Introduction to the Special Issue on Social Inequalities and Health

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The concern with social inequalities and health has a long history beginning as early as the 4th Century BC (Plato 360 BC/2008). The modern study of social inequalities is said to have begun with the writings of Marx (Grabb 2007). But around the same time Virchow's *Report on the Typhus Epidemic in Upper Silesia* (Virchow 1848/1985) and Engel's *The Condition of the Working Class in England* (Engels 1845/1987) not only made the explicit link between unequal living conditions and inequalities in health but also explored the political and economic structures that create such inequalities. Over 150 years ago Virchow asked "Do we not always find the diseases of the populace traceable to defects in society?" (Virchow 1849/1985:117), while Engels noted "That a class which lives under the conditions already sketched and is so ill-provided with the most necessary means of subsistence, cannot be healthy and can reach no advanced age is self-evident" (Engels 1845/1987:128).

For the most part, and this is especially the case in North America, the insights of Virchow and Engels on the origins of health inequalities have been ignored by those responsible for developing health policy. While the study of social inequalities has been a mainstay of critical social scientists, the study of health inequalities has only recently become an acceptable area of health studies and health policy activity. Even among those making the links between social inequalities and health inequalities, the identification of the political and economic structures that create these social, and resultant health, inequalities is limited to a relatively small handful of researchers.

For this special issue of *Humanity & Society* we invited papers that would not only make the link between social inequalities and health but would consider the political, economic and social forces that create and maintain these inequalities. The eight papers in this issue provide an interdisciplinary approach to this task. The topics, Aboriginal health and health care services, community understandings of disease, determinants of health research, primary health care,

policy change, public policy and welfare states, and disciplines represented in these papers (epidemiology, indigenous health studies, medicine, political economy, political science, policy studies, public health, sociology, and women's studies) illustrate the breadth of content areas and intellectual tools available for inquiry into social inequalities and health. The papers also offer means by which these issues can be brought to public attention and appropriate policy responses developed and implemented.

Edith Williams and colleagues explore how social inequalities contribute to the greater incidence of Lupus among urban African Americans and report on how community members themselves understand these relationships. They note community members frequently have excellent understandings of the links between social inequalities and health. The authors argue that such awareness and understanding can be used to mobilize community activity to create public policy in the service of health.

Wendee Kubik, Carrie Bourassa and Mary Hampton clarify how the history of colonization has shaped the lives of Aboriginal women in Canada. They detail the destructive effects of colonization on gender relations and societal structures and argue, as a result, Aboriginal women suffer higher rates of poverty, ill-health, violence and sexual exploitation than non-Aboriginal women. The public policies that have served to create a class of second class citizens are documented, recent work to redress these wrongs is reviewed and short- and long-term responses are proposed.

Carlos Quiñonez and Josée G. Lavoie analyze how Aboriginal people in Canada suffer persistent health problems due to individual and structural uncertainty related to the delivery of state-financed commercial social goods. Their case studies focus on the pharmaceutical care available to state-recognized eligible Aboriginal groups in the context of Aboriginal organizations' administrative control over programming. They argue that in Canada, these health inequalities maintain, in part, due to the socially unclear status of both Aboriginal individuals as citizens with specific rights, and Aboriginal authority as governance with specific decision-making power.

Barbara Starfield shows how health care systems with a primary care emphasis achieve better and more equitable health outcomes than systems with a specialty care orientation. A key component of these successful systems is recognition of the health related needs and problems of populations and patients as defined by them rather than the medical profession. Several high-profile attempts to improve services run counter to this principle and deserve attention by those involved in health care reform debates.

Claudia Chaufan and Rose Weitz document how American health researchers have chosen to ignore one of the primary determinants of type II diabetes, poverty, in their research. After documenting the relevance of poverty to

understand the "diabetes epidemic" they explore why this "elephant in the room" is neglected. Analysis is made of how such neglect distorts public understandings of health and illness and their determinants. These understandings make serious public policy responses to the type II diabetes problem difficult to implement.

Clare Bambra situates welfare state regimes and health within the context of political economy theories of the development of the welfare state. She explains how post-war welfare state capitalism came about and describes and compares different welfare state regimes. The USA, Canada and the UK are identified as liberal political economies that show the poorest population health outcomes. The crisis, response and new emerging forms of welfare states—and their implications for health—are considered within the wider economic structural shifts from Fordism to post-Fordism among wealthy industrialized nations.

Toba Bryant shows how public policies shape the extent of social and health inequalities within nations. Governmental authorities decide how to allocate national wealth among citizens and such decisions determine citizens' experience of income, housing, and employment security. The US, Canada and the UK allocate relatively fewer resources to citizens thereby commodifying many necessary services and supports. When combined with the greater extent of social inequalities typical of these nations, these practices combine to create population health profiles that fall behind nations with differing approaches to public policy and citizen provision.

Finally, Dennis Raphael argues social and health inequalities result from the workings of the economic system, a governmental apparatus that maintains or reinforces inequalities, and a public discourse that justifies these inequalities. Reducing inequalities requires implementation of public policies consistent with these goals. One means of operationalizing such activities is by focusing on the social determinants of health. He suggests that in political economies dominated by business interests such as Canada, the US and UK, social and political movements must force policymakers to support equity-oriented public policy innovations.

Sociologists and humanists, and all who share these orientations and values, have much to offer in researching the determinants of health and advocating for healthier societies. The articles presented here provide leading edge examples of how such analyses can be carried out. These analyses seem especially timely as the political pendulum in nations such as the US, Canada and UK, those most susceptible to inequality-creating public policymaking, may be retreating from their decades-long infatuation with neo-liberal economics and individualistic concepts of health and society. Virchow's direction again seems timely:

> Medicine, as a social science, as the science of human beings, has the obligation to raise such questions and to attempt their theoretical solutions; the politician, the practical anthropologist, must find the means for their actual solution. (1848/1985: 217).

Yet, we must do more than Virchow suggests. As history and recent events indicate, our elected representatives, and this is particularly the case in North America, are not particularly disposed to deal with these issues in a serious way. Therefore, in addition to raising these issues and offering solutions as Virchow suggested, we must also compel our politicians to reduce the social and health inequalities that threaten our societies, communities and citizens. Hopefully, this special issue of *Humanity and Society* will assist us in this task.

References

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