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## Beyond Empathy to System Change: Four Poems on Health by Bertolt Brecht

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Beyond Empathy to System Change: Four Poems on Health by Bertolt Brecht

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#### Abstract

Bertolt Brecht's poem "A Worker's Speech to a Doctor" is frequently cited as a means of raising awareness among health workers of the effects of living and working conditions upon health. Less cited is his trilogy of poems entitled Call to Arms which calls for class-based action to transform the capitalist economic system that sickens and kills so many. In this article we show how "A Worker's Speech", with its plea for empathy for the ill, contrasts with the more activist and often militant tone of the Calls to Arms Trilogy: "Call to a Sick Communist", "The Sick Communist's Answer to the Comrades", and "Call to the Doctors and Nurses". We also show that while "A Worker's Speech" has been applied in the training of health workers, its accusatorial tone towards health workers' complicity in the system the poem is critiquing risks alienating them. In contrast, the Call to Arms Trilogy seeks common ground, inviting these same workers into the broader political and social fight against injustice. While we contend that the description of the sick worker as a "communist" risks estranging these health workers, our analysis of the Call to Action poems nevertheless indicates their use can contribute to move health workers' educational discourse beyond a laudable but fleeting elicitation of empathy for the ill towards a structural critique and deeper systemic understanding in order to prompt action by health workers to reform or even replace the capitalist economic system that sickens and kills so many.

Keywords: Medical humanities, Bertolt Brecht, Capitalism, Social determinants of health

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### **Abstract**

Bertolt Brecht's poem "A Worker's Speech to a Doctor" is frequently cited as a means of raising awareness among health workers of the effects of living and working conditions upon health. Less cited is his trilogy of poems entitled *Call to Arms* which calls for class-based action to transform the capitalist economic system that sickens and kills so many. In this article we show how "A Worker's Speech", with its plea for empathy for the ill, contrasts with the more activist and often militant tone of the *Calls to Arms Trilogy*: "Call to a Sick Communist", "The Sick Communist's Answer to the Comrades", and "Call to the Doctors and Nurses". We also show that while "A Worker's Speech" has been applied in the training of health workers, its accusatorial tone towards health workers' complicity in the system the poem is critiquing risks alienating them. In contrast, the *Call to Arms Trilogy* seeks common ground, inviting these same workers into the broader political and social fight against injustice. While we contend that the description of the sick worker as a "communist" risks estranging these health workers, our analysis of the *Call to Action* poems nevertheless indicates their use can contribute to move health workers' educational discourse beyond a laudable but fleeting elicitation of empathy for the ill towards a structural critique and deeper systemic understanding in order to prompt action by health workers to reform or even replace the capitalist economic system that sickens and kills so many.

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*The canalization of a river / The grafting of a fruit tree / The education of a person / The reconstruction of a state.*

*These are all instances of a fruitful critique / And they are also / Instances of art.*

Bertolt Brecht – On the Critical Attitude (1945/2019)

## **Introduction**

In this paper we examine the content of four poems by Brecht that have a critical focus on health and illness, and discuss how they can be applied in the education of health workers. There is a well-established literature concerned with applying the humanities and arts in the education of health workers (Crawford et al. 2015; Freeman and Bays 2007; Jones 2013; Moniz et al. 2021; Saffran 2014). The vast majority of these efforts aim to improve health care by promoting empathy, sympathy, and sensitivity towards patients (Adams and Reisman 2019; Jones 2013). Rather less effort, however, is devoted towards having the health workers comprehend, much less act to change, the living and working conditions that not only cause illness and make managing it difficult, but also profoundly affect the health and material well-being of health workers themselves (Donohoe 2009, 2012; Kumagai and Naidu 2019; Lawrence 2019).

An excellent model for how to employ the humanities and arts in order to promote the appreciation of how living and working conditions cause illness is provided by German poet and playwright Bertolt Brecht's 1938 poem "A Worker's Speech to a Doctor" (Brecht 1938/2019). In it the Worker under examination rebukes his physician's suggestion that the cure-all for his health issues is simply to "put on weight"; the Worker points to the rags he is wearing, naming the root cause of both his tattered clothes and his poor health – explicitly, the living and working conditions associated with living in poverty, and implicitly, the economic system of capitalism. Brecht provides additional accusations against the conditions many workers experience in a set of three poems, the *Call to Arms Trilogy* (Brecht 1937/2019a), which while written around the same time, expresses a more militant, critical, and activist tone. The *Trilogy* begins with the poem "Call to a Sick Communist" (Brecht 1937/2019b) with the provocative use of the word communist to refer to a sick worker, then followed by "The Sick Communist's Answer to the Comrades" (Brecht 1937/2019c) with its explicit accusations of oppressors allowing the capitalist economic system to first sicken and then kill workers. The third poem of the trilogy – "Call to the Doctors and Nurses" – exhorts health care workers to join the struggle for social justice, appealing both to their ethical responsibility as health care providers as well as to their own exploitation inside the economic order (Brecht 1937/2019d).

