

Plenary title: Health inequalities – the long view

Denny Vågerö

Abstract

Taking a long view on health inequalities means two things. Firstly, being aware of the fact that we have discussed the subject for at least two centuries. Secondly, realizing that events in the past have the potential to influence health developments in successive generations. I will illustrate both these themes.

Documentation of, and concern about, social and geographical differences in mortality go back at least 200 years. In the mid 19th century, a movement for *social medicine* arose as part of the intellectual, social and political radicalization culminating in the 1848 revolutions in Europe. Rudolf Virchow, one of the movement's leaders, famously said "medicine is a social science and politics is nothing but medicine on a large scale".

Later in the same century the *eugenics* movement rose. The poor health of lower social classes was assumed to be caused by poor genes. Limiting the number of births among the poor and the sick was the policy suggested. Laws mandating forced sterilisations of "the feeble-minded" came into being around 1910 in the US and from 1934 in Germany. Virchow's idea of *politics as medicine* opened up for influence from the eugenics movement.

The *Black Report* (1978) was a landmark study on health inequalities, but in its aftermath some of the themes and conflicts from the past, surprisingly, reappeared in a rather bitter exchange concerning "selection" versus "poverty" explanations of inequalities.

The *European Society for Health and Medical Sociology* was founded 35 years ago by leading scholars from West and East Europe, reacting against the then division of Europe into antagonistic blocs. We found that health was socially differentiated in both blocs. The East West political division had influenced European health during many decades. A long view of health inequalities must consider relevant historical events. The Spanish Flu of 1918-20, the mass starvation in Ukraine 1932-33, the Holocaust, the Dutch Hunger Winter of 1944/45 and the Great Leap Forward in China 1958-59 have all, for instance, been shown to influence health in successive generations. Knowledge about intergenerational causation is only beginning to accumulate and will call for a deeper theoretical understanding of health, beyond previous conflicts in the field.

The present ambition of the WHO, to reduce health inequalities nationally and globally within a generation, is a formidable task. The political power to overcome the historical legacy is presently missing. And our understanding of how to proceed is insufficient.