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The focus of World Health Day 2018, which took place last Saturday, was on ensuring universal health coverage. Whilst the UK is often lauded as being superior to our American counterparts for having a universal healthcare system, closer scrutiny reveals that this is not always the case. More than this, it is often in the name of health itself, that this universal access is stripped back. To be *for* health might seem like a fairly sensible and innocuous position, but just as my previous posts have sought to re-examine the apparent positive values of "empowering" metaphors and empathy, the concept of health is also not treated as neutrally as we might first assume.

In *Language and Power,* Norman Fairclough scrutinises the ideological underpinnings and operations of power behind 'common-sense' assumptions, including the very term "common-sense" (2). How does something come to be seen as common sense, who gets to decide what is or is not common-sense, and what purpose do these assumptions serve? Health is one such common-sense assumption.[1] Like medicine, health is covered with a veneer of scientific objectivity and legitimacy as something that "just is". Everybody wants to be healthy, everyone seems to agree that being healthy is a good thing, but almost no one seems to ask: what do we mean when we evoke health?

Health is not constant and singular, but can mean different things for different people. In not recognising this, the use of health as a blanket term can alienate those who feel they do not meet its exacting standards. This in turn makes people feel that they are the authors of their own misfortune. Added to this is the constantly shifting advice about how to remain healthy presented in tabloid newspapers, by politicians, media figures, and public health representatives. This advice often places the onus for health on to the individual, ignoring the wider social factors of health such as poverty and pollution. According to Jonathan Metzl, 'health is a term replete with value judgements, hierarchies, and blind assumptions that speak as much about power and privilege as they do about well-being' (1-2).

Health, then, is not apolitical but can be used as a method of coercion, a political weapon, a 'manufacturing of consent' (Fairclough, 2001, 3). It is frequently used to justify 'the neoliberal shift of responsibility for public welfare from the state to the private realms of individual, family, and market' (Roberts, 2010, 62). A recent newspaper article in centre-right wing British newspaper, The Times, is a perfect example of this. In the article, journalist Claire Foges' argues that those who partake in behaviour deemed to be "unhealthy" such as drinking, smoking, drugs, or overeating should be put to the back of the queue when it comes to treatment within the NHS.[2] In her

article, Foges' evoked the language of the "deserving" and "undeserving" poor – which is a legacy of the Victorian era – as a good model from which to draw inspiration today (2018).

To put this article into its wider context it is worth considering Foges' previous role as a speech writer for former Conservative Prime Minister David Cameron. In one of his speeches Cameron made a distinction between the "strivers" and the "scroungers", which formed the basis for his party's massive overhaul of the British benefits system. The Conservative cuts to the British welfare state extended this Victorian poverty dichotomy to the "deserving" and "undeserving" disabled too, with the latter seeming to encompass more and more people, resulting in increased deaths, suicide, and poverty. Although the economy – not health – was the main drive behind this reform, the rhetoric of the cuts was often aimed at the damaging effects that so-called benefit fraud would have on the health and opportunities of those who were genuinely disabled.[3] This was despite the fact that actual recorded cases of benefit fraud are significantly lower than the money lost due to tax evasion.

Health is often ascribed as a moral value and employed out of paternalistic concern for someone's "own good". But this morality is really a way of making the person who prescribes it feel superior, and is a way for them to safely voice their own prejudices, as well as being a form of social control. Forges' article plays off these prejudices in order to scapegoat certain "undesirable" groups for the rapidly increasing cuts and privatisation of the NHS, which continue to take place under the current Conservative government.

Despite the NHS's founding principles of non-judgement and universal coverage, healthcare is already being limited. Exclusion often occurs along lines of "lifestyle" and weight, but also gender, class, disability, race, and ethnicity.[4] Upfront charges for immigrants, proposed surgery bans for smokers and the 'obese', and the underfunding and poor treatment of conditions that predominantly affect women, such as ME and Fibromyalgia, are just some examples of how health in the UK is no longer universal.

What Forges' article reveals is the way in which health is a construct that can serve as a litmus test of public opinion, political policy, and marginalisation. Because health is constructed and advice ever-changing, it can be argued that its foundations are non-existent. This gives health an impossibility of being attained or maintained that increases its function as social control, distracting from the ideology that lies beneath. Therefore, when health is often evoked as a more positive antidote to medicine within fields such as the Medical Humanities and Graphic Medicine, this positivity should be scrutinised within disciplines just as it should be scrutinised in life.

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[1] Another common-sense value that has very particular ideological uses is that of so-called normality, which has been used to marginalise people along lines of race, gender, sexuality, and disability. See Peter Canguilhem’s *The Normal and the Pathological* (1989), Lennard *Davis’s Enforcing Normality: Disability, Deafness, and the Body* (1995) and Peter Cryle and Elizabeth *Stephen’s Normality: A Critical Genealogy* (2017).

[2] It is interesting that Foges’ chooses to focus on these lifestyle choices, rather than say the risks associated with driving a bike, a car, or a motorbike, or participating in sport.

[3] As well as apparently making it easier for disabled people to find work.

[4] For writings on the ideology and misinformation beneath the so-called “obesity crisis” see Charlotte Cooper’s *Fat Activism* (2016) & *Fat and Proud: Politics of Size* (1998), Deborah Lupton’s *Fat* (2012) Paul Cambos’ *The Obesity Myth* (2004) & April Michelle Herndon’s *Fat Blame* (2014) amongst others. For information on upfront charges on the NHS see the campaign group Docs Not Cops. (hyperlink: http://www.docsnotcops.co.uk/)