In this paper we explore the potential value of these poems in the education of health workers through 1) processes of enhanced empathy on the parts of health care providers; 2) raising issues of power and inequitable

distribution of wealth as determinants of illness; and 3) establishing the need for a profound reform or even replacement of the present capitalist economic system. We suggest that while “A Worker’s Speech” -- even with its adversarial tone -- is on its face more accessible to health workers than the *Call to Arms* poems, its failure to unambiguously implicate the current economic system as a threat to population in fact limits its value in educating health workers as to the broader structural issues and inequities that shape health. The provocative *Call to Arms Trilogy*, by contrast, not only raises these issues but also invites health workers’ participation in the fight against injustice through appeals to both their ethical and moral obligations, as well pointing to their own exploitation by oppressive capitalist systems. However, two of the poems’ description of the sick worker as a communist, while likely presenting challenges in their use with health workers due to negative societal perception of the term, also provides opportunities for critical reflection on received wisdoms, as well as deeper analysis of the broader factors that shape health.

Following these analyses, we provide means by how these poems can be applied to educate and mobilize health workers to take action consistent with Brecht’s (2001) view that “Art is not a mirror held up to reality but a hammer with which to shape it” (p. 425). We also consider reasons for the neglect – to date -- of such efforts to promote transformations of the capitalist economic system and how such barriers can be surmounted.

## **Background**

Despite an expansive literature concerned with promoting health equity through the improving of living and working conditions, the continuing resistance of the health sciences research and practice communities to recognize and act upon these issues -- i.e. the social determinants of health – is well documented (Bezruchka, 2022; Hofrichter 2003; Popay, Whitehead, and Hunter 2010). Advocacy for public policy that equitably distributes these social determinants of health has had little effect upon public policy development and delivery in liberal welfare states such as Australia, Canada, the UK and USA, where governing authorities, acting on behalf of the interests of the corporate sector via deregulation of the workplace, assaults on organized labour, privatization of previous public entities, and tax cuts for the wealthy, make the creation and implementation of such public policy difficult (Baum et al. 2020; Bezruchka 2022; Boyle, Hickson, and Gomez 2023; Raphael and Bryant 2022; Ross and Savage, 2020).<sup>i</sup> These activities have been linked to increasing mortality rates and a decline in life expectancies in Australia, Canada, the USA and UK (Boyle, Hickson, and Gomez 2023; Bryant and Raphael, 2020; Burton 2022; Woolhandler et al. 2021).<sup>ii</sup>

The humanities and arts provide numerous instances across a range of disciplines, forms, and media in which the effects of living and working conditions on health and well-being are key themes (see especially Bamforth's, 2003 *The Body in the Library*). In contrast, most health workers in health care and public health – and the instruction provided in professional schools, staff development, and continuing medical education – usually focus on clinical treatments and health behaviours such as diet, activity, and tobacco and drug use. In the USA, focus on social conditions is usually limited to only how they influence these behaviours, with little discussion of the root material causes (Bann, Larimore, Wheeler, and Olsen 2022; Westbrook and Harvey 2023).

There are many instances of literature which illustrate the effects of poverty, marginalization, and discrimination on human functioning and well-being, and these works are increasingly drawn upon in the training of health workers. For the most part however, these efforts are concentrated upon promoting empathy for these “victims of circumstances”, rather than a recognition of the significant influence of material conditions and deprivation on ill health. Using the humanities and arts to mobilize health workers in support of health-promoting public policies is even less common; indeed, critiques of the capitalist economic system that drive public policy and the necessity of reforming or even replacing it are virtually non-existent. It is these latter areas where the German poet and playwright Bertolt Brecht's poems can play a revelatory role.

#### The Humanities and Arts in Medical, Nursing, and other Health Professions Education

The belief that the arts and humanities can contribute to health workers' education is well-established, especially in the USA. Not only are there numerous academic departments of health humanities devoted to such activities and scholarship, the academic literature on the use of the arts and humanities in training health care workers is now vast. Most of these activities take place in medical and nursing schools (Jones 2013).

Dennhardt and colleagues (2016) identified no fewer than 11,045 academic works concerned with the use of arts and humanities in medical education as of 2013, while Carr and colleagues (2021) located 8,594 concerned with the health professions, broadly defined, between 2015-2020. Dennhardt et al. (2016) identified the epistemic purpose of these activities as overwhelmingly focused on *art for mastering skills* and *art for interaction, perspective taking and relational aims*. A third category was identified as *art for personal growth and activism* but growth and activism were focused primarily on reforming medical education. Carr et al. (2021) found the humanities were used primarily to develop students' capacity for perspective, reflexivity, self-reflection and person-centred communication. The dominant theme in these literatures is that the arts and humanities can promote empathy and

understanding of patients' situations and facilitate communication, thereby improving medical and nursing practice (Moudatsou, Stavropoulou, Philalithis and Koukouli1 2020).

There is rather less effort directing action to effect broader social and political change, despite Dennhardt et al. (2016) identification of a distinct category of *art for personal growth and activism* [emphasis added]. Moreover, even when this activist and reformist focus is present what precisely these efforts are expected to accomplish is unclear. Donohue's (2009) suggestions are typical: "Curricula covering public health, social justice, and global bioethics might be more interesting and provocative if they incorporated works of literature" (p. 600). He suggests having students read George Orwell's *How the Poor Die*, Anton Chekhov's *Ward Six* and Upton Sinclair's *The Jungle* to promote greater understanding.

