



Socialism as the way forward: updating a discourse analysis of the social determinants of health

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ABSTRACT

In 2011 Raphael identified seven discourses on the social determinants of health (SDH). These discourses ranged from 'SDH as identifying those in need of health and social services' to 'SDH and their distribution result from the power and influence of those who create and benefit from health and social inequalities'. Developments since then have led us to identify an eighth: 'SDH and their distribution result from the processes inherent to capitalism – capital accumulation, competition, and exploitation'. We identify scholarship espousing the view that quality and equitable distribution of SDH will require the creation of a post-capitalist socialist state. While the form this state will take remains uncertain, means of moving towards it are available. Specific steps the public health community can undertake are identified.

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If you could at last change the world, would you step up and do it?

– Bertolt Brecht, *The Measures Taken*, 1930

Introduction

While the social determinants of health (SDH) concept is ubiquitous in the academic literature, governmental and agency policy statements, and public health discourse, the SDH situation continues to deteriorate in many jurisdictions (Sell & Williams, 2020; Shah et al., 2020). Raphael (2011) suggested the failure of governmental authorities in Canada to act on the SDH concept was due in part to the presence of various SDH discourses which created ambiguity and barriers to action. The 2011 paper made these discourses explicit with the goal of stimulating debate, research, and action.

The paper was well-received and generated 165 citations in Google Scholar. Since then however, the public policy environment in Canada has undermined the quality and equitable distribution of many SDH (Bryant & Raphael, 2020). These developments have been driven by authorities' acceptance of neoliberal-inspired governance which skews macro-level economic policy, the labour market, and the organization and delivery of health and social services (Garrett, 2014; Labonté & Stuckler, 2016).

These developments are most apparent in liberal welfare states but also common to social democratic and conservative welfare states (Schrecker & Bambra, 2015). The neoliberal turn has also contributed to the possibility of a climate catastrophe that threatens the habitability of the planet (Adler, 2022). These disturbing realities led us to identify an eighth SDH discourse: 'SDH and their distribution result from the processes inherent to capitalism of capital accumulation, competition, and

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exploitation'. In this commentary, we direct readers to literatures supportive of this discourse which build upon Marx and Engels's insights into the problematic nature of capitalism (M. Harvey, 2021; Scambler & Scambler, 2015). We argue that quality and equitable distribution of the SDH may require a post-capitalist socialist society. Recent literature on means for moving towards this goal is provided.

The seven SDH discourses from 2011

Table 1 identifies the key concept, dominant research and practice paradigms, and practical implications associated with each discourse. Discourses 6 and 7 are less common and direct attention to the political economy of health whereby economic and political structures – and those whose power and influence shape them – determine the quality and equitable distribution of SDH. Yet, like all the discourses provided in Table 1, the role played by the capitalist economic system – common to all welfare states – in shaping the quality and distribution of the SDH was left unstated. Our additional SDH discourse addresses this neglect.

The additional discourse

For many years, we believed the structures and processes of social democratic and conservative welfare states could be aspirational goals for Canada and other liberal welfare states. Clearly, the

Table 1. SDH discourses.

SDH Discourse	Key Concept	Dominant Research and Practice Paradigms	Practical Implications of the Discourse
1. SDH as identifying those in need of health and social services.	Health and social services should be responsive to peoples' material living circumstances.	Develop and evaluate services for those experiencing adverse living conditions.	Focus limited to service provision with assumption that this will improve health.
2. SDH as identifying those with modifiable medical and behavioural risk factors.	Health behaviours (e.g. alcohol and tobacco use, physical activity, and diet) are shaped by living circumstances.	Develop and evaluate lifestyle programming that targets individuals experiencing adverse living conditions.	Focus limited to health behaviours with assumption that targeting for behaviour change will improve health.
3. SDH as indicating the material living conditions that shape health.	Material living conditions operating through various pathways – including biological – shape health.	Identify the processes by which adverse living conditions come to determine health.	Identifying SDH pathways and processes reinforce concept and strengthen evidence base.
4. SDH as indicating material living circumstances that differ as a function of group membership.	Material living conditions systematically differ among those in various social locations such as class, disability status, gender, and race.	Carry out class-, race-, and gender-based analysis of differing living conditions and their health-related effects.	Providing evidence of systematic differences in life experiences among citizen groups form the basis for further anti-discrimination efforts.
5. SDH and their distribution as results of public policy decisions made by governments and other societal institutions.	Public policy analysis and examination of the role of politics should form the basis of SDH analysis and advocacy efforts.	Carry out analyses of how public policy decisions are made and how these decisions impact health (i.e. health impact analysis).	Attention is directed towards governmental policymaking as the source of social and health inequalities and the role of politics.
6. SDH and their distribution result from economic and political structures and justifying ideologies.	Public policy that shapes the SDH reflects the operation of jurisdictional economic and political systems.	Identify how the political economy of a nation fosters particular approaches to addressing the SDH.	Political and economic structures that need to be modified in support of the SDH are identified.
7. SDH and their distribution result from the power and influence of those who create and benefit from health and social inequalities.	Specific classes and interests both create and benefit from the existence of social and health inequalities.	Research and advocacy efforts should identify how imbalances in power and influence can be confronted and defeated.	Identifying the classes and interests who benefit from social and health inequalities mobilizes efforts towards change.

