

Toward a post-Charter health promotion

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SUMMARY

The past 25 years have seen enormous shifts in the environmental, political, economic and social landscapes that condition people's abilities to be healthy. Climate change is now a reality. China, India, Brazil and other 'developing' countries are emerging as new axes of political and economic power. Global capitalism has become increasingly predatory and crisis ridden, a result of unregulated and irresponsible greed of unimaginable scale. The elite response has been the increased erosion of the health and other social protection policies of redistribution that characterized the first-world run-up to the Ottawa Charter. These new realities challenge health promoters in ways unforeseen a quarter century ago. It is imperative that local determinants of health, to which health promoters give their attention, be traced to

broader, even global levels of determinants. Support for groups acting at these levels should become a fundamental practice tenet. So, too, should advocacy for the social state, in which progressive taxation and hefty social investment blunt the health inequalities created by unfettered markets. As environmental and economic insecurities and inequalities increase in many of the world's countries, so does the risk of xenophobia and conflict. The roots of racism are complex; but weeding them out becomes another health promotion practice of the new millennium. There are some hopeful signs of health promoting political change, much of it emanating now from countries in the global South; but the threat of a return to health behaviourism in the face of the new global pandemic of chronic disease is real and must be confronted.

Key words: health promotion; global capitalism; financial crises; geopolitics; progressive taxation

In the heady years of health promotion leading up to the *Ottawa Charter*, as activists in public health tried to shake off the chains of individual lifestyles and the 'if only they would listen to our advice' education, some of us debated with a certain righteous smugness: what will come first, ecological collapse or capitalist calamity? The righteousness derived from a sound theoretical and empirical base, only to strengthen in the years that followed. The smugness came from not believing we would be alive to witness either, or both. On that count, we were (dead) wrong.

The environmental and geopolitical shifts in the past quarter century have been tectonic. Political and economic power is slowly drifting from declining 20th century empires (Europe,

North America) to rising 21st giants (China, India and Brazil). Part of this shift is a result of corporate and investment efforts to offset declining profit rates in the 1970s through outsourcing production to lower-income countries, aided by new trade and investment liberalization treaties supported by the rise of economic neoliberalism, political conservatism and the fall of the Berlin Wall (the loss of socialism's constitutive 'other' to market fundamentalism; Bond, 2008). Some have gained greatly from this, including small numbers of elites in poor countries and a growing but still small middle class in the rising giants. But poverty reduction worldwide has scarcely kept pace with population increase with considerable debate about whether extreme poverty in recent years is

rising (Ravallion *et al.*, 2008) or falling (Deaton, 2010); and the dominant growth model that is making some small progress in lifting people a few income steps up will exhaust the planet's food, water and fuel long before it grows a whole world out of poverty (Woodward and Labonté, 2008; Labonté, 2010).

We are also now experiencing an era of predatory capitalism where it is easier to accumulate capital through opaque forms of investment and disenfranchizing people from their lands than by selling goods or services (Mohindra *et al.*, 2011). Wealth, and the power it represents, no longer has the same need for workers making things to market to consumers. The nadir (so far) was the global financial crisis of 2008, a perfect storm of liberalized financing, unregulated banks and investor greed of an almost unimaginable scale. Unlike previous banking crises (greed has a long history), the wealthy responsible for it hedged their bets (literally), cried for bailouts (immediately granted) and emerged wealthier than before (since much of the bank-lending debt incurred by governments to stimulate the 'real' economy of production and consumption went instead to banking business-as-usual; Hudson, 2010; Labonté *et al.*, 2011a,b). The private debts incurred by multi-million dollar earning gamblers have since become public liabilities, resulting in the evisceration of public health and social protection that three decades of free market economics had already begun unraveling (Schrecker, 2011).

Meanwhile, the production and consumption economy that governments have been so keen to jump start has led to the highest levels of greenhouse gas emissions on record (Environmental News Service, 2011), leading many climate change scientists to conclude that it is now too late to turn the Titanic. Damage control is the only option, and one that some corporations and sovereign wealth funds have already taken up in their acquisition of huge tracts of farmland in poorer, indebted and often not-so-democratic countries (Deininger and Byerlee, 2010)—not to feed the poor in those countries but to produce food for their own citizens (<http://farmlandgrab.org/cat/world-bank>). And let's not start on the state of water resources or the implications of the Japanese tsunami committing high-growth countries to non-nuclear futures but without reckoning the slow-growth reality of a non-fossil-fuel economy (Jackson, 2009).

HOW ARE HEALTH PROMOTERS IN A POST-CHARTER WORLD TO RESPOND?

