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A REVIEW OF:

GLENN LAVERACK (2013) *HEALTH ACTIVISM: FOUNDATIONS AND STRATEGIES*, LONDON: SAGE PUBLICATIONS, PP. 175, ISBN: 978-1-4462-4964-2.

HEATHER A. CAME

DEPARTMENT OF COMMUNITY HEALTH AND DEVELOPMENT, AUCKLAND UNIVERSITY OF TECHNOLOGY

As a long-time public health activist I was pleased to see Laverack's new book focussing on health activism. To date, there have been only a handful of texts available suitable for tertiary students, the most notable being Cwikel's (2006) substantial work. The bulk of health activist texts consist of speciality texts about women's health, HIV/AIDS activism and the ongoing fight against big tobacco. Laverack's text serves its purpose in addressing a gap in the market for a generic introduction to public health activism.

Building on his previous writings on empowerment (Laverack, 2004, 2005), Laverack provides an overview of activist traditions and reviews the contribution of various social movements to public health. He includes chapters focussing on activism in relation to healthy public policy, and working with the media. One chapter focusses on addressing the social determinants of health and others explore the practicalities of engaging in activism at both an individual and a community level. The text is consistently presented from the standpoint of the role of a (public) health practitioner.

This readable text contains a wealth of information about the history of health activism, drawing on an eclectic collection of examples from across the global. Laverack reminds us of the feats of pioneer health activist Rudolf Virchow (from the mid-eighteen century), who noted the connection between working conditions and health status of miners in Prussia; and the contributions of ACT-UP, who galvanised the United States government into strengthening their response to the AIDS epidemic. With discrete examples embedded within the text, he has created a scrapbook of public health activism - but without illustrations.

Technically, Laverack covers an impressive range of detail about the mechanics of activism. He explains how to do everything from organising a coalition, analysing policy, performing practical matters as using the internet and photo-voice. These descriptions are informed by relevant literature and are frequently illustrated by diverse real-life examples. For a newcomer to the field, this structure will be of great use in supporting students to connect theory to practice. As a generic text, these overviews are by necessity high-level. Post graduate students in particular will find it necessary to follow the multitude of references to get more in-depth information and direction to inform their work.

This text appears to be written by a well-informed outsider, rather than compiled

by someone deeply engaged with activism. Given the focus of the work, it is unexpected that this text wasn't a collaborative project. There would have been advantages in hearing additional viewpoints. The author's personal standpoint in relation to activism, what he cares about and what drove this project is never disclosed to the reader. Rather, Laverack appears to stand back and assess the contribution of others without a transparent analytical frame. I cringed reading his assessment of the gay rights movement, particularly when he concluded this group had been too radical for their time. In a global context where same sex couples continue to be killed and imprisoned by their governments, I maintain the opposite, that gay, lesbian, bisexual and transgender activists and allies haven't yet gone far enough (United Nations, 2011).

As someone passionate about social change and activism, this book lacked any substantive exploration of why people get involved in health activism and critically stay involved. Many people engage in the types of activities Laverack describes as activist, but he doesn't explore the lived experience of being an activist. Landmark activist guides such as Shield and Sommerville's (1994) *In the Tigers Mouth* and Cooper's (1977) *Handbook for a Living Revolution* rate no mention within his text. In turn, his (2013, p. xiii) definition of activism as "...action on behalf of a cause, action that goes beyond what is conventional or routine and is relative to the actions by others" fails to capture the *ihi* (spiritual power) that drives activists to pursue social justice and social change.

A final key omission within this text is the limited engagement with indigenous health activism. Certainly, within the New Zealand context much of the cutting edge of health activism is being led by indigenous practitioners. Maori public health practitioners are actively engaged in decolonisation processes with their communities and the pursuit of *tino rangatiratanga* (sovereignty). Decolonisation as a global process holds the potential to transform inequitable power relations and open up potential that has long been stifled by the imposition of western systems on indigenous people (Fanon, 2004/1961). Perhaps this is something to address in the second edition.

Public health as a social movement faces substantive challenges ahead in attempting to address the inequitable access to the prerequisites of health and in winding back chronic health inequities within and between countries (Commission on Social Determinants of Health, 2008; Department of Economic and Social Affairs, 2009). To achieve these goals, we need skilled and driven health activists and champions. Sadly, this text does not pick up this challenge and offers no strategic direction for the public health movement. It does, however, provide a comprehensive overview of the application of activist techniques within the context of public health. It will be a useful resource for tertiary students but will not galvanise the public health community into action.

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