Source: Raphael (2011).

Table 2. The additional post-capitalist socialist SDH discourse.

SDH Discourse	Key Concept	Dominant Research and Practice Paradigms	Practical Implications of the Discourse
8. SDH and their distribution result from the processes inherent to capitalism – capital accumulation, competition, and exploitation.	Only under a post-capitalist democratic socialist state can the quality and equitable distribution of SDH be possible.	Identify the problems caused by capitalism of inequality, alienation, and exploitation and develop visions of a post-capitalist socialist society.	Build social and political movements that can erode capitalist structures and strengthen alternative citizen-controlled institutions.

quality and equitable distribution of the SDH are superior in these states than in liberal welfare states (Bryant & Raphael, 2020). Why do we now suggest that what might be needed is a rupture – a radical break – with our current economic system towards a post-capitalist, socialist society?

First, despite differences in the quality and equitable distribution of SDH, all forms of welfare states have been subject to the effects of neoliberal governance in health-related areas: inequitable macro-level distribution of resources, lack of regulation of the labour market, reduced provision of health and social services, and failures of environmental protection (Garrett, 2014; Kamali & Jönsson, 2018; Schrecker & Bamba, 2015). The last area is of special importance as the growing inevitability of a climate catastrophe is such that even the more proactive environmental policies of the social democratic and conservative welfare states cannot assure the survival of a habitable planet (Flanagan & Raphael, 2022).

Second, social democratic and conservative welfare states – and the political parties associated with them – are proving unable to respond to economic and political challenges that make provision of economic and social security difficult (Schmidt, 2012). Political support for left-centre political parties – most of which have embraced the shift from the Keynesian welfare state to the competitive state – is declining as support for right-wing populist parties grows (Winlow & Hall, 2022).

It may be possible to reverse these developments and restore party and popular support for bedrock social democratic principles of state ownership, redistributing income and wealth, and providing social welfare and social security (Keating & McCrone, 2013), but such optimism is in short supply (Manwaring, 2021; Winlow & Hall, 2022). Schmidt (2012) argues since most social democratic parties have embraced the primary tenets of neoliberalism of global trade and support of capital accumulation and profit-making: ‘Alternatives to neoliberalism and the competition state, it seems, must be built beyond social democratic parties’ (p. 43).

Such a suggestion raises questions concerning the nature of capitalism itself. The neoliberal turn or what Freudenberg (2021a) terms ‘the current form of capitalism’ has not only increased income and wealth inequalities and degraded the quality of education, work, healthcare and health outcomes, it has directed attention to the nature of capitalism itself and its capacity to produce and reproduce inequality, alienation, and exploitation (Das, 2022). Such a view of capitalism is certainly not new. What is new is the growing willingness amongst the public, media, and health professionals to envision not only an alternative to the current form of capitalism, but capitalism itself (Meiville, 2022). Table 2 details this additional SDH discourse.

Capitalism and the social determinants of health

Public health analyses increasingly consider how features of capitalism contribute to problematic quality and inequitable distribution of the SDH (see especially discourse 7 in Table 1), but usually do not call for a post-capitalist socialist society (e.g. Bryant & Raphael, 2020; Levins, 2003; Navarro, 2009; Scambler, 2009). In contrast, there is a long tradition of Marxist thought on the adverse health effects of capitalism beginning with Engels’s (1845/2009) *Condition of the Working Class in England* where he declared capitalist practices as constituting social murder; a concept enjoying a resurgence as social

Table 3. Public health literature falling within the additional post-capitalist socialist SDH discourse.

