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Health activism: the way forward to improve health in difficult times

Glenn Laverack¹

Abstract: Health activism is an action on behalf of a cause, action that goes beyond what is conventional or routine in society. It involves a challenge to the existing order whenever it is perceived to lead to a social injustice or inequality. Today social injustice is killing people on a grand scale and it is timely for health activism to be used as a way forward to improve health during difficult economic and political times. Health activism is essential because it can create the necessary conditions for people to take control over their own lives when others cannot or will not act on their behalf. Health promotion agencies and the practitioners that they employ, professional organisations and researchers can also play an important role. What is clear is that if greedy corporations and complacent governments are not challenged, we will continue to have limited success in improving health. (*Global Health Promotion*, 2013; 20(3): 49–52)

Keywords: empowerment, power, health determinants, health promotion, politics

Activism can be defined as action on behalf of a cause, action that goes beyond what is conventional or routine, relative to actions used by others in society. Activism can also involve a challenge to the existing order whenever it is perceived to lead to a social injustice or health inequality (1). Health activism uses a range of tactics that vary according to the function, structure, organisation and purpose of those trying to redress the imbalance of power that has created the injustice or inequality in the first place. Historically, there are clear examples of how health activism has helped people to redress the distribution of power in society and to take more control of the determinants of their lives (2). Today, social injustice is killing people on a grand scale caused by inequities in power, money and resources (3). The perpetrators of social injustice are known to us (4). They are the faceless corporations, companies and capitalists to whom profits are the main priority. They are the bureaucrats, policy makers and governments that insist on an agenda of individualism and economic conservatism, to whom future cost-savings in health care services are the main priority.

It is timely for health activism to be used as a means to take action against them, to challenge the political drivers and perpetrators of social injustice by using, if necessary, action that goes beyond the conventional. Empowerment approaches are often compromised by the bureaucratic framework in which health promotion is delivered. Health activism offers a more direct approach to achieve lasting social and political change, one that is outside of a top-down sphere of influence. But to take the role of health activism seriously we need a strong professional statement in health promotion that is a revolutionary call for action.

The Commission on Social Determinants of Health had such an opportunity when it published its final report (5) on what needs to be done to reduce health inequalities within and between countries. The commission was made up of 19 experienced members, mostly academics, with the power to make independent recommendations including actions to deal with the named perpetrators of social injustice. Instead, the commission threw away a beautiful opportunity by choosing not to

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make a strong political statement and was subsequently criticised for dutifully presenting the evidence (6). In time, their decision to remain apolitical will return to haunt the members of the commission because this may prove to have set back the struggle to address health inequality.

Global economic conditions are giving rise to a tighter political and economic agenda and to public policies that reduce social and economic structures, deregulate labour and financial markets and stimulate commerce and investment. Governments are further reducing their responsibility by increasing market choice, transforming national health services into insurance-based health care systems, privatising medical care and by promoting a bio-medical model of health as individual behaviour change (4). For everyday living conditions this means that governments are cutting pay and jobs, freezing benefits and welfare payments and reducing opportunities for community empowerment, education and maintenance of the infrastructure (6). This neoliberal ideology is attractive to politicians because it promises easily quantifiable and achievable results within a short time frame, deals with high prevalence health problems, is relatively simple (7) and offers powerful financial incentives for savings in health care services, especially for people suffering from chronic diseases (8).

Health activism has been a successful strategy for addressing a specific, sometimes localised and often a short term health inequality. For example, women's pressure groups in the United Kingdom (UK) successfully campaigned for more funding for the use of Herceptin® to treat breast cancer because the minimum cost to pay for the treatment was well beyond the means of the women with breast cancer tumours (9). Health activism has also played an important role in helping social movements to address broader issues of social injustice in regard to birth control (10) and breast-feeding (11), giving women more control over their lives and health. Successful social movements have employed a combination of tactics directed by strong leadership, good media relations, a network of strategic alliances and sufficient, independent financial resources. For example, the Treatment Action Campaign (TAC) is credited with galvanising opposition to the court challenge brought by multinational drug firms against the South African government's attempts to

import cheaper versions of antiretroviral treatments. TAC successfully employed direct tactics including civil disobedience, legal action and media advocacy to force the government to make antiretroviral drugs available through the public health system (12).

Action to address the political drivers that give rise to social injustice and inequality requires that power and resources be redistributed by those in government and corporations, from people at the top to those lower down the social gradient (3). But how are these radical changes to come about—will politicians and corporations be willing to share their power and resources with the marginalised, disenfranchised and minority groups in society (6)? It would be naïve to expect this to happen. The development of healthy public policy, for example, is complex and in reality is mostly undertaken internally, and in confidence, with minimal public involvement. Radical action is therefore necessary for people to gain a 'voice' and to have an influence. Those people most likely to be affected by government policy, because they are low on the social gradient and have less economic or social protection from changes in, for example, taxation, benefit and welfare policies, have to challenge its formulation or even to stop its delivery. They cannot depend on others to do this for them. Health activism is a direct expression of public discontent with government or corporate decision making. People may choose to use conventional actions to express their dissatisfaction by, for example, attending a planning meeting, voting or signing a petition. However, these tactics are largely ineffectual and those who are low on the social gradient often lack the resources and political leverage necessary to have any influence. People who are successful start by using direct tactics that provide a show of support, for example, through mass demonstrations. These actions are intentionally symbolic, sending a message to politicians and policymakers about public grievances. The purpose is to shift political opinion about a particular decision, especially when it favours one group's interests or has not yet arrived at a firm view on an issue. This is then followed by stronger tactics to force others to change their mind through, for example, legal action, boycotts and strikes (2).

Politicians are sensitive and react to public opinion and to the pressure applied from those that

are able to play to the strengths of their position within a particular social, political and economic context. Between 2006 and 2010, for example, the New York City Food Movement (NYCfm) made progress in changing food policy through the creation of new programmes and the engagement of new voices to influence media coverage of food issues. The NYCfm used a variety of tactics including open network meetings, websites, advocacy and information sharing, and played a key role in the approval of local initiatives to provide affordable food in inner city areas (13).

Health activism can create the necessary conditions for people to be able take control over their own lives when others cannot or will not act on their behalf. Health activism can function without government support and it can be this financial independence that enables a challenge to be made to those that create the conditions of social injustice. However, health agencies and the practitioners that they employ, professional organisations and researchers also have an important role to play in assisting health activists. Professional bodies have used their 'expert power' to legitimize the concerns of others, for example, the support of the medical profession to the advocacy group 'Action on Smoking and Health' to ban smoking in public places (14). Activists have also worked with researchers to access evidence documenting problems and enumerating the benefits of policy proposals to support their cause (15). In fact, the combination of science and activism used by social reformers taking political action to change government policy is not a new idea and takes us back to the development of key public health legislation such as the 1833 Factories Act (16) in the 19th century.

It is the combination of activism, a strong professional lobby and credible scientific evidence that has the best chance of lasting social and political action. This is a strategy of 'working together for change' that has been successful in, for example, ensuring the use of seat belts in vehicles (17) and for radical changes in surgical treatment for breast cancer (18). What is clear is that if we do not challenge top-down programming, individualism, greedy corporations and complacent governments, we will continue to have limited success in improving poor health. The way forward is not a revolutionary reorientation of the way we work but it is an

acceptance of activism as a legitimate approach in the way we deliver health promotion programmes. Health activism offers the way forward at a time when difficult political and economic decisions have to be made and when innovative ideas in practice are lacking. The extent to which this happens will depend on how willing we are to engage with activists to address the causes of social injustice and health inequities in our societies.

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