For Donohue (2009), these activities can "[I]ntroduce basic principles of social medicine and community health; facilitate discussion between students regarding the social determinants of illness, the health of populations, and the public health responsibilities of physicians; increase empathy, understanding, and appreciation of alternative viewpoints; and encourage students to undertake further studies and/or research in public health and publicly work towards solutions to sociomedical problems" (p. 600); however, what exactly is to be done remains vague.

Another instance is where Kumagai and Wear (2014) invoke Brecht's theory of the theatre as promoting reflection, suggesting that the socio-political turn of "making strange" can prompt medical students to critically examine and question, as well as challenge, existing social structures and power relationships. The authors quote Brecht's view that: "The theatre became an affair of philosophers, but only for such philosophers as wished not just to explain the world but also to change it" (p. 974). However, what exactly the newly reflective medical student is supposed to do with this new and critical perspective, and how they should set about accomplishing this change, remain unstated.

Finally, Donohue (2022) provides an extensive bibliography of such efforts. His volume *Social Justice and Public Health* (2012) contains a chapter related to this goal which states: "Physicians also have a responsibility to oppose, individually and collectively, those forces which contribute to the spread of poverty, over-consumption, the maldistribution of wealth, the economic, political, legal, and educational marginalization of women, environmental degradation, racism, human rights abuses, and militarization and war." (p. 602). However, while he urges involvement in advocacy to address these issues, no mention is made of the foundational role the capitalist economic system may play in issues of poor health and material deprivation.

## The Need to Address System Change

There has been increasing – though still limited – recognition by the public health community of the role that the USA, Canada, UK and Australia’s unrestrained global capitalist economic systems plays in threatening health (Benach et al. 2019; Freudenberg 2022; Harvey 2021; Levis 2003; Raphael and Bryant 2022; Waitzkin 2018). Freudenberg, as example, argues: “Now my thinking is that the vast majority of people in the United States and the world are harmed in some very direct ways by the current ways that capitalism operates” (Rosza 2021). This is the case as Freudenberg sees the capitalist economic system and how it inequitably distributes resources adversely affecting six key areas that shape health: food, education, healthcare, work, transportation, and human relations (Freudenberg 2021).

Also particularly relevant in relation to the lives of both health workers and their patients is the imposition of austerity in many nations which involves reductions in budgetary expenditures for services and benefits in combination with tax cuts to the wealthy (Whiteside, McBride, and Evans, 2021). Raphael and Bryant (2023) provide other instances of this emerging public health literature. As noted, efforts to have educational institutions address these much broader systemic concerns through the use of artistic works are uneven, and we believe that these four Brecht poems, all concerned with health and its material influences, can stimulate such discussions, with the goal of pushing beyond empathy to promoting action to effect system change.

## Bertolt Brecht and the Politics of Health

The German playwright and poet Bertolt Brecht produced an extensive repertoire of plays, poems, and other works concerned with politics, public policies, and the lived experiences of individuals in the 20th century (Giles and Kuhn 2015). Brecht was a self-avowed communist who spent decades exploring the structures and processes of capitalism and their effects upon all aspects of life (Parker 2014).

Brecht wrote extensively on the role the arts can play in transforming society in the service of the people, and his theories of theatre and its potential to effect political change have profoundly influenced the arts and humanities (Kuhn 2003). Brecht’s approach was one of using the “Epic” theatre – and a similar technique in his poems -- to promote both critical reflection on the current state of affairs, and to provoke political action in order change the status quo. “Epic theatre refers to a form of didactic drama presenting a series of loosely connected scenes that avoid illusion and often interrupt the story line to address the audience directly with analysis, argument,

or documentation” (Britannica, 2020). Brecht’s (2001) view on the arts and politics is best summed up in his statement that: “Art is not a mirror held up to reality but a hammer with which to shape it.”

### The Poems

These four poems are part of the *Svendborg Poems* (*Svenborger Gedichte*), a collection written by Brecht while in exile in Svendborg, Denmark (Kuhn and Constantine 2019). Brecht’s exile began after a mysterious fire in the German Parliament on February 27th, 1933 enabled Hitler to declare a state of emergency, effectively ending democratic rule in Germany (Rosenhaft 2006). The next day Brecht, like many other intellectuals and artists, fled the country into exile (Sacks 2006).

Brecht settled in Svendborg, a rural Danish municipality over 100 miles from Copenhagen which became his home until 1938 (Glahn 2014). During exile Brecht was prolific, writing poems and essays as well as producing plays across Europe. This productivity reflected an increasing urgency on his part to combat the ascendant Nazis as country after country fell to the Blitzkrieg. The *Svendborg Poems* were written throughout the mid-to-late 1930s, and were due to be published in Prague in 1938; however, the Nazi occupation of Czechoslovakia meant that the rescued proofs were finally published in Scandinavia in 1939 (Kuhn and Constantine 2019; Sack 2006).

Kuhn and Constantine (2019) declare the *Svendborg Poems* to be “one of the great collections of political verse, in any language and in any tradition” (p. 650). This collection, produced in the extraordinary circumstances of Brecht’s exile and published several years before the apogee of Nazi domination, provides a critical examination of fascism and explicitly links it to capitalist systems of oppression. Additionally, the *Svendborg Poems* encourage resistance and promote collective action to not only upset the status quo, but to overthrow all oppressive systems.