First, the adage from the late 1980s ('small is beautiful, but it may also be insignificant') rings louder now than then. Engaging directly with the political processes of environmental protection, climate change mitigation, global banking or international trade may lie beyond the competencies of most health promoters who have honed their practice skills primarily at local levels. But supporting the work of those civil society groups, researchers and academic advocates pressing hard on these issues is fundamentally important. Select one or two globally acting groups and add the weight of your voice and the *ching-ching* of your wallet.

Second, valorize the social state and sing the praises of progressive taxation. In the declining empires, at least, there is a generation of people who have grown up under the shadow of a retreating welfare state and the rhetoric of individualism, to which health promotion's own persistent lifestyle-ism contributed (Azmanova, 2011). Polls show political cynicism, voter apathy and little expectation that the state will contribute to their future health and social needs. This will only worsen as the austerities of predatory capitalism take root. Yet, there is abundant evidence that billions (indeed, trillions) of dollars of corporate and individual wealth still lie largely untaxed in offshore financial centers (tax havens) (see http://www.taxjustice.net/cms/front_content.php?idcat=2 for detailed accounts) and that a reversal of the tax cuts that occurred in many countries during the 1990s and early 2000s would go a very long way to offsetting debts and deficits.

Third, challenge the rapid rise of xenophobia, now ripping across Europe but threatening to become a global scourge. Whether or not people in the declining empires are factually insecure (and many are), the heightened sense of future insecurity in work and social protection is aligning the economically vulnerable with the patently racist in a new nationalist parochialism. Once settled in, the irrationalism of racism becomes difficult to breach. As wealthier nations impose more migratory barriers to those fleeing environmental, economic or political threats, they are forced to crowd into refugee camps in some of the world's poorest nations increasing the fragility of (failing) states, in which increasing numbers of the planet's poor

now reside (Gertz and Chandy, 2011). Though Euro-centric at the time, break-away inequalities in wealth, increased economic insecurity and re-born nationalism was the social fodder that fueled the last century's first Great War and internationalized somewhat further in the second.

Fourth, and directly relevant to health promotion's remit, resist the drift back to health behaviorism and argue hard for what the *Charter* called the 'basic prerequisites for', and what we now describe (with a lot more evidence) the social determinants of, health. This is a global challenge; for as the world begins summing on the new plagues of non-communicable disease, individual lifestyle-ism is resurrected while the global vectors (the social determinants) of its spread (including trade in tobacco and alcohol and the euphemistic 'dietary transition' that masks the control over foods by a shrinking number of transnational food corporations) are scarcely mentioned (Labonté *et al.*, 2011a,b). Yes, we have the Framework Convention on Tobacco Control and kudos to those health promoters that helped to create it. But we also have tobacco transnationals aggressively using trade and investment treaties to weaken its implementation. Yes, we have Commissions and pronouncements proclaiming the importance of 'health in all policies' (CSDH, 2008). But our health financing (both globally and nationally) is still segmented into vertical disease silos.

These four points may appear to be directed to health promoter with high-income country privilege, but they apply as well to health promoters in low- and middle-income countries. In some of these nations, opportunities for progressive engagement may be even greater. Many of the most progressive global health social movements are based in the 'South': the global People's Health Movement (www.phmovement.org), the Latin American-based ALAMES (www.alames.org) and the Asian-based Third World Network (www.twinside.org.sg), to name only a few. And while health and social protection programs are unraveling in the old empires, they are being slowly reconstructed in the new or re-emerging ones (Brazil, China and, to a lesser extent, India). Primary healthcare has regained global discursive prominence; and in Latin America in particular, but also with some examples from Africa and Asia, it is being slowly 'unrolled' in efforts to avoid the

impoverishment of people having to rely on private healthcare markets (Labonté *et al.*, 2008). Importantly, the revitalization of primary healthcare is increasingly aligned with actions on social determinants of health and with international human rights treaties (including the right to health), both seen as possible brakes on market fundamentalism or government indifference.

Finally, the political economies of our current financial and environmental disorder appear highly resilient to the threat of self-destruction. Many of us thought the world would change profoundly for the better in 2008. Notwithstanding equitable advances in some regions and unexpected challenges to long-suffered autocracies in others, it has not, at least not by very much. The deeply structural forms of health-promoting change we so urgently need are only likely to arise in the wake of even more profound crises. Our task, as we continue our quotidian and localized best health promoting efforts, all the time supporting those attempting to leverage change at national and global levels, is to nurture the blueprint for what a social order could look like, if human, animal and ecological health formed its core rather than being relegated to its periphery.

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