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EDITORIAL

Activism and health in hard times

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Historically, public health has been instrumental in bringing about radical change including reforms in sanitation in the nineteenth century and by giving people more choices to cope with the effects of HIV/AIDS in the twentieth century (Laverack 2013). Today, social injustice and health inequality are killing people on a large scale even though this could be avoided through a redistribution of power and resources from people at the top to those lower down the social gradient (Marmot et al. 2010). Of course, it would be naïve to expect this to happen without the action needed to force those holding most of the power to share what they have with others. Public health is presently engaged in a gentle debate about these issues. What we need is a strong professional statement and a revolutionary call for action to solve the problems of social injustice and health inequality.

The Commission on Social Determinants of Health (CSDH) had an opportunity to make such a statement, to name the perpetrators of social injustice and to state the actions necessary to deal with them in its final report (WHO 2008). Instead it presented the evidence of the causes of the causes and recommended more and better. But do we need more of the same research to describe the problem? No, what we need is research on effective reforms and interventions that can solve health inequalities (Potvin 2009). What is missing from the ongoing debate is who will be responsible for this research. Professionals who are able to bridge the practice-academic divide are an essential ingredient in finding the right solutions. We need to do more to include these people in the fight against social injustice by, for example, funding interdisciplinary teams that focus on public health intervention research.

The CSDH also put empowerment at the centre of its final report, although in practice it is not an individual agency that changes the circumstances in which people grow, work and age. It is not individual action that will change the unjust and inequitable structures and systems in which people live. It is collective empowerment that can create the necessary conditions for people to take control over their lives when others cannot, or will not, act on their behalf. The omission by the CSDH to provide a focus on collective empowerment is also an inherent part of the models applied to research and to a public health policy that focuses on individualism and behaviour change. A call for action to solve health inequality must therefore put collective empowerment at its centre.

The deepening global economic recession has given rise to a tighter political agenda on public policies that reduce social structures and safety nets. For everyday living conditions this means cutting pay and jobs and freezing benefits and welfare payments (Nathanson and Hopper 2010). Those people most likely to be affected by national economic changes, because they are low on the social gradient and have less financial or social protection must, more than ever, engage in interventions to reduce the negative impact on their lives. But bottom-up approaches can be compromised by the bureaucratic, top-down framework in which public health programmes are designed and delivered. People cannot depend on government to help them and in hard economic times initiatives at a local level are even less likely to influence broader policy decisions.

Resistance to government and corporate decision making has been an effective means for people to gain greater access to power and resources. The Treatment Action

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Campaign, for example, successfully forced the South African government to make anti-retroviral drugs available through the public health system (Friedmann and Motiar 2005). Health activism can function independently of government support. It can challenge the existing order whenever it leads to an injustice and can go beyond conventional action in its struggle for radical social and political change. Activism has been successful in addressing local inequalities such as preventing the removal of neighbourhood health services. It has also helped social movements to address broader issues of social injustice including improved working conditions and equal pay. Public health organisations have of course had an important role to play using their 'expert power' to legitimize the concerns of others and by providing evidence to document the benefits of supporting a specific cause. An example is the support given to the advocacy group 'Action on Smoking and Health' for the ban on smoking in public places (ASH 2012).

It is a research on activist strategies that offers public health a way forward when innovative ideas to address social injustice and inequality are lacking. Engagement with health activists, at a time when difficult political decisions have to be made, offers public health a proven alternative approach in practice.

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