The urgency Brecht felt to address these issues is evident in “A Worker’s Speech to His Doctor” and the *Call to Arms Trilogy*. The poems are immediate and arresting, yet differ in tone and approach. “A Worker’s Speech’s” critique of the capitalist economic system is implicit, and its attitude towards the doctor is adversarial. In contrast, the poems of the *Trilogy* are explicitly critical of the capitalist economic system yet their approach is more cooperative, with the last poem “Call to the Doctors and Nurses” seeking to establish common ground between health care workers and their fellow citizens before imploring these workers to join a broader coalition of action to overthrow these oppressive systems. This is reflective of the dialogic and public discourse minded orientation of the *Svendborg Poems* in general, and these poems in particular; Kuhn (2000) notes that the entire subsection in which

these works feature is expressly political, comprised wholly of “addresses, appeals, pleas, word of praise and even epitaphs” (p. 58).

To provide context for our exploration of how these poems can be applied, we first utilized Google Scholar™ by using the search strategies of 1) (A Worker’s Speech) and (health or education or medicine or nursing or public health) and 2) (Brecht) and (health or education or medicine or nursing or public health) to review the academic literature.<sup>iii</sup> Searches using Embase™ and Medline™ did not find any additional materials. We then applied the same search strategy using Google Search.™

We found 66 instances where “The Worker’s Speech” is evoked within academic articles, course-related materials, conference presentations, news reports, and blogs (see Farrell 2019; Hanna-Attisha 2011; Vgenopoulou, Adamopoulou, and Tzavella 2015 for examples). Most authors see the poem as increasing sensitivity to patients’ conditions and improving communication, thereby furthering health care. Additionally, most offer implicit admonitions to change health threatening conditions, but what these actions might be are usually vague with little reference to the importance of public policy and means of influencing it.

We did not find any discussions of Brecht’s central concern with the health-threatening characteristics of capitalism and how it can first weaken, then sicken and finally kill many workers. This is despite a changing political context, as the role capitalism plays with regards to population ill health is an increasingly a popular topic, reflecting the growing popularity of democratic socialists in the USA. This is demonstrated by an increasing number of more direct and explicit critiques of the deleterious effects of capitalism by public figures like Alexandria Ocasio-Cortes (2022) and Bernie Sanders (2023), as well as Jeremy Corbin in the UK (2022).

In the following sections we revisit “A Worker’s Speech to a Doctor” and then focus on how its themes and those of the *Call to Arms Trilogy* can serve to first educate and then mobilize health workers to address the living and working conditions that threaten health. We provide the full poems to enable readers to apply our suggestions in their own educational practices.

### **Applying the Poems in the Service of Health**

#### *“A Worker’s Speech to a Doctor”*

Brecht wrote “A Worker’s Speech” in 1938 (see Figure 1), and the poem differs to the *Call to Arms Trilogy* in that it is adversarial in nature, casting the Worker and Doctor in opposition and lacks the dialogic and persuasive elements

of the other three. The text of the poem is the direct address of a “Worker” to a “Doctor”, presumably in the latter’s examination room, and the social and economic divide between the two is established nearly immediately, as the Worker comments to the physician “When we’re ill word says / You’re the one to make us well” (Brecht, 1938/2019a). The social and economic divide between the two is further emphasized by Brecht’s striking use of juxtaposing imagery, particularly when the Worker comments (about the Doctor’s medical training): “For ten years, so we hear”, the Worker states, “You learned how to heal in **elegant** [emphasis added] schools / “Built at the people’s expense” (Brecht, 2018a).

Insert Figure 1 about here

The characterization of medical schools as places of refinement and sophistication is starkly contrasted by the Worker’s description of the coarse bodies and ragged clothing of the patients in the clinic, descriptions connoting dire poverty and deprivation: “When we visit you / Our clothes are ripped and torn / And you listen all over our naked body”. This stark image, of a “naked body” under clinical inspection, conveys a sense of exposed vulnerability and even supplication as the dehumanized body of the worker is examined. Brecht’s use of similar imagery and juxtaposition throughout the poem signals a deliberate and critical contrast of the material and social positions of the Doctor and the Worker; indeed, this juxtaposition can be read as an effort by Brecht to provide a deliberate ironic contrast, to highlight the deprivation of the Worker and the status and prestige of the Doctor through a biting comparison of the image of the elegant and urbane medical school, and the dirty and rag-clad body of the patient.

Another important – though less obvious – component of the poem is the Worker chastising the Doctor as being complicit with the economic system that causes his illness: “You have studied in fine schools / Built at the expense of the people,” “How much time will you have for us? / We can see: a carpet in your apartment costs the equivalent of five thousand doctor’s appointments”. This final image of the poem, of a rug that costs five thousand consultations, is a pointed comment on the wealth and income disparity between the two. The Worker continues his critique, challenging the Doctor to look beyond the immediate physical manifestation of ill health, and onto the innate structural and material influences on sickness: “As to the cause of our illness / A glance at our rags would be more / Revealing”, “You will probably say, you are not to blame. / The damp patch on the wall of our flat says much the same.”