Author	Title	Description
Panitch and Leys (2009)	<i>Morbid Symptoms: Health Under Capitalism</i>	Sees health as a field of struggle between commercial forces wanting health as a field of profit and popular forces fighting to make it a public good.
Waitzkin (2018)	<i>Health Care Under the Knife: Moving Beyond Capitalism for Our Health</i>	Essays address the 'medical industrial complex', impact of privatization and cutbacks under neoliberalism, the nature of health-care work, and the intersections between health care and imperialism.
Benach et al. (2019)	<i>Public Health and Inequities Under Capitalism: Systemic Effects and Human Rights</i>	Claims that capitalism impregnates the social organization of all human domains, permeating humanity and the many facets of the health-disease production process.
Rosenthal (2019)	<i>Rebel Minds: Class War, Mass Suffering, and the Urgent Need for Socialism</i>	Outlines means of creating a healthful, cooperative, and sustainable world. Argues that the capitalist class forces us to live in a health threatening and unsustainable world.
Wolff (2021)	<i>The Sickness is the System: When Capitalism Fails to Save us from Pandemics or Itself</i>	'Returning to normal' no longer responds adequately to the problems of capitalism. What is necessary is a transition to a new economic system that works for all of us.
Freudenberg (2021a)	<i>At What Cost: Modern Capitalism and the Future of Health</i>	Argues that 21st-century capitalism cannot solve our most serious public health problems, from climate change to opioid addiction.
Das (2022)	<i>Capital, Capitalism and Health</i>	Analyses Marx's thoughts about health in relation to the value of labour power relative to wages; employment precarity; capitalists' control over workers; and the capitalist transformation of nature.
Govender et al. (2023)	<i>1845 or 2023? Friedrich Engels's Insights into the Health Effects of Victorian-Era and Contemporary Canadian Capitalism</i>	Similarities between the political economy of Victoria-era England and 2023 Canada make explicit the means by which capitalism first sickens and kills so many.

and health inequalities grow under neoliberal capitalism (D. Harvey, 2007, 2014; Medvedyuk et al., 2021).

Outside of a few writers from the later decades of the 20th century (see R. Cooper et al., 1981; R. S. Cooper, 1993; Navarro, 1977; Waitzkin, 1978) an explicitly anti-capitalist and pro-socialist public health analysis has until recently been limited to the Latin American literature (Birn & Muntaner, 2019; Krieger, 2003; Waitzkin, 2005). Specific analysis of how capitalism shapes the quality and distribution of the SDH is now accumulating in the English-language public health literature. Table 3 provides recent works which can be placed within the eighth SDH discourse.

Noteworthy is the 2009 edition of the *Socialist Register* devoted to *Health under Capitalism* and the work by Das (2022) which places SDH concepts within a Marxist framework. Freudenberg (2021a) details the threats capitalism represents to health care and SDH of food, education, quality of employment, and transportation. Govender et al. (2023) identify similarities between the forces Engels identified in 1845 as causing social murder in England and those shaping contemporary public policy in Canada.

Another reason for embracing this discourse is the particularly adverse impact of capitalism on populations occupying specific social locations. Gender, race, and Indigeneity interact with class-related capitalist structures to cause adverse health outcomes for women, non-white, and Indigenous populations (Bohrer, 2018; Levins, 2003; Yeh & Bryan, 2015). The role that capitalism played, and still plays, in colonial enterprises is also considered within this additional discourse (Blaut, 1989; Crook et al., 2018; Radcliffe, 2020).

Moving forward

Marx and Engels (1848/2002), Meiville (2022), and Sunkara (2022) identify the need for a rupture between capitalism and socialism, yet it is unclear as to whether this rupture could be sudden or gradual. McBride (2022) for example, calls for a ‘radical transformation’ whereby popular sovereignty comes to control capital; there is a rebuilding of the public domain and state; and socialization of capital investment. A new regime would respect human rights and create a state where meeting peoples’ needs is primary. McBride provides details on how to accomplish this. Marx and Engels would find little in McBride’s suggestions to disagree with. A number of other volumes specify paths towards a post-capitalist socialist society and suggest various public policies which can be the target of advocacy activities by the public health community (Table 4).

Freudenberg (2021a) outlines how health and public health workers, and others can ‘build a movement for a better world’ which cross SDH discourses 6 and 7, and potentially the additional one. Although Freudenberg states it is not necessary ‘that all reformers need to pledge allegiance to ending capitalism as we know it or to endorse one brand or another of socialism’ (p. 277), such efforts would certainly help move societal functioning towards such a post-capitalist future. These advocacy positions – public health communities are already involved in advocacy in support of healthy public policy – would include calling for an expanded public sector; strengthening democracy; confronting systemic racism and sexism; transforming the discussion about taxes and regulations; and making science and technology public property. The difference from current activities would involve – as Freudenberg (2021a) suggests – moving beyond separately studying and acting upon each and every public health issue and focusing on the central unifying cause of these problems: the operation of the capitalist economic system.

Table 4. Literature suggesting means of moving towards a post-capitalist socialist society.

