism. This is the case with progressive health policies (such as comprehensive primary health care), universal healthcare systems, as well as the very practice of modern medicine that - as highlighted by many contributors - deeply incorporates/enacts the capitalist view and modes of functioning of the world. One example among many is the widespread use of diagnosis-related groups (DRGs) to compensate hospitals: in the case of Germany, there are consistent reports of biases in both medical practice and reporting induced by the need to meet budget requirements or make enough profit to survive (as presented by Nadja Rakowitz, president of the Association of

Democratic Doctors).(1) In the words of David Himmelstein, co-founder of the US-based organisation [Physicians for a National Health Plan \(PNHP\)](#), "in the US, profitability is mandatory for health institutions to remain open", and a clear conflict with the best interest of patients.

The case of progressive health policies implemented in the federal district of Mexico City during the government of López Obrador (2000-2006), as recounted by Asa Cristina Laurell, who was at the time Health Secretary of the city, shows that while it is possible to achieve positive results through investing in the public health system, these results may be easily and quickly reversed - even if there is no change in the political party in power.(2) This demonstrates that a non-capitalistic agenda (working through the collective force of communities to reinforce solidarity, refusing to compromise with private capital and rejecting any pressure or corruption, placing the common interest above any particular interest, etc.) cannot be, once and for all, secured within a specific political formation. A strong commitment is needed to ensure lasting changes. When asked what she would do differently, if she were given a second chance to be in power, Asa Cristina Laurell said

*"When you get in these situations you have a lot of acute problems and tend to postpone what is not immediately needed. Looking back now, I would have tried to push much harder to construct a stronger popular participation. I would have tried to really give to the new health policy more profound roots in the population and amongst workers".*

The conference closed with the optimistic words of Howard Waitzkin, icon of the social medicine movement, deeply inspired by decades of 'participatory observation' with the revolutionary struggles in Latin America. Sharing a deep distrust in electoral politics, Waitzkin encourages us to embark on truly revolutionary projects. He suggests that we ourselves stand in our way as - citing Fredric Jameson - "it's easier for us to imagine the end of the world than it is to imagine the end of our economic system". Moving

away from fear, comfort and illusion, we should take the example of the Standing Rock protests, whose purpose was not simply to demonstrate against the pipeline, but also to block the actual transport of oil. Similar forms of direct action could target the system in order to slow or shut it down. In addition, since we - the 99% - are the main funders of the capitalist system, managing our money differently and promoting solidarity and local economies is a promising way to 'get in the way' of capital. In Waitzkin's words,

*"Communities can produce and consume most of the goods they need through non-capitalist exchanges based on use value rather than exchange value; we do not need global capitalism,*

*we can live and thrive without the 1% much more easily than they can do without us".*

It may be more complicated than this, but now is the time to make concrete steps in the right direction.

#### References

1. Broschüre «Fakten & Argumente». Krankenhaus statt Fabrik! 2017. Available at: <https://www.krankenhaus-statt-fabrik.de/196>
2. Laurell AC. What Does Latin American Social Medicine Do When It Governs? The Case of the Mexico City Government. *Am J Public Health.* 2003;93(12):2028–31.