One of the central aspects of this poem that contains the greatest potential for educational utility is this clear association Brecht makes between material conditions and population health. The Worker notes that: “The

pain in our shoulder comes / You say, from the damp; and this is also the cause / Of the patch on the apartment wall.” This passage speaks to Brecht’s argument concerning the true root cause of illness as being the poor living conditions of the Worker. Indeed, the confrontation between the Worker and the Doctor culminates with the former directly challenging the latter: “So tell us then: / Where does the damp come from?”. Brecht, through the voice of the Worker, challenges medical practitioners to look beyond the surface, to look beyond their narrow training, to seek out the true source of illness, in order to broaden their understanding as to the *causes* of the causes of illness (Meili 2017); this is, in sum, the heart of Brecht’s goal in this poem.

Thus, the passage at the beginning of the poem can be read as a deeper challenge: “When we’re ill word says / You’re the one to make us well / That means you can make us well / **Can you make us well?** [emphasis added]”. Read in context and in consideration of the structural critique of the poem, this passage can be read as a challenge to the broader medical community to work to enact substantive change to the inequitable systems that produce ill health; in other words, to truly make people “well”, medical practitioners must move beyond narrow downstream conceptions of medicine and towards reforming broader oppressive structure that create illness and health inequity.

Additionally, we suggest that not enough attention has been devoted to this latter aspect of the poem and its confrontational elements potentially alienating aspiring health workers – especially physicians in training. One of the concerns of using “Worker’s Speech” in medical education settings is that healthcare workers may experience the adversarial aspects of the poem as implying they do not understand their own profession, or a personal attack that will spark emotions of discomfort or resentment. This may, despite the best of intentions, prompt a defensive response that closes off these healthcare workers from truly taking in Brecht’s critique, and thus his broader message about material conditions and health will not be received by healthcare workers. Educators should be prepared for such reactions and the need to work through these class-related responses.

We found a number of instances where “Worker’s Speech” was used to promote understanding of patients’ illnesses and the difficulty of managing them. Hanna-Attisha in her 2018 volume *What the Eyes Don’t See* presents pediatric residents with the poem because “Physicians need to be trained to see symptoms of the larger structural problems that will bedevil a child’s health and well-being more than a simple cold ever could.” The purpose of her general approach is described as follows (p. 27):

My objective for this Community Pediatrics rotation is to get the residents out of the hospital and into the city, into the lived experience and environment of our kids. They would become familiar with the city's weaknesses and needs but also feel a sense of solidarity and empathy with the people of Flint—and see the city's deeper potential. That's the feeling I wanted to imbue them with most of all: that there's hope in this town, not hopelessness. It just needs some nurturing and care to build. And they needed to see their privileged role as builders, shoulder to shoulder with our neighbors.

However, with regards to directly commenting on these issues in the text of *What the Eyes Don't See* there is little mention concerning equity-promoting public policy and the capitalist economic system, although the author does notes in the prologue: “Because the real villains live underneath the behavior, and drive it. The real villains are the ongoing effects of racism, inequality, greed, anti-intellectualism, and even laissez-faire neoliberal capitalism (p. 13-14).” But the rest of her volume, while both inspirational with regards to how she and others caught the attention of policymakers, the media, and the public as well as accusatory, in documenting the negligence and perfidy of many governing authorities, provides very little guidance in how to go about countering the power of those who generate “racism, inequality, greed, anti-intellectualism, and even laissez-faire neoliberal capitalism.” In the end, Hanna-Attisha simply concludes “The most important medication that I can prescribe is hope” (p. 325).

It is notable that Mona Hanna-Attisha is the pediatrician who helped expose the Flint lead scandal in 2014 which was impacted by the forces of global capitalism that progressively gutted the manufacturing base in places like Flint and precipitated the era of austerity cuts that ultimately resulted in the city's lead crisis. Why she and others arguably fail to provide a clear critique of these structural issues and influences is considered in later sections.

Farmer (2013) uses “The Worker’s Speech” to argue “Public health is all about telling us where the damp comes from and finding solutions” (p. 41). He outlines three issues for consideration in the practice of public health: 1) The first concerns social justice... “an equity plan if we are to get these lifesaving interventions to those who need them most”; 2) alternatives to the Balkanization of medicine and public health... “integrating prevention and care to make common cause between clinicians, epidemiologists and policymakers”; and 3) recognizing that the mantra of “scarce resources” is chicanery as there are enough resources for all. However, he makes no mention of the capitalist economic system that causes the inequitable distribution of resources which leads to the material conditions that cause the damp spots to begin with.

## Discussion Questions about a “Worker’s Speech to a Doctor”

As noted, the use of “A Worker’s Speech to a Doctor” in education has generally been limited to promoting empathy, sensitivity and improved communication with patients. We propose initial sets of questions for discussion of this and the three other Brecht poems that can move beyond these limited purposes and engage with health workers – in initial training, and in professional training for those already employed in health care and public health -- to consider broader structural issues related to the social determinants of health and the economic systems that shape their quality and distribution. Prompts for discussion are provided in Box 1.

### Insert Box 1 here

These discussion questions are similar to those already in use by others as they direct attention to living and working conditions as determinants of health. The novel aspects of our questions include the query about the term worker and the tone of the worker towards the doctor. These questions can be used to raise issues of class and stratification, and the relationship of these factors to material conditions and health, all issues which are frequently neglected in the health education literature.

