Public health and colonialism: a new or old problem?

Epidemiology is not alone as a discipline in facing awesome challenges. It would also be wrong to ascribe to epidemiology any particular failures; many disciplines have shared difficult times as the world around them is restructured. What is at stake for the entire spectrum of public health disciplines—from “hard” medicine to “soft” policy—is nothing more than a need to re-think their own role in the new global social order. Gradually, the enormity of the economic changes that have been pushed through by the neo-liberal project are becoming clear to the public health movement.²

Knowing this, can we justify investment in ever more sophisticated “technical fixes” for what we know are socially created health problems?² Is the future of policy to make the new global division of labour ever more efficient when this leads to social inequalities that are themselves a determinant of ill health?² Is surgery’s contribution to the global coronary heart disease epidemic only to conduct ever more bypass operations when it is the Western diet (now being sold worldwide) that needs to be confronted?⁵

These are big questions and lead to the realisation that a re-think of the conception and practice of public health in the 21st century is long overdue. Put starkly, is the public health movement going to bow down or stand up to the neo-liberal project? Or is it merely going to wallow in complexity? Whatever the answer, the times ahead require us to think carefully about language, the words we use to indicate our concepts and ideas.

In this context, the use of the term “colonialism” should be welcomed back into debate about public health. Although it grates and is probably a little crude, it points to a core truth about the social determinants of health. The forces that systematically mould and influence health are humanly factored, socially influenced and unequal. This is not to deny the immense strides in understanding about genetic or other biophysical mechanisms. On the contrary, the more such pathways are understood, the more important it is to appreciate the social factors that can make or manage them. The challenge laid down by the New Public Health—which is in fact rather old now (first referenced in 1911!)—is that policy and human actions can make a considerable difference to health outcomes. This being the case, the grand sweep of historical forces once again become pertinent. We are so easily focused on minutiae in our professional and everyday lives that we cannot see the wood for the trees, to use that English phrase.

Like “class”, the word “colonialism” resonates with meanings from an older social order, a period and centuries marked by great political tussles in which huge historical dynamics could be identified. The proponents of post-modernity sometime imply that these older words described a social reality that no longer exists. Colonialism, class, power, state intervention, etc, derive, they argue, from an obsolete lexicon. Differences among people are reduced to individual factors, chance or genetics. History itself, siren voices argue, has stopped, with the triumph of the West.⁷

Who could disagree that we live through a period of astonishing change? Yet the power of the information age—with its surfeit of data—enables us now to see the post-modern Emperor for what it is.⁸ Class, colonialism, social tension not only never went; they merely changed their clothes. The amazing gap between rich and poor within and between societies is well documented. There are 1.2 billion people living on US$1 per day.⁹ Meanwhile, the top 200 billionaires doubled their wealth in 1994–98 and just three of their number have more wealth than the combined GNP of all least developed countries, a total of 600 million people.¹⁰ Michael Jordan, a US athlete, was paid US$20 million for endorsing Nike trainers, more than the entire workforce was paid for making them.¹¹ His wealth, their health? Should we be surprised that after huge gains in life expectancy in the 1970s, it is now slipping? Or that 800 million children globally are under-nourished or that 2 billion people exhibit effects of poor diet?² Our era is not neo-colonial; it is more neo-mediaeval.

A new global class structure has quietly unfolded in which epidemiologists and all social researchers need to look beyond national or regional boundaries to see similarities of experience. The rich of Mumbai, India and Manchester, England may have more wealth than the combined GNP of all least developed countries, a total of 600 million people.¹² Colonialism cannot be stopped, the Seat- valley University, 32–38 Uxbridge Road, Ealing, London W5 2BS, United Kingdom

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