

How Does Social Epidemiology Shape the Theory of Justice?

A Review of Sridhar Venkatapuram *Health Justice: An Argument from the Capabilities Approach*. 1st ed. Cambridge / Malden, MA: Polity Press. 2011. 288 pp.

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In *Health Justice: An Argument from the Capabilities Approach*, Sridhar Venkatapuram defends the case that theories of justice can be assessed by how adequately they protect a series of considerations of equal concern with reference to health. Throughout the book, Venkatapuram convincingly argues against what he calls the “blind spot in modern philosophy regarding the connection between the duty to show equal respect and concern and the causation and distribution of health” (Venkatapuram 2011, Introduction).

From the start, Venkatapuram emphasizes how the field of political philosophy has focused at times on the analysis of social and political causes surrounding momentous events such as famines. Yet, until recently, the discipline has paid relatively little attention to the social and political determinants of health in more diffuse yet widespread and important phenomena. As examples, Venkatapuram mentions the silent spread of HIV among political minorities in the 1980s and some strong socioeconomic determinants of longevity that still pervade developed countries and yet remain strangely absent in case studies of modern philosophical work on justice. One of Venkatapuram’s chief purposes is to import the type of analysis that economists Amartya Sen and Jean Drèze have used to account for the social and political causes of famines in order to

make a series of normative claims regarding the distribution of health within and across societies. In so doing, he advocates the normative framework provided by the capabilities approach.

Capabilities constitute a philosophical construct that has been used in social and scientific reports by international organizations such as the United Nations and the World Bank, as well as an increasing number of European governments and organizations. Capabilities offer some supposed advantages over alternative normative frameworks. As Venkatapuram highlights in numerous places in his book, the capabilities approach “targets theories and policies that focus on commodities such as incomes or on subjective mental welfare, as well as policies that aim for maximization without adequate concern for distribution or equity” (Venkatapuram 2011, chapter 3). In a nutshell, focusing exclusively on incomes may obscure crucial differences among individuals in their potentialities to transform those resources into desired outcomes. At the same time, the capabilities approach has been particularly sensitive to the pitfalls of relying solely on expressed subjective welfare, especially given the problem of the coerced or spontaneous mental adaptation of disadvantaged populations. In opposition to those philosophical views, the capabilities approach offers a list of minimal functions and capabilities that their proponents associate with a transnational aspiration toward universal human dignity. Venkatapuram argues for the consideration of the capability of health as some sort of “cluster right,” which should include diverse, multidimensional legitimate claims, powers, and immunities in its promotion and enforcement.

As indicated in the title of this review, a pioneering aspect of Venkatapuram’s work resides in taking very seriously the moral relevance of recent work on social epidemiology and the causation of health and disease. In one of the most interesting parts in the book, Venkatapuram extensively reviews work in the new epidemiology or so-called “social determinants of health” framework such as the Whitehall studies, which revealed the influence of social status distinguished from other possible causes upon the longevity of British civil servants. This kind of work, and similar work not reviewed in the book yet showing, for instance, that there may be psychosocial causes linking low birth weight to a mother’s perceived social status, primarily addresses health differences within developed countries. Perhaps the most recognizable recent work in this branch of epidemiology is research led by Richard Wilkinson and Kate Pickett purporting to show that,

in societies above a certain threshold of GNP per capita, income inequality is a strong predictor of a series of socially undesirable outcomes. Work on the distribution of health and disease across societies also figures in Venkatapuram's book. Such is the case of work by Angus Deaton, the recent winner of the Nobel Prize in Economics, on the diffusion of health innovations around the world, as well as the work of Vicenç Navarro on the differential effects of political economy on infant mortality. Venkatapuram's philosophical purpose consists in promoting the recognition that there is, to use his own words, a certain "vulnerability to impairment or premature mortality as a direct result of engaging in social cooperation" (Venkatapuram 2011, chapter 4). Such precariousness is the result of cooperation and competition within and across societies, and understanding those externalities of social life and addressing them when necessary becomes a form of moral imperative.

Infusing the theory of justice into that kind of scientific empiricism, however, poses some consequences. One is that health cannot be conceived as simply another form of Rawlsian primary good depending on the mere randomness of a state of nature. On the contrary, its social roots need to be incorporated in the elaboration of normative claims. Second, such a move favors a multidimensional causes-of-the-cause model on the origins of relevant inequalities, as is the case in much work in this area of the social sciences. These additions to and innovations upon the theory of justice should be more than welcome to normative philosophers.

