
On Legitimacy, Healthcare and Public Health

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This Special Issue on *Healthcare and Public Health: Questions of Legitimacy* brings to the reader short essays that originate in the contributions to the invitation-only Workshop on ‘Legitimacy: The Right to Health’ that we organized in September 2021 in Tuscany, Italy, under the auspices of the International Urban Symposium-IUS. Here, cross-cultural ethnographic knowledge contributes to taking the extant scholarship around legitimacy into the study of healthcare and public health. Addressed ethnographically through the lens of legitimacy, the focus on this highly significant area of studies, and of life, advances our understanding of complex dynamics and their impact on ‘ordinary’ people. The analyses inspired by this conceptual framework extend to what the pandemic has revealed about different societies and settings.

The aforementioned Workshop was a key part of an overall project in which *legitimacy* is the central organizing concept. Started in 2019, this project is driven by intellectual concern on the complex issues raised by growing world-wide mismanagement of healthcare and public health. Because of the Covid-19 pandemic, the Workshop, originally planned for September 2020, was postponed to September 2021, when it benefited from the work of a strong field of scholars from various countries who are at different stages of their academic careers. Sharing the anthropologist’s natural aversion for unjustified abstraction (Leach: xvi ff.; Harris 1986: Chap. 1), they contributed analyses based on regionally diversified ethnographic knowledge from Europe, the USA, India, Africa, Latin America and the Far and Middle East, shedding, in the process, powerful light on the inequities and erosion of responsibility, trust and authority that pollute this critical field worldwide.

In spite of the disruption caused by pandemic-related international restrictions, the Workshop took place efficiently, thanks to a generous grant from the Wenner-Gren Foundation for Anthropological Research (Gr.CONF-856) and to the intellectual and organizational know-how, and network of the International Urban Symposium-IUS. The organizers’ local knowledge helped to secure fine accommodation, food, work facilities and socializing events. Over the week that we spent together, we became a truly engaged and close-knit group of human beings actively engaged in developing ideas, exchanging constructive criticism and identifying synergies and complementarities. Making the whole exercise successful intellectually and socially, useful new analysis and exciting ideas were seeded and debated, which bodes well for future developments in this field.

This Special Issue is the first of two publications springing from the overall project. A second publication is forthcoming in the Series ‘Palgrave Studies in Urban Anthropology’ as a volume that brings together full-length chapters (Pardo and Prato eds 2023).

The brief articles that follow — as, of course more extensively, the full-length essays in preparation for publication — have benefited from the extensive discussions that took place during the meeting. Some participants had previously met and interacted intellectually, others had not. The

opening ice-breaking reception, the general atmosphere of informality, the participants' dogged engagement with the topic, the smooth-running organizational set up and the hospitable venue all contributed to the success of this exercise. In early July, the draft papers were circulated among the group, who read them in advance of the meeting. Therefore, during the meeting the papers were discussed in great detail, not presented. Extensive written comments on all papers and detailed reports were produced and subsequently circulated among the group.

We witness daily reports from around the world of increasing discontent among ordinary people with those in power, from a variety of political perspectives. This dissatisfaction highlights the long-standing conflict between rulers and ordinary citizens. Comforted by the strength of long-term field research in classic anthropological fashion (Pardo and Prato eds 2017), our analyses draw heavily on the anthropological literature on legitimacy and legitimation — of morality and action, of the law, of politics and governance — to investigate the empirical realities that qualify the good-sounding claim made by various systems, including democratic systems, across the world that people's health and well-being are a priority. We aim to contribute to the further development of what, since the mid-1990s, has grown into a sophisticated international debate (Pardo 2000; Pardo 2000 ed.; Pardo and Prato eds 2018; Pardo and Prato 2019; Pardo and Prato eds 2019a, 2019b). Our discussions benefit from in-depth knowledge of ideas of legitimacy at the grassroots to examine the impact of legislation that turns patients into clients and the disruptive ramifications of unscrupulous practices (at local, national and supranational level) that may or may not break the law, and to explore conflicting moralities across the social, cultural, professional, economic and political spectra.

From challengingly varied ethnographic angles, we debate the progressive erosion of the legitimacy of professional and political authority worldwide, endeavouring to address important questions about healthcare and public health, including the impactful mismanagement of the urban environment extending to the pollution of soil, water and air, and to the collection and disposal of rubbish. We strive to provide insights into the complex ways in which healthcare and public health authorities gain, keep or lose the public's trust, both in 'normal' and 'crisis' situations. In doing so, we keep a keen eye on the impact of the current pandemic on urban life — recently examined in Supplement 4 to this journal (Prato ed. 2020) — on its inequalities — extensively discussed in Pardo and Prato (eds 2021) and Spyridakis (ed. 2022) — and on the ever-expanding gap between rulers and the ruled. We ask what a healthy society means for the rulers and address how their views are translated into social policies.