Author	Title	Description
Fisher (2009)	<i>Capitalist Realism: Is There No Alternative?</i>	By examples from politics, films, fiction, work and education, Fisher shows the many barriers to moving beyond capitalism.
Klein (2015)	<i>This Changes Everything: Capitalism vs. the Climate</i>	Provides an analysis of the economic drivers warming our planet and how the climate crisis can yet spur economic, cultural and political transformation.
DuRand (2016)	<i>Moving Beyond Capitalism</i>	Examines institutions and practices now being built that can move beyond capitalism toward a more equal, participatory, and democratic society.
Wright (2019)	<i>How to Be an Anti-capitalist in the Twenty-First Century</i>	Provides an urgent and powerful argument for socialism, and a guide on how to get there by building alternatives structures.
Jackson (2021)	<i>The Fire and the Ashes: Rekindling Democratic Socialism</i>	Outlines a path towards true democracy with equalities of wealth and political power, and social ownership and public investment.
Meiville (2022)	<i>A Spectre, Haunting: On the Communist Manifesto</i>	The author offers a spirited defense of the enduring relevance of Marx and Engels’s ideas and means of moving towards a post-capitalist society.
Albo and Leys (2022)	<i>Socialist Register 2022: New Polarizations, Old Contradictions. The Crisis of Centrism</i>	Original essays examine issues of growing economic inequality, democratic decline, and the shifting parameters of great power rivalry. How can the left move forward?
Chibber (2022)	<i>Confronting Capitalism How the World Works and How to Change It</i>	Provides a clear map of how capitalism works, limits the power of working and oppressed people, and how to overcome those limits and build a socialist future.
Sunkara (2022)	<i>The Socialist Manifesto: The Case for Radical Politics in an Era of Extreme Inequality</i>	The author explores socialism’s history since the mid-1800s and presents a realistic vision for its future.
Winlow and Hall (2022)	<i>The Death Of The Left: Why We Must Begin from the Beginning Again</i>	Argues the way to resurrect what was valuable in leftist politics is to mobilize citizens around core unifying principles and build a post-capitalist society.

Freudenberg (2021b) also suggests that in addition to ongoing public health advocacy for health promoting public policies, health professionals can develop community-based agendas that would 'help our patients and communities connect their daily life experiences with deeper political and economic structures in order to identify more powerful strategies for improving health'. This would involve bringing together a variety of organizations, social and political movements, and climate-change activists to identify a clear policy agenda to reform and eventually move beyond the capitalist economic system.

With a clear policy agenda and a commitment to building a common front, these movements and organizations could begin to compete with the power of corporations and the wealthy to shape health and social policy. Chibber (2022) suggests that the gains made by the Nordic social democracies were rather extraordinary and could serve as a way station towards a post-capitalist society. At the same time, it is important to understand why these social democracies have lost steam and to avoid their mistakes. For Chibber, it was very much due to their buying into the neoliberal competitive state.

A similar approach for engaging public health workers and their client communities is suggested in the National Association of County and City Health Officials (NACCHO, 2018) workbook, 'Advancing Public Narrative for Health Equity and Social Justice'. At strategic points in the document, various discussion questions address the health effects of our economic system and the possibilities of alternatives.

Public health researchers and workers are also citizens who can join social movements and support political parties of the left. Specific policies that would move this agenda forward are available. From an explicitly socialist perspective, Jackson (2021) calls for a greater government role in economic planning and socialization of financing through state-owned enterprises. Gindin (2018) sees community-owned enterprises providing high quality goods to consumers, decommodification of public services, and stronger unions increasing wages. Wright (2019) advocates civil society control of the economy by strengthening competing institutions such as credit unions, workers cooperatives, and governmental structures of participatory budgeting.

We cannot be sure of what a post-capitalist socialist society will look like, yet the well-documented adverse health effects of capitalism require we nevertheless strive towards that goal (Meiville, 2022). For Harvey (2014), we have no option as the inherent contradictions of capitalism will lead to its demise. Finally, Meiville (2022), in a discussion of the impending climate catastrophe states: 'Socialism, wherein the astonishing scientific and technical powers of humanity are harnessed to need, for all the uncertainties and errors that would occur, would give an infinitely greater likelihood of sustaining a habitable world than more of the same system that got us here' (p. 161).

Conclusion

In this commentary, we provide an additional SDH discourse to the earlier seven. We suggest movement towards a post-capitalist socialist society that promotes rather than threatens health is necessary and possible. We have suggested various means by which the public health community can engage in this process of building a post-capitalist society. There will certainly be pushback by those for whom the current economic system works well. Public health has had to face such opposition before – consider the experiences of Edwin Chadwick (Hamlin, 1998) and Rudolph Virchow (McNeely, 2014) during the nineteenth century – and found means of transcending it. By making explicit sometimes implicit assumptions about the relationship of public health with the capitalist economic system, we aim to provoke debate, research and action in the service of health. As noted by Rosenthal (2019): 'Socialism is back on the agenda' (p. 261).

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