Yet, other issues regarding the association of social determinants of health research and the capabilities approach are more difficult to swallow. Although Venkatapuram's book is highly recommendable for chapters in which he criticizes earlier philosophical views on the concept of disease (e.g., Christopher Boorse's Biostatistical Theory of Disease), he succeeds in forcing a form of suspension of judgment about what health truly is instead of persuading readers that he has a thoroughly operationalized, well-delineated concept of health to bring to the fore. For a book of several hundred pages with "health" in its title, such an absence is astonishing, even if advancing such a well-delineated concept may be not only a Herculean task, but a Sisyphean one as well. Clearly, Nussbaum's list of capabilities does not suffice as a catalog of essential help to, for instance, practitioners of public health. Ultimately, all that remains for readers is Venkatapuram's assertion that "health is a capability to achieve a cluster of

basic capabilities. The components of the cluster are identified through free-standing ethical reasoning aiming for overlapping consensus across societies” (Venkatapuram 2011, chapter 7).

My reference to Sisyphus’s task is motivated by the belief that if components of health are to be characterized in that way, then we are left with the never-ending quest for the reference of the concept. Such a quest is not problematic *per se*; perhaps health is a kind of socially constructed concept that depends heavily on the cultural change of our sense of justice through some form of social bargaining, argumentation, and evolution of individual expectations on what health should include. This state of affairs may nevertheless be concomitant with the pursuit of the capabilities approach to define a series of minimal equal aspirations that should be guaranteed across societies in a cosmopolitan fashion. However, one could ask for slightly more from philosophers working on the concept of health, who could at least come to grips with the nature of the reference of the concept. It may be interesting to know, for instance, whether intuitions that support philosophical reasoning about health depend on some form of conceptual fragmentation, which is a serious possibility, and what theorizing about health accomplishes in transforming the vernacular notion of the idea. If a positive concept of health is proposed, then some effort toward measuring it or at least delineating some of its criteria is in order. If the latter is not a feasible task, then its cause should be recognized by advancing a truly philosophical analysis of the concept. This oversight needs pointing out, for Venkatapuram himself sometimes seems to dismiss the quantification of morbidity and longevity as partial attempts to tackle the health of nations. Surely nobody disputes that, in a sense, they are of course partial, for most quantifications in social science are partial and indirect. Certainly, Venkatapuram’s interesting thesis that “avoiding disease or impairments is not the same thing as the priority of health” (Venkatapuram 2011, chapter 1) appeals to non-trivial policy modifications concerning the priority of health policies over the simple provision of healthcare narrowly understood. Yet, he seems to hint to something more, which soon dissolves into something very indeterminate.

Finally, although I applaud Venkatapuram’s incorporation of findings of social epidemiology into a theory of justice, perhaps a fairer attempt could have been made to incorporate the *prima facie* plausibility of possible criticisms. Aggregative problems lurk behind the current version of the capabilities approach, which

Venkatapuram readily concedes. However, he may not recognize the need to at least address certain specific forms of possible aggregative problems specific to findings in social epidemiology literature. Consider, for instance, the situation in which some form of social inequality producing undesirable effects was needed in certain developed countries in order to produce the kind of technological innovations and commercial exchanges that prompt the alleviation of suffering in less developed countries. Though I do not defend the latter possibility as a matter of fact, I know of some reasonable thinkers with a market libertarian orientation who do, and their objections need to be thoroughly addressed. Naturally, a case against this market libertarian kind of objection could be built, starting with the idea of unnecessary avoidable morbidity. Such a normative intuition would be stronger if supported with some evidence. At one point in *Health Justice*, Venkatapuram criticizes some of the theorizing behind the so-called health equity approach on the grounds that it gives “too much deference to science” (Venkatapuram 2011, chapter 5). However, if we are to provide convincing responses to opponents of the kind of approach that Venkatapuram advocates, then there is no other alternative but to enter into that kind of argumentation on empirical data. It is not that empirical and falsifiable models can always solve the normative question; they cannot. But they figure prominently into the “free-standing ethical reasoning aiming for overlapping consensus” that Venkatapuram identifies as necessary for pursuing health. Thus, deference will be given—indeed, a great deal of it.

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