Across the world, the powers-that-be appear to be oblivious to the importance of understanding and addressing dodgy actions by powerful individuals and lobbies. We refer specifically to actions that do not strictly break written rules because they are not adequately dealt with by the existing legislation or, in a growing number of cases, because they are made to be legal through expedient changes in the law (Pardo 2000). Our analyses are cogently aware that in the field of health, this issue is graphically magnified because, here, people are at their most vulnerable (Pardo 2004). We recognize that the pandemic has 'simply' brought into stark light the acute crisis of responsibility and accountability in public life that mars many democracies. The current debate on legitimacy and legitimation undergirds precisely this analytical imperative.

Identity, money, ideology, politics, socialising, living conditions generally are all important aspects of people's lives on which good governance is tested at the grassroots. There are, however critical areas of associated life where the legitimacy, and by extension the authority of a government stands or falls. As the analyses demonstrate, healthcare and public health and safety fall squarely in this category. What matters most to the ordinary man and woman is their own well-being and the well-being of the people they love. In ethnographically varied settings, we find that the mismanagement of healthcare and public health is the ultimate litmus test for the legitimacy of the authority to rule. We find that in this field, especially, the very legitimacy of the institutions that are responsible for the decisions and actions that deeply influence people's lives is at stake. As we read through the essays collated here, we see that all too often those institutions are been found wanting; and we see how the Covid-19 pandemic has brought graphically to light critical failures in this field.

From Giuliana B. Prato's comparative reflections on healthcare, we learn of variations in 'access' to healthcare between Italy and the UK, and within each country, and of how healthcare ethics has changed from a charitable and 'holistic' approach — whereby healing addressed a person's body, mind and spirit — to the fulfilment of statistically quantifiable indexes of the healthcare systems' efficiency and resilience. The discussion is contextualised historically looking at the underlying ethics that led to modern policies on the provision of 'free' healthcare and the protection of health both as a fundamental individual rights and as a service to the whole community. Then the analysis addresses the increasing marketization of the healthcare and how its negative effects have been exacerbated during the Covid-19 pandemic. The critical issue of privatization and ensuing commercialization links directly to the essays by Pardo on Italy and Koenig and Diarra on Mali. Italo Pardo discusses Italian rulers' breaches of the democratic contract binding them to safeguard two fundamental rights of citizenship: public safety and health. Naples, he argues, makes a graphically exemplary case of the toxic ramifications of three concurring obnoxious processes. They are: bad legislation has allowed a sneaky privatization of the public health service that compounds the heavy demands on the inadequate and understaffed public health system, raising serious challenges to key aspects — medical, moral and ethical — of the Hippocratic Oath; the personal and public health hazards generated by bad governance; economic policies that protect the guaranteed who enjoy secure employment but punish the non-guaranteed who independently make their own living. As the legitimacy of the 'system', he concludes, becomes questioned, the casualties are trust and, ultimately, authority. Dolores Koenig and Tiéman Diarra focus on the legitimacy of practices in healthcare in the area of the Manantali dam in western Mali, where structural adjustment programmes have pushed privatization in the ineffective national healthcare system without improving health care. Further reforms put local healthcare in the hands of community health centres (CSCOMs) as the focal point of primary healthcare, in which user fees generate funds to cover operating costs. CSCOMs have become the backbone of rural and small-town healthcare. Although these centres have decreased dubious practices and brought transparency, they still suffer from performance legitimacy. Patients find it difficult to pay costs, which affects the ability of the centres to pay operating costs, much less improve equipment and structures. At the same time, they also use traditional herbal treatments and the private health centre funded by the dam's power company. Linking to important aspects discussed by Prato, Sarfati,

Varelaki, and Arnold, the Mantanali ethnography brings out the impact of the absence of adequate infrastructure and well-qualified personnel both on the provision of healthcare services and on people's choices.

