

Zenith and crisis of health citizenship: The history of the right to health in the 20th century

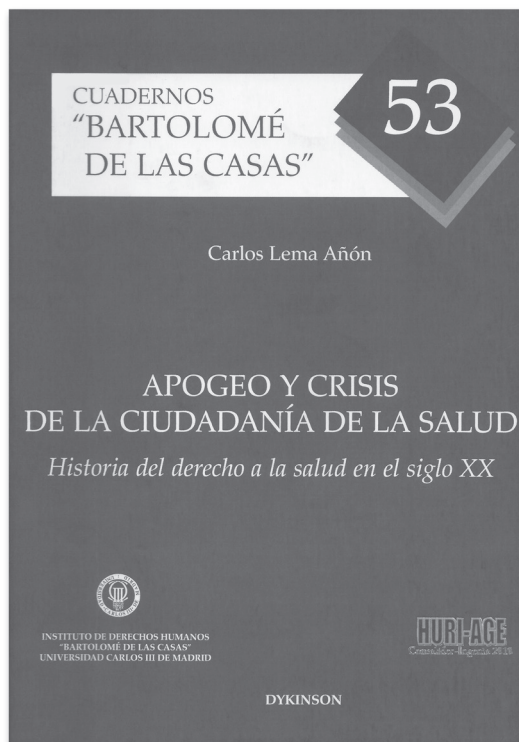
Apogeo y crisis de la ciudadanía de la salud: Historia del derecho a la salud en el siglo XX

Author: Carlos Lema Añón
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This book aims to analyze the history of the right to health in the 20th century. However, it does much more than that: it enables us to reflect on this right from the perspective of equality. Without failing to recognize the major advances achieved in the fields of medical knowledge and the technical possibilities that have appeared in the last decades, the work of Lema Añón (a) highlights the significant and increasing gap between *what is possible* and *what exists* (1 p.15). In other words, the situation of health in the world has improved in terms of what "can be done" but, at the same time, the right to health is less respected because few can actually access those advances.

The advantage of presenting the right to health from a historical perspective is that it allows us to understand that health has not always been considered a right. For a long time, the very idea of the right to health was associated primarily with the powers public health authorities had to limit people's rights – and often even violate human rights – rather than as a subjective right to be enforced by the State (1 p.23), given that health understood as a right is the product of social demands made throughout the second half of the 20th century. These were the same demands that prompted the creation of different health systems; universal or insurance-based systems can only be understood as responses to concrete historical situations. This historical perspective is introduced



by the author in Chapter 2, but is present all throughout the book.

In Chapter 3, the classic institutional models of protection are described: the German and the English models, differing systems which favor the universalization of health care access and which

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have been historical products of the demands of the labor movement. This chapter also provides a brief but clear description of the functioning of both models as well as an explanation of the constitutionalization of the right and its development both during the Welfare State and after its dismantling. This last point should be given thorough consideration, since the changing role of the State as a guarantor of social protections, as “reducer of risks” (2), invites us to reflect upon all that was once guaranteed by the State in terms of health and all that it has let go of as the market has taken its place.

In this way, we can see how as the limitations of the liberal State to deal with social problems are put into evidence, more complex health systems begin to develop (1 p.28). Of these systems, the model inspired by the Beveridge report – the English system – comes closest to the idea of a social State, as it is based on the universalization of the right to health care and considers all citizens equally entitled to health services without distinction among them. In other words, social citizenship is extended to all citizens, and is thus financed through taxes. In contrast, in the social security model – the German model – health services are dependent on employment, thereby connecting health services to employment contributions. Although different forms were adopted by the Welfare State in central and peripheral countries, in all cases the forms implied an active role of the State in the promotion and protection of the health of the population through the extension of public health systems and the progressive recognition of health as a right (1 p.42).

Nevertheless, we know that this model did not withstand the evolution of the capitalist economy and of humanity; in parallel with the dismantling of the social State, the model underwent important changes in the way of understanding and organizing health services. Neoliberalism questioned the relationship between power and politics in such a way as to question even the idea of redistribution and the possibility of providing universal health services. Specifically in the field of health, neoliberal reforms did not imply reducing expenditures in health but rather a change in the composition of this expenditure, strategically aligning private capital with the State. Benefits were privatized and losses were socialized, and the idea of the State as an inefficient producer of goods and

services was reinforced (1 p.48). All of this, as we know, did not lead to positive results in terms of health indicators or access to health care services but, on the contrary, resulted in their deterioration.

However, before analyzing the tensions and difficulties established by globalization and their consequences in terms of equality in health care access, Lema Añón’s book reflects on alternatives to the traditional forms of organization of health care systems. For that reason, in Chapter 4, the author presents models that provide options different from the classic models of health insurance and universalization, such as the American system and those of the socialist and peripheral countries. Of special interest in this section is the author’s consideration of the contributions of peripheral countries, taking into account the theoretical and practical developments inherent to the anti-imperialist and anti-colonialist tradition of these countries. One such example highlighted by the author is what is known as the tradition of social medicine, of special interest to the Argentine and Latin American contexts.