### *Call to Arms Trilogy*

The *Call to Arms Trilogy* was also written during Brecht’s stay in Svendborg (see Figure 2). We did not find a single instance of the three poems in *The Call for Action Trilogy* applied in the education of health workers in academic works or on-line blogs or other media. There was one instance where the entire “Call to a Sick Communist” was an introductory epigram to illustrate structural violence in a master’s thesis on migration and health during the COVID-19 pandemic (Sedas 2021).

There could be numerous reasons for the neglect of these three poems. First, these poems were not included in Willet and Manheim’s 1976 collection of Brecht poems but only appeared in Kuhn and Constantine’s 2019 collection. The second is the prominence of the communist label in the titles of two of the poems, a word which could be especially off-putting to American audiences. The third could be these poems’ explicit attack on an exploitative capitalist system that causes the living and working conditions that sicken and kill. Since health workers – particularly medical students but also nurses -- continue to come from favored groups in society (Conway-Hicks and de Groot, 2019; Beagan, MacLeod, Pride, and Kaitlin, and Sibbald, 2022) instructors may perceive that these students would experience these poems as an attack that threatens their own position in, and perhaps more fundamentally understanding of, the social and economic order they live in; as a consequence, they

could therefore be resistant to join in the broader struggle against these oppressive systems. However, changing circumstances regarding the position of nurses in Canada, UK and USA related to the imposition of austerity may be shifting these class allegiances (Cadigan, 2017; Morley, Ives, and Bradbury-Jones, 2019; Rafferty, 2018).

A striking aspect of the *Call to Arms Trilogy* is Brecht's utilization of a "letter form" in these poems (Carrdus 2000). "Call to a Sick Communist"(Brecht 1937/2019b) and "The Sick Communist's Answer to the Comrades"(Brecht 1937/2019c) are dialogic exchanges between a communist ill with tuberculosis and their comrades still engaged in their "great struggle" to achieve "the victory of humanity over the scum of the earth." The defiant rhetoric and steely optimism of these two poems provide "encouraging models of protest and opposition" (Carrdus 2000, 146).

"Call to Doctors and Nurses" (Brecht 1937/2019d) likewise employs this "letter" form in order to directly address healthcare workers, urging them to remember "your own struggle against your own exploiters / Who threaten you every hour with that same hunger / That has brought our comrade low"; it continues by imploring these workers to join the struggle against the forces of "exploitation and oppression." Considering the context of the late 1930s, Brecht is here utilizing a rhetoric of struggle and even hope in order to discourage inaction and feelings of despair against what must have seemed (in the late 1930s) as insurmountable opposition (Carrdus 2000). We consider each of three poems and potential discussion questions in turn.

"Call to a Sick Communist"

In this poem Brecht characterizes the tuberculosis experienced by the addressee not as unlucky happenstance, but rather an attack by the oppressors who "Exposed you, poorly clothed and in damp housing to hunger." In response the reader, the convalescing communist, is urged to "take up the struggle at once against sickness and against oppression with all possible cunning, rigor, and tenacity." Prompts for discussion are provided in Box 2.

Insert Figure 2 about here

Insert Box 2 here

These discussion questions are clearly more contentious than what we provide for "A Worker's Speech". Yet, as data indicates that a majority of American and Canadian youth have positive attitudes towards the term socialism, we believe promoting discussion concerning the contrast between socialism versus communism would be fruitful in this changing context. Indeed, even in the American south, college students, including Republicans, when

given a description of a social democratic economy preferred it over the current US economic system (Liebertz and Giersch, 2022). The figure for UK youth preferring socialism over capitalism is a striking sixty seven percent (Institute for Economic Affairs, 2021). And in Canada, a full thirteen percent of youth characterize communism as the ideal economic system (Saad, 2019; Clark and Grant, 2023). In reflection of these realities, our discussion questions prompt consideration of both socialism and communism, before moving on to more generic questions about the social determinants of health, the forces behind their quality and equitable distribution, and means of promoting their quality and equitable distribution.

“The Sick Communist’s Answer to the Comrades”

In his response back to his comrades, the sick communist identifies the causes of his illness as being “hunger, poor housing and inadequate clothing.”, promising to do battle against the sickness funds and “The daily abuses committed against sick members of the oppressed classes.” The sickness funds were the Weimer Republic’s public insurance program that covered – apparently not very well – costs for workers’ illnesses; a comparison can perhaps be drawn to private insurance programs that supplement (or replace) public medical care programs across liberal welfare states. Prompts for discussion are provided in Box 3.

Insert Figure 3 about here

Insert Box 3 here

These questions direct attention to the health care system. In the USA, the for-profit aspect of much of the health care system is a ripe area for critical discussion and reflection (Waitzkin, 2018). In Canada and the UK, the increasing privatization of these systems also seem likely areas for rich discussion (Bodner, Spenser, Laverge and Hedden, 2022; Roderick and Pollock, 2022). Australia has a two-tiered system that continues to be a source of debate (Fisher et al., 2022). These questions also provide an opportunity to discuss issues related to disadvantaged groups in these and other nations.

“Call to the Doctors and Nurses”

In this poem Brecht appeals to doctors and nurses to: “Remember their obligation to those who have a human face” and to support the sick “In their struggle against the sickness funds and the practises of the hospitals.” Brecht, in contrast to his adversarial approach utilized in “Worker’s Speech”, here implores these health workers to join the cause of reform, pointing out to these workers that by joining with the communists “You are, after all, only waging

your own struggle against your own exploiters who threaten you every hour with that same hunger that has brought our comrade low.” Prompts for discussion are provided in Box 4.

