

A NOTE FOR THE IAHP'S HISTORY

Vicente Navarro. August 13th 2007

Dear Colleagues and Friends of the *International Association of Health Policy*:

It gives me enormous pleasure to see that the *International Association of Health Policy (IAHP)* has now completed its XIV Conference in Salvador de Bolivia, Brazil. When many, many years ago, a few of us got together in Amsterdam at the European Center of the Institute for Policy Studies to establish the Association, we had no idea that it would become so large and so productive. It makes me think that maybe "*history is on our side*", as we used to say many years ago.

The IAHP was started when several of us were tired of attending mainstream conferences where the conventional wisdom was produced and reproduced for public consumption. At these conferences, progressive scholars were ignored or marginalized in a dominant discourse that saw disease primarily as a biological and individual phenomenon and medicine as a biological intervention. Few of us challenged that ideological position, presented as a scientific one. We saw health and disease as a population-based phenomenon that was politically, socially, economically, and culturally determined.

While of different political traditions, all the founders of the IAHP believed - as our ancestors from Engels to Virchow said - that the main interventions to promote the health and quality of life of our populations are those aimed at transforming class - as well as gender and race - power relations in our societies and in the world at large. We were in a very small minority indeed. And while wanting to continue the ideological struggle in the mainstream forums and conferences, denouncing the dominant ideology, we also felt the need to have our own meetings where we could discuss our own work in constructive debate among colleagues and friends who shared these views. That need was widely felt.

I sent a note to several colleagues (some I knew personally, others I did not) and then spoke with my friend Len Rodberg, who was working in a progressive think tank in Washington, D.C., the *Institute for Policy Studies (IPS)*, and made two requests - both of which the IPS granted. One was to get money to cover the travel expenses of our colleagues coming from developing countries. The other was to find a place to hold the first meeting. This place should be outside the U.S., since the U.S. government at that time would not grant visas to many of our colleagues from other countries. The IPS offered its European Center in Amsterdam, and this is how and why we met in Amsterdam. On a rainy day, we started three exciting

days during which the IAHP was established. It was from June 28th to July 2nd of 1976, more than thirty years ago.

We soon chose three objectives for the IAHP. The first was to create a forum for progressive scholars (of many different political persuasions) who would critically analyze the world as a necessary step to changing it. Our commitment was to optimize the health of our populations through the elimination of class, as well as gender and race, exploitation. We were indeed creatures of the 60's, and we had to speak quite loudly in order to be heard in a suffocatingly conservative academic environment. To give you an idea of how conservative the academic environment was at that time, I could relate some of the negative reviews that some of our work received in mainstream journals. One of them, *Social Science and Medicine*, accepted a paper of mine on the condition that I drop the use of terms such as "working class," as too ideological! This was the environment in which we had to struggle in the 70's. I did not abide by *SSM's* request, and the article was not published. It was published later in the *International Journal of Health Services (IJHS)*. We spoke loud and clear through the instruments we had at our disposal, of which the *IJHS* was the best known. Actually, most of the critical analyses and the debates among progressive scholars in the English-speaking world during those years (and this continues today) were

found in the *IJHS*. All the board members of the IAHP were also members of the *IJHS* editorial board.

The second objective of the IAHP was to promote and support the work of progressive scholars. The overwhelming dominance of conservative thinking, reproduced through networks that systematically excluded critical thinkers, made the promotion of progressive scholarship particularly difficult. Here again, the *International Journal of Health Services* played a critical role, as one of the few forums where progressive thinking was welcome. Even though its title, "*Health Services*," seemed to indicate a preference for subjects specifically on this topic, the contents of the journal have always reflected its broader subtitle: *health and social policy, political economy and sociology, history and philosophy, and ethics and law*.

The third objective of the IAHP was to provide support of all types for our comrades struggling to improve the health of their people against horrible dictatorships in Latin America and on other continents at that time. This explains why, in the beginning, the IAHP was not an association open to everyone. Candidates for membership had to be sponsored by two current members, in order to avoid infiltration by repressive forces. We lived through some tense moments and meetings because of this. I was elected the first president of the IAHP, and re-elected several times, which forced me

to do a lot of traveling to several countries to help our comrades in situations of stress and need. We established a committee within the IAHP (chaired by Sally Guttmacher from the U.S.) to assist our international solidarity work. I should stress that the task of solidarity was, of course, part of our commitment to becoming involved not only as individuals but also as an association in supporting and participating in progressive struggles around the world, working to optimize the health of our populations.

