



All health politics is local: Community battles for medical care and environmental health, by Merlin Chowkwanyun

Chapel Hill, University of North Carolina Press, 2022

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To cite this article: Benjamin W. Chrisinger (2023): *All health politics is local: Community battles for medical care and environmental health*, by Merlin Chowkwanyun, Journal of Urban Affairs, DOI: [10.1080/07352166.2023.2214060](https://doi.org/10.1080/07352166.2023.2214060)

To link to this article: <https://doi.org/10.1080/07352166.2023.2214060>



Published online: 29 Jun 2023.



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BOOK REVIEW

All health politics is local: Community battles for medical care and environmental health, by Merlin Chowkwanyun, Chapel Hill, University of North Carolina Press, 2022

Whither localism? This is the animating question of Dr. Merlin Chowkwanyun's compelling book, *All Health Politics is Local*. The text offers a wide-ranging and thoughtful examination of case studies in local struggles for medical care and environmental health across New York City, Los Angeles, Cleveland, and Central Appalachia, from the mid-1940s to 1980s. Academics and graduate students will find that the book offers useful theoretical frameworks, presented in an accessible way that could be enjoyed by a broader audience. Health is absolutely central to the question of localism, and readers from health policy and practice will find many analogues to their own work. Yet the book goes beyond common disciplinary boundaries, invoking classic questions of social policy analysis concerning how and why certain policies emerge and others—in seemingly similar scenarios—do not. Context, timing, lock-in effects, and path-dependency all surface as possible explanations.

Chowkwanyun's insightful and inter-related case studies clarify how local-national tensions and contradictions exist in the realm of health politics, most notably how varying levels of governance in a federal system are only occasionally aligned in direction and purpose. Throughout each case, readers are reminded of the difficulties of local long-term planning amid major federal expansion (e.g., War on Poverty, Medicare, and Medicaid) or retrenchment (e.g., Reagan-era austerity budgeting). Regional approaches to care and environmental regulation provide yet another wrinkle to this local-national analysis, further underscoring the need for what Chowkwanyun calls a "multiscalar" approach to health policy. The text clearly illustrates that improving medical care and environmental health requires local action, but that those actions are heavily influenced by the budgetary and regulatory system designed at higher levels, especially the federal.

A fundamental tension (and sometimes contradiction) in "community health" relates to terminology. First, how should we define *health*? Here, the author takes on two over-arching health issues: access to medical care and exposure to environmental harms. By exploring medical care system reforms in each place, readers see how definitions might center on prevention and socioeconomic factors on the one hand, or proximity to acute care needs on the other. With environmental examples from Los Angeles and Central Appalachia, Chowkwanyun shows us that the definition depends on science, as well as the experience of community members whose eyes burn from smog and whose water is fouled by strip mining. With time, scientists can elaborate these on-the-ground experiences into causal models, helping policymakers and advocates identify where regulation is warranted. Yet, as Chowkwanyun clearly demonstrates, this is hardly an unbiased, evidence-based process. In the words of Michael Katz, "The path between the results of empirical research and policy, even when they are clear, which is often not the case, never runs straight" (Katz, 2013, p. 154). Power—of organizers, industry, labor unions, local political bosses—looms large in this analysis.

Another terminology problem centers on *community*. Who represents the community? How much control should the community have? The cases are located in the milieu of the War on Poverty's mandate of "maximum feasible participation," which clearly influences the many processes and governance structures discussed in the book, yet in different ways and with markedly different outcomes. Though Arnstein's classic "ladder of citizen participation" was written about the federal Model Cities program in 1969, it remains a critical tool for considering Chowkwanyun's cases.

As identified in the concluding chapters, we are in a period of renewed focus on community participation in health research and care. Yet, then as now, we grapple with the question: Who represents the community? We are left wanting for a satisfying and generalizable answer, though Chowkwanyun offers us stories of different approaches to conceptualizing and operationalizing

participation in medical care and environmental health. Taken together, they provide a sobering reminder that “community participation” is not a panacea for effective (or just) policymaking. Even outside the most extreme examples of outright fraud and cronyism (as in the case of Central Appalachia), community factions (especially along lines of race, class, and geography) may disagree. Nevertheless, Chowkwanyun is careful not to dismiss participation altogether; many inspiring lessons of organizing and activism give hope that positive change is possible through community involvement, even in the face of entrenched power.

Similarly, it seems we have made only modest progress toward medical and environmental justice since the time of these case studies. Chowkwanyun’s suggestion that modern “Health in All Policies” frameworks move us toward a more multiscale form of health politics is a practical one, though critical scholars may disagree. With knowledge that socioeconomic factors drive the majority of health problems, why posit a solution that is even more complex, multi-agency, and multi-level? For instance, Julia Lynch warns that this broad framing of health inequities gives cover to decision-makers who would rather avoid questions of re-distribution (a perennial political worry, as the book’s cases show; Lynch, 2020). Perhaps this is what multiscale health politics could achieve; an unabashed focus on welfare, employment, and education; regional cooperation on regulation and governance; and a strong commitment to the health problems and experiences of particular communities.

Trust in science—especially during periods of scientific uncertainty—is another of Chowkwanyun’s recurring threads that has modern resonance, though perhaps more tenuously amid pandemic-related distrust in authority and expert opinion, and attendant rise in an internet and social media-fueled interest in “doing one’s own research.” The book hopefully describes how marginalized and disconnected communities of rural Appalachia engaged with scientists in early forms of community-based participatory research, with scientists thoughtfully designing and disseminating accessible reports of the latest environmental health evidence. Admittedly, this feels socially quite far from the modern state of affairs, with local public health officials under mounting scrutiny and threat from a skeptical public (SteelFisher et al., 2023). Chowkwanyun’s historical examples might offer us some insights on a way back to more trust and cooperation.

In many ways, these cases tell a uniquely American story, especially as far as the provision of health care is concerned, as well as the strong undercurrents of racial tension. Yet, from my desk in the United Kingdom, I could not help but notice the similarities to present debates over health, especially the long-admired National Health Service (NHS). In passage after passage, I found myself scribbling “NHS” in the margins: stories of long wait times and subpar care, worker distress, labor union strikes, crumbling facilities, austerity budgets. The list goes on. British colleagues and advocates work at multiple levels to provide reports and studies on the critical state of affairs (Campbell, 2022; Papanicolas et al., 2019; Thomas & Tunney, 2022), though these complaints fall to a national government with a decidedly different vision for the health service. Increasingly, a private medical care industry is gaining a foothold in local markets, completing the complex roster of institutional actors present in Chowkwanyun’s case studies (Campbell, 2023). To the extent that a “multiscale new health politics” has emerged in the UK, it has not managed to re-direct NHS policy from its present course.

This is all to say that many different readers will easily draw lessons from Chowkwanyun’s case studies to apply in their own communities. The particularities of the period and American context notwithstanding, international audiences will also find much to consider in these pages, as will researchers and organizers dedicated to advancing community health. As we look to an uncertain future, we would do well to note the kinds of historical struggles so thoroughly described here.

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<https://doi.org/10.1080/07352166.2023.2214060>