Insert Figure 4 about here

Insert Box 4 here

These questions explore issues of potential class contradictions between healthcare and public health professionals (which Marx would have referred to as the petit bourgeoisie) and most workers (i.e., proletariat). Those who achieve comfortable, materially-secure lives in an elevated class position are likely to have less incentive to reform or replace existing societal structure. Yet even these professional groups are increasingly experiencing high levels of burnout and the effects of austerity and may be increasingly inclined to transcend class contradictions and establish greater solidarity with the larger class of workers (Dodson et al. 2021; Murthy 2022; Statistics Canada 2022; Sumner and Kinsella 2021).

#### Discussion Questions about the Capitalist Economic System

Finally, all four of these poems can be used to promote discussion of how the capitalist economic system distributes the social determinants of health amongst the population. These questions seem especially important as to date little focus has been placed on the economic system as a determinant of health by the health care and public health communities. Prompts for discussion are provided in Box 5.

Insert Box 5 here.

These questions get at the root of emerging public health concerns about the health effects of unrestricted capitalist practice which is becoming especially apparent in Canada, the UK, and USA. Likely this may be the first time health workers are asked to reflect upon these issues. Raphael and Bryant (2023) provide numerous sources that can be drawn upon to facilitate discussion about the effects of the economic system upon health.

### **Discussion**

#### Social Murder and Structural Violence

There is increasing recognition in the public health community that the source of many of the problematic living and working conditions that sicken and kill so many is rooted in our current capitalist economic system (Raphael and Bryant 2023). This is not a new observation. As early as 1845, Friedrich Engels, in *The Condition of the Working Class in England* accused society – the owners and managers of capitalist enterprises and their political supporters in

government – of committing social murder since they knew their employment practices spawned the living and working conditions that sent workers and their families prematurely to the grave, yet did nothing about them. In the current era, increasing recognition of how living and working situations in many nations are deteriorating has led to increased interest in the social murder concept (Medvedyuk, Govender, and Raphael 2021).

Paul Farmer (2004, 2013) popularized the concept of structural violence and its adverse health outcomes: “Structural violence is often embedded in longstanding ubiquitous social structures, normalized by stable institutions and regular experience.” Farmer’s (2004, 2013) concept of structural violence would seem to have similarities with Engels’s concept of social murder. However, unlike Engels, Farmer does not explicitly direct attention to the structures of the economic system and those who profit from its health-threatening inequitable distribution of economic and social resources. As such, it should not be surprising that the concept of structural violence is more commonly applied in the health humanities (see Kumagai and Naidu 2019 as example). Perhaps the concept of social murder might be a greater spur to action for health workers and provoke discussion of the role capitalism plays in a variety of health problems (Raphael et al. 2022). However, one does not have to call for an end to our capitalist economic system to recognize the threats to health posed by unrestrained capitalist practice and call for major reforms (Freudenberg 2021).

#### Using the Poems

In many instances the ground work has already been prepared for use of these poems. As just one example, The University of British Columbia’s Master of Public Health Program has on its splash page the statements: “Health doesn’t begin with medical care. Health begins where we are born, grow, live, work and age” and “These conditions are shaped by power dynamics related to gender, class, race, sexuality, among others” (University of British Columbia, 2023). The City University of New York’s Master of Public Health Program (2023) states: “The curriculum addresses the social determinants of disease and health inequalities with a corresponding emphasis on structural theories of change, informed by social justice principles.”

The Department of Family and Community Medicine at the University of Toronto states on its Social Accountability page: “Structural determinants of health refer to the social, economic and political mechanisms that generate hierarchies of power, access to resources and prestige. In this way, structural determinants of health shape, and are the upstream causes of, social determinants of health” (University of Toronto, 2023). In the USA, the New

England Journal of Medicine published a special double issue on “Health Care’s New Emphasis on Social Determinants of Health” (Berkowitz, 2023).

“A Worker’s Speech to a Doctor” can be used to extend these analyses to a broader critique of the economic system, but requires significant effort to clearly identify the structural critique while running the risk of the confrontational tone alienating health workers. In contrast, the poems of the *Call to Arms Trilogy* explicitly raise these issues in a manner that seeks not to confront health workers, but to invite them into broader coalition for equitable reform. Brecht’s critique of traditional theatre is especially relevant in terms of using the arts and humanities in the service of the education of health workers. As we pointed out earlier many of these uses – including *A Worker’s Speech to a Doctor* – have focused on the promotion of empathy for the afflicted. While *A Worker’s Speech* has also been used to raise awareness of the forces that shape health, these forces are not as apparent as in the “Call to Action Trilogy”, which explicitly address the broader structural and systemic influences on ill health, as well as having the clear goal of promoting the transformation of society to a more just and equitable distribution of resources.

Brecht’s (1948) writings on the arts – both performance and poetic – were opposed to their use in promoting empathy. He believed that rather than being emotionally involved with the performances and texts, observers should be distanced from them in order to be able to reflect on their meanings and their implications for transforming society: “We need a type of theatre which not only releases the feelings, insights and impulses possible within the particular historical field of human relations in which the action takes place, but employs and encourages those thoughts and feelings which help transform the field itself” (Brecht 1948, p.7).