The problem of inadequate structures and privatization practices is at the centre of Falia Varelaki's ethnographic research conducted in a Greek anti-cancer public hospital. She explores the field of therapeutic choice in the context of economic crisis in Greece, whereby cancer patients find themselves at the intersection of biomedicine and alternative medicine. Liora Sarfati recognizes that people seek traditional healers in many cases of chronic illness, mental issues, or terminal conditions that modern medicine cannot solve. However, reminiscent in a way of Prato's analysis of the re-discovered 'holistic' approach in certain medical fields, Sarfati notes that people may use both spiritual healing and biomedicine. Looking at the relationship between healers and patients in the hypermodern cultures of South Korea and Israel, she suggests that the tensions relate to institutional concerns and health issues than to the religious-supernatural aspects of the treatment. As discussed in Arnold's essay, the relationship between biomedicine and alternative and complementary therapies appears to be now at the centre of the search for 'cures' among patients suffering from Long Haul Covid. Having briefly outlined the state of healthcare in the US, Judy Arnold notes that the poverty of opportunity in the American Health Care System was exposed at its worst during the pandemic, which very nearly broke the American Health Care System. She argues that the experiences of Americans who sought health care and those who find themselves still sick from the effects of the virus raise key questions of legitimacy that need attention. This problematic resonates with Talbot Rogers' controversial findings among selected informants as to whether healthcare is or should be a right. There is one exception among G7 countries, he notes, as in the United States there is no universal coverage. Spyridakis raises similar points in his examination of the complex issues regarding people with disabilities in Greece. He reflects on the key fact that people with disabilities have health needs like every other citizen and require the same general health services as persons without disabilities, from promotion, prevention and treatment, to rehabilitation and palliative care. Even considering that, on average, due to the higher vulnerability to health, people with disabilities are likely to require and use health services more than those without disabilities, their unmet healthcare needs raise key issues of legitimacy that are at the core of good governance. Central in Spyridakis' analysis is what he calls the role of a 'medical-industrial complex' based on profit, which resonates strongly with Koenig and Diarra's, Pardo's, Prato's and Varelaki's analyses of the distortions brought by privatization into healthcare.

The legitimacy of care and the polluting effect of political interference comes across vividly in Ebru Kayaalp Jurich's examination of the conflicting ideas of legitimacy around the Covid-19 vaccine in Turkey. Ethnographic knowledge from Istanbul raises questions on whether the CoronaVac vaccine chosen by the authorities enjoy legitimation among the Turkish people, pointing to a complex relationship between trust, efficiency and legitimacy. Subhadra M. Channa's discussion links strongly to those by Kayaalp Jurich, Koenig and Diarra, Pardo, and Varelaki as she draws on her Delhi ethnography, including during the pandemic crisis from March 2020 to the present, to illustrate key areas of theoretical concern, such as legitimacy, populism and

democracy and the troubled relationship between them. Most interesting, the inadequacies discussed by Channa in the Indian context parallel significant aspects of the iniquities of the US system highlighted by Arnold and Rogers and underscored by Nugent.

The gap between rulers and the ruled and its complex ramifications in terms of legitimacy, of policy, of action, of the authority to rule are central themes in the essays by Mollica and by Armstrong and Rosbrook-Thompson, who focus respectively on situations of ongoing geopolitical conflict and the application of matrix algorithms to ‘predictive profiling’ as a formula for the prevention, and by extension ‘cure’, of perceived social problems. Marcello Mollica’s Lebanese study sheds light on the dichotomy at the National consociational level and at the level of local governance in the political management of public health at times of escalated crises. He examines the multi-level governance of public health in the context of three dramatic events that enhanced inter- and intra-confessional socio-political tension: the Hezbollah-Israeli War of 2006; the Covid-19 pandemic; and the explosion that ravaged Beirut on 4 August 2020. Gary Armstrong and James Rosbrook-Thompson examine through the lens of legitimacy the UK government’s adoption of a public health approach to reducing levels of urban violence. They explore to what extent this is received as legitimate ‘on the ground’, arguing that it privileges a certain view of health and a skewed framing of the gang issue that engenders an inaccurate diagnosis of the problem. Their argument on the fallacy of algorithmic-based formulas for problem solving mirrors Prato’s suggestion that healthcare cannot be reduced to a series of bureaucratic protocols and ambiguously constructed statistic indexes of ‘efficiency’ and ‘resilience’. Ultimately, Armstrong and Rosbrook-Thompson’s analysis point to an asymmetry between perceptions of legitimacy ‘from above’ and ‘from below’, when it comes to the epidemiological framing of urban violence.

The debate ends with an essay by David Nugent, who, on the strength of his anthropological knowledge, casts a keen eye on dramatic, and highly problematic, events in the US that have undermined citizens’ trust in the authorities across the board to reflect on the essays offered in this Special Issue. His cogitations bring out comparative insights into the crisis of legitimacy which stimulate significant developments in this critical field of social theory.

As a whole, this Special Issue brings out the epistemological significance of charting new theoretical directions on ‘legitimacy’ and ‘legitimation’ that help us to grapple with the import and ramifications of world-wide discontent with how the dominant élite manage power, especially — though of course not only — in this absolutely critical field.

The future for this topic looks very promising. The synthesised studies given here, and the forthcoming extended publications (Pardo and Prato eds 2023), will hopefully stimulate further debate and new initiatives, including dissemination of the findings to a wider academic and non-academic audience.

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