To our pleasant surprise, the IAHP grew very quickly, even on continents where the growth had to take place under almost clandestine conditions. The Latin American chapter became particularly active. And the European chapter was soon to follow.

Did the IAHP influence the evolution of events?

Our objective was not just to analyze the world; we wanted to change it. We saw ourselves as scientists and intellectuals supporting the struggle for change in our own countries and in the world. How does one evaluate the work of a group of committed intellectuals? One way is to look at their impact and influence in changing the themes and subjects that are discussed in national and international debates. From that perspective, we can affirm that we did have an impact, and a major one. Many of the issues we raised in the 60's,

70's, and 80's (such as the effects of class, gender, and race exploitation on health; the consequences for health of social inequalities; the social determinants of health; the impact of neoliberalism, and globalization on health - and many others) became the major issues of the 90's, and now of the new century. We showed, once again, that to be radical is to think ten or twenty years ahead. The historical task of radical scholarship has always been to raise the unwelcome questions that the dominant ideology puts aside in order to strengthen class, gender, and race exploitation in a world where one child dies of hunger every other second. Some of our work has appeared in Baywood Publishing's Health Policy series, such as the *Political Economy of Social Inequalities: Consequences for Health and Quality of Life*; and *The Political and Economic Determinants of Population Health* (co-edited with Carles Muntaner); and more recently, *Neoliberalism, Globalization and Inequalities: Consequences for Health and Quality of Life*.

The responses of the international and national establishments to our critiques have been predictable. The first response was to ignore us, but when that could no longer be sustained, the response became enormous hostility. (Some of our colleagues lost their jobs in academia, and some even committed suicide. The ideological struggle has its own casualties.) And *Social Science and Medicine*, (whose editor had vetoed the use of the term "work class" in my article)

published as a leading article an abrasive insult to several of us, although focusing in a large degree on my work, defining our position as “a disease” concluding that human liberation called for the elimination of that disease (Vol. 19 and my reply Vol. 20). We had to assume that the author meant intellectual rather than physical elimination. This abusive article precipitated the resignation, as a protest, from that journal’s Executive Board of Professor Howard Waitzkin, at that time of the University of California. That was the level of hostility, but we kept moving on, and when the reality of exploitation became so clear and obvious, as it is now, the establishments tried to co-opt the subject (see the huge literature on inequalities and health in mainstream academic journals), if not the authors, thus depoliticizing it. These mainstream studies on inequalities, for example, never touch on the power relations that determine them. Concepts and terms such as exploitation rarely “contaminates” their writings. In these mainstream analyses, power and politics are systematically ignored, transforming the analyses into apolitical, ahistorical descriptive studies. In this dominant intellectual climate, the solution of the world’s health problems is presented as a matter of providing “more aid to the poor” or better managing existing resources—but never referring to the political, economic, social, and cultural institutions that support an overwhelming class, gender, race, and national exploitation, the primary cause of the worldwide health problems. We have seen, for example, the farce of

transforming the important and urgent struggle to end exploitation into an international strategy to reduce poverty through the UN Millennium Program, in which the solution promoted by the proponents of that program is for the rich countries to provide more aid to the poor ones (accompanied by the songs of Bono). Meanwhile, the same promoters of the Millennium Program are extremely hostile toward the few countries that are indeed trying to resolve their health problems. The recent hostility toward the Venezuelan Government is just the latest example. The Millennium folks (as the IMF and the World Bank did before) continue to promote Mexico's health insurance as a shining example for other countries to follow, but as Cristina Laurell shows in a recent issue of the *IJHS*, the Mexican program has been an authentic disaster for the health of the Mexican people.

I mention all these points not only to relate some of our own history but also to renew a call to arms since we are again in a dark period where the forces of reaction dominate many national and international agencies (including WHO). I am all in favor of optimizing our influence in international forums, becoming also more structured and more formal. I find the suggestions made in that direction helpful and important. But, let's never forget that our objective should be – as Karl once proposed – *“To be uncompromising in our critical evaluation of all that exists, uncompromising in the sense that our*

criticism fears neither its own results nor the conflict with the powers that be." I am sure you agree.

Warmly yours,

Vicente Navarro

A founder of the IAHP