ONE FOOT IN, ONE FOOT OUT[1]

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Most of us entered public health for a mix of reasons: the urgency to alleviate the suffering in the world and an intellectual concern for the scientific problems of infectious and chronic disease, poverty and inequality, the organization of health service. We are professionals. But unlike other professionals we cannot maintain a detached neutrality about disease (for or against), for or against hunger, for or against racism and sexism. We are engaged professionals and in that sense also activists in institutions that profess a formal neutrality about many of the key issues that affect health.

We are also workers. We are hired to create and apply knowledge within the constraints set by our employers. But we are a special kind of worker in that our labor is not completely alienated from us: we are really concerned with the product of our labor, with what it does in the world, unlike the employees in ammunitions factory who do not seek out that job for the joy of helping to kill people. As workers a major concern is to keep our jobs and receive reasonable compensation and benefits. But as intellectuals we want our work to be meaningful and effective. We are terribly frustrated when we lack the resources to do what obviously needs to be done, when class size or number of patients to care for guarantees that we cannot do what we entered the profession to do and when our best ideas are not fundable or not even mentionable, when our activism is condemned as unprofessional, when our tasks are constrained by wrong or narrow theories, when we contribute to deep studies of the problem but they end in banal recommendations such as "we should pay more attention to questions of equity" or the almost inevitable "more research is needed".

As workers we share the concerns of other workers, questions of salary, job security, health and safety on the job, workload. But as intellectuals we want our work to matter. We are inspired by the California nurses, the doctors in Nicaragua and Chile, the teachers of Oaxaca, and do our own protesting, demanding, educating.

We are activists, critical of the way society is run and we work to change policies in many areas of life. But our activism is not limited to the correction of today's abuses. We also stand back from the immediate to theorize, analyze, contemplate, ask how our present struggles contribute or detract from the long haul. Theorizing is a vital task: it protects us from being swamped by the events of the moment. We are also activists in relation to our own situation as workers even where it offends the proud sense that we are professionals aloof from class conflict.

Our triple identity as workers, as activists, and as intellectuals creates the cauldron in which we live contradictory lives. We may share with colleagues a curiosity about the origin of new infectious disease or how racism exhausts the adrenals or the egg-laying behavior of mosquitoes in polluted environments. But we may conflict with them around the need for universal free healthcare, land reform in the struggle against the ravages of HIV/AIDS in Africa, the priority given to molecular

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approaches to disease. Our institutions may appreciate our creative ideas yet fear that potential donors may find out about our criticism of the pharmaceutical and insurance industries, or that we shout slogans in front of the Capitol. When we participate in collaborative research we may disagree as to what to include and what to leave out, what recommendations to insist on and which to edit out of the conclusions. Our relation with our colleagues and institutions is therefore a mixture of cooperation and conflict. Our job depends on the balance between the professional recognition we may receive and the political embarrassment or offense that we cause. We want to be able to pursue our shared interests, continue with our social commitment, draw sustenance from our surroundings but not drown in its special subculture to the point of sharing its values and timidities.Our triple identity is also a source of strength. We bring to the activist community the scientific insights of our professions and the tools to criticize the reports of panels of experts. We also defend the value of intellectual work, the need to sometimes take detours from practical problems in order to understand them more deeply.

We learn from our nonprofessional comrades about the richness and complexity of health problems and about topics such as the reality of class in America that are subject to interminable debate in academia but are obvious on the street. We have the experience of community groups such as the women of Love Canal and Woburn, the environmental justice movements, the River Network, the Women's Community Cancer Project revealing problems of environmental toxicity that academies prefer to ignore, that they are prone to dismiss as mere statistical clusters, the panic of the mob. We know that nonprofessionals who face a problem often have a deeper understanding of the very specific situation they live in than the experts whose first commandment is not to create panic or impose unnecessary costs on the creators of the problems.

At the same time we cannot fall into the sentimentality of assuming that the less educated a person the wiser she/he is and the more reliable their opinions. We understand that the direct experience of people is also limited: it is limited to objects on the scale of everyday experience, limited to their own immediate surroundings, and usually limited to the urgency of a short time frame, seen through the prism of the biases of their own community and lacking in analytical tools. But after decades of community organizing there are many community groups that do have deep understanding theoretical insight and great intellectual clarity. We respect human labor, including our own, and reject the deprecatory, apologetic term " the real world" to refer to any place other than where we are and all work except our own.

