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Health and citizenship: the characteristics of 21st century health

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Health is at the core of modernity and its governance has been characterized by two expansions:

- An expansion of the territory of health into an increasing array of personal and political spaces and
- An expansion of the do-ability of health Health is an exemplary area to study the “consequences of modernity” in all its dimensions and it is inextricably linked to the concept of modern citizenship.

Health governance as we know it begins with the European enlightenment – and while it draws on motifs from the Greek classics as all health debate does with great regularity - it falls squarely within the discourse on modernization. The modes of life created by modernity sweep away traditional types of hierarchy and social order – initially on the European continent, presently on a world wide scale in the processes of globalization. Then as now the most intimate and personal features of day to day existence are shaped in new ways and health is (then and now) both a driving force and an outcome of these dynamics.

And one of the consequences of denial of citizenship to women was – as widely documented in the feminist literature – a parallel denial of their control over their own bodies, their sexuality and their reproductive capacity. Indeed women’s health is an exemplary area of the interface between health rights and civil and political and social rights to this day. The neglect of women’s health and the ideological battle over reproductive rights is a defining factor of the development agenda of the 21st century –

recently experienced again in the debates around the WHO resolution on reproductive health at this year's WHA.

On the political level the state begins to carry the responsibility for l'hygiene publique as part of the common good and a larger program of social reform. The articles on hygiene and health by Diderot and d'Alembert in the Encyclopedie sound the beginning of the new age in which "La perfectabilite de l'homme" is proclaimed as part of a political program and integral part of bourgeois culture. It opens the door for the professionalization of health and the rise of the medical system and its power of definition.

With enlightenment "health" becomes one major (if not the major) goal of modern society "Gesundheit als der perfektteste Zustand des Lebens" [[Hufeland]] a notion echoed 250 years later in the WHO definition of health: a complete state of physical mental and social well being. In consequence health is also increasingly defined as both a public good and as an individual right and this understanding makes it a driving force of social and political movements who lay claim to citizenship – again first at the level of the nation state and now at the global level.

These two themes and driving forces – the personal and the political dimension of health governance - intertwine in a wide variety of ways over the last two centuries as the expansion of territory and do ability of health is acted out and promoted by a wide range of different actors in society. These two dimensions in turn oscillate between changing notions of risk and of empowerment. Social reformers and conservative politicians, radical social movements, professional societies, philanthropies and civil society - all participate in varying degrees in defining and ordering the territory of health around health risks, citizen's rights and markers of inclusion and exclusion.

Michel Foucault's statement "In modernity the sharpest discourse on difference always takes its starting point from the body" has many illustrations in the health arena. As women's role changes health becomes political program through the women's health

movement of the 1960ies and 70ies personal health exemplified in slogans such as “the personal is political” or “my body belongs to me”. Also around this time the growing self help and mutual aid movements increasingly questions that the doctor always knows best and patient associations and “Betroffenengruppen” constitute themselves as legitimate experts in “their” disease and chronic condition. And the environmental movement explores and documents the impact of modern environmental risks on health. In the 80ties and 90ties health becomes an integrative force through the AIDS movements and a frame for the rights of the gay community. Today health – in particular the access to medicines such as ARV treatments – has become a key driving force in defining citizens’ rights in an era of globalization. Three out of the eight United Nations Millennium Development goals are focused on health and health has become a key area which explores social innovation, social entrepreneurship and new kinds of policy networks and partnerships between the public and the private sector.

And as health expands in modern societies the role of the citizen in health – as an individual who takes care of her own health, as a consumer in the health market place, as a patient in the health care system, as a voter on health care issues, and as a social actor together with others in NGOs and social movements – gains increasing importance. From the very beginning of modernity – when health moved beyond the confines of religion and charity to being defined as a right - health governance is always about inclusion and exclusion and health governance debates are always also debates about values and social justice. After long periods of expansion in the realm of the state in alliance with the power for the medical profession health is now faced with the next great period of expansion: the market and biotechnology on the one hand the power of the citizen/patient/consumer on the other.

Governance means no more and no less than managing power relationships and increasingly these are changing dramatically in the health arena. Health is both a co produced good and an infinite good - and its governance is no longer possible without the involvement of the citizen (as voter, actor, consumer, patient). The involvement of the

citizen is crucial in all three territories of health (whose boundaries become increasingly unclear)

- personal health (hygiene, lifestyles, wellness), [[souci de soi, empowerment]]
the self as a reflexive project : an individual must find her or his identity amid the strategies and options provided by abstract systems – not just narcissism but appropriation of knowledge and circumstances
- public health responsibility (medizinische polizey, public health and health policy), [[social reform]]
- expert medical health (treatment, drugs, genetics and bio technology) [[expert knowledge]]

