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.

Knowing this, can we justify investment in ever more sophisticated "technical fixes" for what we know are socially created health problems? 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? 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?

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 new unequal distribution of power known as globalisation? 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 socially created health problems? 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? 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? 1

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Debate

1 Avilés LA. Epidemiology as discourse: the politics of development institutions in the Epidemiological Profile of El Salvador. *J Epidemiol Community Health* 2001;55:164–71.