Afterword: The Future(s) of Social Medicine

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The collection in this book represents the most wide-ranging critical reviews of the history of social medicine globally to date, both in terms of its historical reach – over two centuries – and its geographic reach spanning every continent, including the "Global South," Eastern Europe, and the Middle East. The collection pays homage to social movements outside of organized biomedicine that have profoundly shaped social medicine as developed by biomedical practitioners. Its authors carefully excavate the multiple origins of "social" in academic and organized professional medicine, including a critical examination of colonial and racial-eugenic impulses including concepts of hygiene and development, as well as later responses to external Black power, feminist, Indigenous rights movements. The collection examines social medicine as a product of state-making, including the uses of social medicine in advancing of broader socialist (Nordic), democratic (Brazil), international diplomatic (*à la* Cuban medical diplomacy) political structures. It tracks the imperial and globalizing strands of social medicine including colonial and developmentalist health policies, in tension with critical resistance from reformist to revolutionary political groups. It also tracks socially based healthcare outside of biomedicine as it interfaces with organized biomedicine, health social welfare policy, such as midwifery and migrant mutual aid. Finally, it takes up movements to decolonize social medicine that reorient healthcare to be critical, self-reflexive, and health justice oriented.

What is evident throughout the collection is that social medicine is a strategic term, usually denoting a context-bound political project, and it is not a stable entity. The term "social medicine" serves as a boundary object; a concept that is plastic enough to adapt to local needs and constraints of local sites, yet with enough of a common identity across sites that it is recognizable and translatable across sites.[1] The most important question answered by this collection in relation to social medicine is therefore not "what is it?" but rather "who has used it, what has it accomplished, and what can be done with it?"

[1] Susan Star and James Griesemer, "Institutional Ecology, 'Translations' and Boundary Objects: Amateurs and Professionals in Berkeley's Museum of Vertebrate Zoology, 1907–39," *Social Studies of Science* 19, no. 3 (1989): 387–420, PDF.

Because this collection does such a thorough job of illuminating who has used social medicine and what that has accomplished, I will turn for a moment to what can be done with social medicine in the future. The present and future force us to reconsider what is "social" and what is "medicine." The right to health equity currently has more gravity than the right to social equity or human rights internationally – that is, it is easier to mobilize political intervention in response to healthcare needs and disease than it is to mobilize political intervention in response to social needs, such as housing and food deprivation to violence and discrimination. This has led healthcare to inhabit a special role as a leading edge for consensus and cooperation among politically distinct groups within and among nations. The present and future of social medicine also lead us to reconsider the "local" in sites of social medicine practice. Here is a brief sketch of the timeliness of social medicine as a concept with promise as a corrective to a number of contemporary social ills.

Trans-national projects. In the introduction to this volume, the editors point to Planetary Health as a more recent development and could be counted among social medicine movements but with a more global scale of focus. Planetary Health exemplifies the ways that human health is dependent on international agreements to intervene on climate change, and that the practices of multiple nations, in relation to environmental degradation, affect global trends that affect human health transnationally. Food shortages, climate refugees, accelerating pandemics, and natural disasters are but a few sequelae of environmental degradation that require multinational cooperation to address. This will demand international movements, multistate cooperative agreements and new organizations and methods for enforcing those agreements. As is also evident from the political struggle to make essential pharmaceuticals such as HIV ARVs affordable to low income countries through international agreements allowing exceptions to patent restrictions on local manufacture, the locus of action for social medicine must not only be local and national but also transnational, coordinating the efforts of locally rooted leaders animated by common concerns.

The reimagined and evolving techniques of social justice movements. As one example, Black Lives Matter (BLM) protests erupted internationally in the summer of 2020 in the setting of not only racially motivated police violence, but also of disproportionate Covid deaths by race and class among frontline workers with little access to protective gear, medical care, or vaccines. Outside of the US, groups not identified as Black but which identified with similar experiences of extreme marginalization and exposure to violence and infection, adopted similar slogans and strategies of protest, including robust social media platforms and digital organizing techniques. White Coats for Black Lives, a group of multiracial health professionals that held "die-ins" at medical schools, hospitals, and clinics in support of BLM protesters, used

similar techniques to organize practitioners around racial justice in healthcare. This example provides a window on what future cross-pollinations of social justice with health justice movements in future social medicine interventions might be like.

Biosocial knowledge and health interventions. Life science discoveries in areas such as lifelong neuroplasticity in response to social exposures, the role of the gut microbiome in immune function and brain development, and the strong influence of social environments in epigenetics – the regulation of gene expression, which can in many cases be inherited intergenerationally – are potential fuel for a biologically grounded social medicine. While these areas of biosocial inquiry are also fraught with the risk of molecularizing and reducing social environments, in the hands of collaborating social scholars and social medicine practitioners they might be harnessed to usher in a new life science paradigm to accompany time-tested social medicine commitments to intervening on social environments, in addition to individual bodies or minds. Another danger is that life scientists would use their enormous symbolic capital to silence and speak over grassroots community organizations in defining the nature of health problems and their solutions, so one role for social medicine practitioners would be to instruct their life science colleagues in the principles of community participatory research, which has to date been constrained to public health and clinical research, rather than permeating laboratory research. This potential for social medicine to play these bridging roles has yet to be realized but would be represent a new and contemporary chapter among the rich and varied forms of social medicine presented in this collection.

It is the very agility of social medicine as a set of concepts and approaches that will keep it relevant moving forward and that agility is enhanced by the rich histories and political landscapes traced by this collection. The more social medicine practitioners see the depth of the well from which they can draw, the more they can remedy the evolving forms of our social pathologies and enhance our collective adaptations.