The access to knowledge and information plays an ever larger role which is one of the reasons why health literacy will need to become one of the key literacies in modern societies. What sociologists call the reflexivity of modern social life consists in the fact that social practices are constantly examined and reformed in the light of new incoming information about those practices thus constitutively altering their character. Health is now of the areas in which knowledge and do ability and promise expand exponentially. Yet the hopes of the enlightenment to claims of reason and of certitude in knowledge have not been fulfilledin science today nothing is certain. What was healthy today is dangerous tomorrow. Blind trust in expert systems has been replaced by dialogue at best but also by increasing suspicion, one example is the recent debate on vaccination and autism. Health systems are becoming ever more complex to navigate, decisions on treatment need to be taken, complex drug regimes need to be adhered to, healthy lifestyles need to be lived – indeed both living with health and living with disease demand high health literacy, reflexivity and constant decision making not only within the medical system but within the context of every day life.

To some extent the three governance systems – personal, public, expert medical - also represent a historical sequence in which the medical health system has gained increasing dominance both in terms of social definitions of health (the medical eye) and governance

structures (the health system which is a system of curative medical care) clearly overshadowing the systems of personal health and public health. Now in the 21st century we are entering a new stage of health governance – which I call die Gesundheitsgesellschaft/ health society.

In the health society all three territories and systems of governance are expanding and as they move through society they increasingly overlap. The expansion of health in the health society is increasingly driven not by social reform or medical expert/knowledge systems but by the new mix between the driving force of empowerment of the citizen/consumer/patient and the driving force of the private market. This mix in turn shapes social reform (identity not classic political movements that shape social reform in health as in HIV AIDS) and medical expert systems (privatization of health care and increasing patient/consumer power) The latest incarnation of these developments is the wellness revolution which marries personal health and the market: the do ability of health translates into a product that can be bought on the market.

What are the defining characteristics of the health society?

- demographics, a high life expectancy and an increasingly ageing population
- an expansive health and medical care system that takes up increasing parts of the GNP
- an expanding health market for information, products and services both alongside (for example wellness) and within the medical system
- the increasing prominence of health in the debate about political and social priorities, about solidarity rights and responsibilities
- the increasing importance of health as a major personal goal in life linked to its do ability
- And finally health as a key component of modern citizenship.

The mega trend of the expansion of the health territory is a fact, as is its increasing do ability. It is a response to social, demographic and technological changes and it indicates

that a discourse that focuses on medicalization or cost control is out of sink with a view of health as part of life politics. The definition of what is disease and what are health and which action and intervention belongs into which governance system is becoming increasingly difficult – the system of order is upset and is being redefined. And this redefinition is increasingly being driven by citizens/patients and consumers.

A healthy (more or less) and long life have become the norm in developed Western modern societies and – because of the expansion of territory – the disease has been normalized and integrated into society, as symbolized by the AIDS and breast cancer ribbons. The do ability of health expands the legal territory of rights: the litigation cases against the tobacco and the fast food companies are a case in point as is the debate around TRIPS in the World Trade Organization. The expansion of territory means that it becomes increasingly difficult to define boundaries, for example between health/beauty/ or between pharmaceuticals/food/drugs. In the USA the term cosmetic psychopharmacology describes the increased acceptance of using pharmaceuticals to produce personal well-being in everyday life. “La perfectabilite de l’homme” first proclaimed as part of a political program with the enlightenment is increasingly possible as a personal consumer choice.

The development of the health society is part of a general change in social values linked to modernity which are usually described with the following characteristics:

- Individualization
- Differentiation
- recognition of the value of autonomy and self-responsibility
- subjective/holistic well being
- high expectations
- quality of life

This move towards individualization, privatization and the commercialization of health is one expression of larger trends in modern societies. It widens the debate from the classic approach to regulate industries that produce ill health (such as tobacco or junk food) to creating a consumer movement towards products and services that create health. But the danger of widening the health gap grows, as the healthy and better off buy an ever increasing amount of health promotion while cuts in the public sector not only reduce prevention and health education services for the poor (for example nutrition education) but also weaken public safeguards on harmful goods and services (for example access to and advertising of soft drinks and junk food in US schools).

This implies a radical new era of health policy, which will be increasingly consumer driven and constantly in danger of losing its commitment to solidarity – risk solidarity and generational solidarity - and inclusion. In particular the continuous processes of individualization have widened choices and life options (empowerment) but have also led to an increased delegation of risk management to the individual, the family the community. Increasing parts of health governance have moved to the market place excluding those with no buying power. And as the do ability of health increases so do the dangers inherent in a quest for la perfectabilite de l'homme.

The health society needs the active involvement of citizens, patient's organizations, health literate consumers and social movements in order to avoid the increased privatization of risk and to counter act the establishment of health as only a market value or indeed as an ultimate value. That is why groups such as IAPO will gain increasing importance in shaping the future of the health society – that the key value remains the empowerment of the citizen and the acceptance of health as a public good.