Working in communities also helps us understand that what is happening to us as workers -- job insecurity, proliferation of managers, loss of autonomy at work, overload -- had already happened in other industries. We see the new buzz word "accountability", which could mean the insistence on democratic responsibility to our peers and the communities we serve, turn into an increase in managers, supervisors, bureaucratic rules and forms, a vertical "accountability" that leads to timidity. We have more in common with the weavers of Lancashire then is obvious when we contemplate our diplomas. We may even find allies in our labor struggles among the people in the communities where we work.

The agendas of affected communities protect us from sinking into the triviality of much academic debate. It is also a source of hope when our institutions sink into despair. Therefore our triple identity is a source of enrichment as well as anxiety.

I would now like to explore some of the intellectual constraints on work that makes the product less than fully satisfying.

1.Problems of misdescription. Although researchers in the United States recognize the disparities in health outcomes among groups of people, data describing that inequality is often presented to us in terms of SES instead of class. To some extent we can infer class from income, residents, and occupation. But it is still unsatisfactory. It is common now to see people as deprived of food, housing, education. That is, we see them as consumers with insufficient means of consumption. Remedies are proposed to make good this deficit in consumption. But the models generally do not consider restructuring the patterns of ownership and power in our society.

Common speech in our country describes people as middle-class. In that case we have to notice a homeless middle class, the hungry middle class, the middle class with low education, the imprisoned middle class. Or we might be allowed to recognize that virtuous category, the working poor, so as not to confuse them with a nonworking, unemployed, or incarcerated middle-class.

2. Narrow scope of comparison. When considering alternatives to the present health care system in the United States, it is respectable to consider the Canadian experience but not the Cuban. And this in spite of the fact that Cuba has the most cost-effective public health system in the world. It is state run, refutes the common notion that a state-run system must be stifled by bureaucracy. It refutes the notion that innovation is stifled in the absence of the profit motive. In a time of economic constriction in Cuba it is striking that the trend has been for increasing and differentiating the types of care rather than cutting back. The exclusion of Cuba means that alternatives are limited to those in which pharmaceuticals are privately developed and owned, health insurance is a business, and hospitals are encouraged to cut costs and show profit.

3. Narrow posing of problems. Malaria is seen as a problem of mosquitoes and bed nets but not of poverty and land use. The devastating impact of AIDS on Africa is confronted by proposing the distribution of medication and the urging of people to practice safe sex but does not deal with land reform, unemployment, and cultures of sexism. Epidemiology is divorced from ecology. War is still examined as a disruption of normality rather than an increasingly common expression of a late capitalist global system. Infectious diseases are approached one at a time without regard either to diseases of other species or the ecology of our relations with the rest of nature, particularly with the microbial world. In the broadest sense public health is concerned with the relations of our species with the rest of nature and the relations of social groups within a species. It is part of our task to insist that health is determined in a much broader arena than health service or public health programs. It must go beyond traditional occupational health to consider the workplace as a habitat and the structure of work in our society, the organization of work in our life cycles, and its seasonal and diurnal rhythms. It must deal with inequality not simply as a statistical measure but as a structuring of social conflict. These are questions that are either simply ignored or militantly excluded.

4. Policy recommendations are limited within the framework of the existing institutional programs and the social system as a whole. They have to be within the bounds of the potentially acceptable. Since consultants and advisers have no capital goods, their only asset is credibility and therefore the raised eyebrow may be devastating. It is taken for granted that health care is private, that insurance is private, the hospitals are private for the most part, but the research conducted directly or indirectly by the pharmaceutical industry is going in the direction we need. The least that we can do when we work with policy questions is to make the constraints explicit and then find ways of challenging the constraints in other venues.

Criticism of these constraints opens up not only the particular question at issue but also more general conceptualization of the nature of science and scientific research. This includes a general view of science as a social product that has areas of profound understanding interwoven with structured ignorance. These are not questions which are normally considered in the seminars and meetings of our professions but are necessary in order to stand back and evaluate where we are and where we want to go. As against the narrow, constrained, mostly reductionist sciences of our institutional environment we counterpoise a dialectical view in which:

the truth is the whole;

things are more richly connected than we imagined;

things are snapshots of processes that last long enough to earn a name;

things are the way they are because they got that way; therefore we ask, why are things the way they are instead of a little bit different, and why are things the way they are instead a very different. These are the questions of homeostasis and self-regulation on the one hand and of evolution, development, and history on the other.

These considerations also apply to our own disciplines and to ourselves working within them.