In Chapter 5, a key point of the right to health in the 20th century is analyzed: its internationalization as a right. It was during the 20th century that policies and institutions were designed for the promotion of public health outside of national borders. Thus, the creation of the World Health Organization, its objectives, evolution and challenges, together with the matter of the internationalization of rights in universal declarations are two of the main ideas developed in this chapter.

And finally, it is in Chapter 6 that the author develops what we understand to be the main foundation of Lema Añón’s work on the right to health: the perspective of equality. In this chapter the author takes up Giovanni Berlinguer’s concept of “global health” as a perspective that understands health as belonging to all human beings, and which essentially considers the notion of equity (3-5). From this base, it is impossible not to reflect on the fact that global tendencies in the field of health show increasing inequity. The improvements in the most important health indicators throughout the 20th century – spectacular and unprecedented progress in the history of humankind – do not coincide with the high rate of preventable morbidity and mortality nor with the huge differences in health issues experienced by humanity.

The numbers speak for themselves and show the importance of the social determinants of health. Intra-social inequalities are the most relevant factors in the field of health, more important even than material deprivation. There is vast evidence that, under equal conditions, countries with a higher degree of economic inequality have greater inequalities in health results (1 p.96). This information deserves special attention because it shows that in the developed world the healthiest countries are not the richest but the most egalitarian ones.

In other words, this text emphatically highlights that inequality is bad for health. Social determinants are what definitively make a difference in the field of health, not the level of wealth per capita in a given country. Thus, medicine and health services constitute only one of the factors affecting the health of the population; the main factors are actually poverty in its diverse manifestations, injustice, deficient education, nutritional insecurity, social marginalization and discrimination, insufficient protection of early childhood, discrimination against women, unhealthy housing, urban deterioration, lack of drinking water, generalized violence, and gaps and disparities within social security systems (6).

Reading this work, we come to the conclusion that the main obstacles faced during the 20th century (and even today) in order for the right to health to be respected and safeguarded are social and political obstacles and not purely medical. In fact, the biggest enemies of the right to health are *extreme poverty*, on the one hand, and *social inequality*, on the other (1 p.99). The evident consequence of this assertion is the understanding that the main causes of diseases as well as their remedies are of a social nature. Thence, Lema Añón is right when he maintains that an interest in reducing socio-economic inequalities is not only good from an egalitarian point of view, but from the point of view of health as well (1 p.97).

This reality presents great challenges in the right to health in the 20th century and Lema Añón's work ends with a reflection about these

challenges. The main challenge is undoubtedly dealing with the problem of inequality, "reducing the gap" between what is possible and what exists, avoiding "senseless" and "unjust deaths" that definitively constitute violations of human rights (1 p.105). Another challenge is establishing an international legal framework powerful and competent enough to formulate conclusively the right to health, at the same time developing effective legal safeguards to make the right to health enforceable.

Finally, these challenges must include the political and spatial dimensions of actions, also contemplated in the text. This issue has already been posed by Nancy Fraser (7), who, in thinking about social justice in times of globalization, proposes extending the framework of action outside of the Keynesian-Westphalian model of the State. Applying this idea to health citizenship means that all action to safeguard the right to health of our populations requires a perspective that transcends the local scope of action. Power and politics no longer occupy the same circumspect space of the Nation-State, and thus intervention in the markets cannot be taken on exclusively by the State, but also must stem from extraterritorial and cosmopolitan non-governmental associations and organizations capable of dealing with powers beyond the State (8 p.40).

In conclusion, Lema Añón's work invites us to reflect on issues that form part of the everyday reality both of the health professionals and of those who want their right safeguarded:

If medicine, if drugs, if institutions providing or conditioning health care are goods to which access is radically unequal according to the ability to pay, then access to health is also unequal. We are unequal in health and in sickness, not because of natural causes but because of social ones. Our dignity is therefore also unequal (1 p.107). [Own translation]

If we do not start with this idea as a base, any reform that we wish to introduce into our health systems will be incomplete.

ENDNOTES

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Antes de Beatriz: Cuestiones de legitimidad y regulación jurídica en la selección de sexo [Before Beatriz: Issues of legitimacy and legal regulations on sex selection] (published by Comares in 2003); *Reproducción, Poder y Derecho: Ensayo filosófico-jurídico sobre las técnicas de reproducción asistida* [Reproduction, Power and Law: Legal philosophical essay on assisted reproduction techniques] (published by Trotta in 1999) and *Aproximación ó pensamiento xurídico-político de Manuel Colmeiro (1818-1984)* [Considerations on the juridical and political thought of Manuel Colmeiro (1818-1894)] (published by EGAP in 1996).

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