As health professionals we always confront the boundaries of the permissible. Radical politics is the pushing back of those boundaries. We have to make strategic decisions about how to deal with these constraints. There are several modalities available. These are not mutually exclusive. In our own work we may challenge the prevailing dogmas in conversation, seminars, and in writing. We may push against the boundaries, raising questions they may not want to hear, encouraging people to take action that is not part of our job description. This may bring us into conflict with our bosses and endanger our jobs. It is a strategy most accessible to people in relatively secure positions. The freedom to challenge what is, is usually associated with rank in the hierarchy. For this reason the defense of tenure and job security generally, along with the expansion of the subject matter for legitimate discussion, are important struggles for all of us. These battles are important not only to try to change the framework of public health or of some of our colleagues, but also to keep our own minds clear. It is not always easy to remember that the boundaries of our job description need not be a boundaries of our minds or our actions. One way to undermine the constraints is to find ways of bringing people from the community into the university or agency as active participants. Recall the slogan that emerged after hurricane Katrina: “nothing that is about us without us is for us.”

A second approach is to carry on what we can't do at work in our free time, using our professional knowledge but going beyond it. Thus while our analysis may show that national health systems can have lower costs of administration than private ones, provide more complete service, and have medical decisions guided only by the needs of the patient, advocacy of a national health service may be actively discouraged and certainly does not fall within the bounds of our research grants. But in publications beyond the control of our directors and deans we can carry our analysis to its obvious conclusion. Thus we may write about the problems we have not been allowed to solve and present our ideas in other communities than the profession. Here we can make recommendations that the existing programs could not consider, writing in the publications of our alternative communities. We can propose or oppose legislation in collaboration with community groups. Working with community groups is an important means of nourishing our integrity because at our day jobs we are constantly

bombarded with assumptions that may eventually penetrate our consciousness. We all appreciate the good opinions of people we respect and may eventually come to sympathize with the common sense of our institutions and coworkers. It is a constant struggle to resist the biases and assumptions of our professional communities. It is therefore important to have another community of validation than that on the job.

In some countries, and in some localities within our country, such activities may be dangerous and may even have to be carried out anonymously. In an increasingly repressive society whistle blowing is an important but dangerous vocation.

A third option is to leave the institutions that are so frustrating and increasingly demoralized. Then we might seek out community or union-based organizations where our approach is welcomed and activism can be our profession. The rest of us have to rally round so that those who finally can't stand it any more are not lost in the struggle to survive.

In the nonacademic activist community the urgent immediate tasks can prevent us from engaging in the intellectual tasks that both nourish ourselves and inform the struggle.

In some cases our clash with our institutions may be so sharp as to make continued work there intolerable, or ethically unacceptable. For instance many public health professionals seek employment with USAID. I would personally would not work for USAID because I consider it a terrorist organization implicated in efforts to overthrow the Cuban government, implicated in what in the current double-speak they call "health system reform", that is the gutting of national health service, and in other ways promote a noxious foreign policy. In navigating this terrain people have to take into account their own location in the structure, the colleagues who may support them, the degrees of freedom which they are allowed, their vulnerability to reprisals and their own self-confidence. Since I hold a tenured position in a University I have more freedom to act and more protection from retaliation than in earlier times in my life. But others are more subject to the tyranny of administrators, state legislatures, review panels, or the press. Here is where unions are important to defend the intellectual freedom of public health workers as well as our economic rights, and allies outside of our institutions are a vital support.

The final option is to leave employment in the public health field, make a living in some other way, and struggle for the health of our communities purely as an activist. In some ways this is the least desirable of the options because it leaves very little time to pursue our scientific interests, keep up our networks in the field, and find outlets where we might be heard. But it is a fallback option that combines greater freedom with lower security and access. Under present conditions of the job market there are many qualified graduates who do not find employment in public health, or at least in jobs that are acceptable to them in public health. Then it is the task of those of us who are still employed in public health to keep our unemployed comrades in the networks, notify them of discussions that may be of interest to them and share publications.

Thus our community includes people with many different kinds of connections to public health institutions and different class positions. This is a strength in that it prevents the narrowness of the academy and the agency from constraining the challenge to carrying out our mission. It helps us find people with whom to share different aspects of ourselves. With some I can share my love of difference equations, with others my excitement about the Bolivian revolution, with some my outrage at the persistence of poverty and preventable disease. With some go to seminars, with others to picket lines. This makes for a rich, exciting, and useful life with marvelous people.