This is a direct challenge to traditional theater which is concerned with affective responses and promoting audience identification with characters. Indeed, the French philosopher Rousseau was distrustful of theater on the basis that the emotional catharsis it provided the audience could obviate practical action on real-world problems identified in performances (Trachtenberg, 1995). Upon our own reflection, we see how the use of the *communist* label in two of the *Trilogy* poems can facilitate such a distancing and provoke thoughtful reflection on the themes presented in the poems. If however, the distancing is too extreme, any attempt at promoting reflection on these themes may be difficult.

These poems can be used in a variety of ways: as part of courses about the social determinants of health, public policy, and the history of medicine and care. The emergence over the past decade in medical schools of Science of Health Systems courses which focus on structural factors and provide practical experiences for students

that encourage real-world action such as patient navigation, working in health care teams, and community collaboration and broader analysis related to population and public health and the social determinants of health would be another area where these poems might be useful (Davis and Gonzalo, 2019; Gonzalo and Ogrinc, 2019; Penn State College of Medicine, 2023).

#### Promoting Reflection and Overcoming Barriers

There are barriers in our educational, health care, public health and political environments that make raising and acting upon structural issues related to our economic system difficult. Some of these are longstanding and have to do with the general aversion in capitalist nations to any critique of the economic system, something that is especially acute in liberal welfare states such as Australia, Canada, UK, and USA where neo-liberal inspired hyper-capitalism is holding sway. Consider how Hanna-Attisha (2018) avoids an explicit critique of the USA's economic system as creating the public health disaster in Flint Michigan. She does recap how developments during the post New Deal Era led to prosperity for many Flint workers and also describes its decline, but explicit analysis of the forces causing these developments is sparse to non-existent. The Flint situation would seem an ideal instance to apply the Brecht poems to stimulate reflection and discussion about the structural issues – especially the capitalist economic system – in a manner that would be less threatening to instructors.

Another contemporary health issue that could draw upon some of our pedagogical suggestions is the increasing number of what has been described as deaths of despair, i.e. mortality from drug overdose, suicide, and alcoholism (King, Scheiring and Nosrati 2022; Scheiring, Stuckler, and King 2020). The finding that incidence of these deaths of despair is related to extent of income inequality, degree of unionization, and public spending at both the national and state (USA) or provincial levels (Canada) will help make the links between the concepts presented in Brecht's poems and overall health and provision and effectiveness of health care (Woolhandler and Himmelstein, 2021; Muller and Raphael, 2021).

Deaths of despair are clearly a modern crisis that is bound up with structural shifts – many would call them failures – of our economic system over the last 50 years. And since the linking of these deaths of despair in the USA to capitalism by prominent academics Anne Case and Angus Deaton in their 2022 volume *Deaths of Despair and the Future of Capitalism* has spawned numerous reviews and responses, health workers' reflections on these issues could be supplemented by considering the issues raised in these reviews. It should be noted however that Case and Deaton do *not* call for radical changes in the economic system such as full employment, socialization of production,

or addressing the power imbalance between labor and capital (Lepley 2022). Their work at least puts the issue of capitalism as it manifests in the USA on the table for discussion.

These barriers to critiquing capitalism and calling for its reform or replacement will not be easy to overcome and this is especially the case in the USA. Indeed, the US House of Representatives recently passed a motion condemning “socialism”: “Congress denounces socialism in all its forms, and opposes the implementation of socialist policies in the United States of America” in a 328-86-14 vote. Most Democrats — 109 of them — voted with all Republicans for the resolution, while 86 voted against it and 14 voted “present” (Schnell 2023). Raphael and Bryant (2023) make the case for a new post-capitalist socialist vision of public health and provide resources to assist in this quest.

The second barrier is the generally favored class placement of health professionals in general and health humanities academics in particular which is in opposition to the life situations of many working people. There is an extensive literature documenting such biases in admission to medical schools and treatment of patients but rather less in relation to course curricula and inclusion in curricula of issues related to social class, the economic system, and access to health care and adverse health outcomes (Beech et al. 2021; Caper, McDougle and Clinchot 2018; Markowitz 2022).

And as noted earlier, schools of public health in the USA generally avoid emphasis upon broader structural issues in favor of behavioural approaches to promoting health and preventing illness. This may be less the case in Canada and the UK, but even then health education about broader determinants of health may then clash with established practices out in the field. It may be that such pre-existing class differences between health workers and the general public may be weakening under the imposition of excessive work demands and impositions of austerity that is affecting the health and well-being of health workers. Raising issues associated with these Brecht poems may facilitate such feelings of solidarity.

The final barrier to addressing structural issues related to the economic system is less apparent. It has been suggested that the cultural and post-structuralist turn in modern universities has diminished focus on materialist/structuralist critiques which were more common during the 19th and 20th centuries. The current emphasis on identity-related issues (e.g., race, gender, Indigeneity) has diverted attention from social class discourse (Higgs and Scambler 1998; Williams 2003) and led to a weakening of the left and prospects for reforming or even replacing the economic system seen by many as causing adverse health outcomes (Winlow and Hall 2022).

It should not be surprising that the modern university and its health care and public health training arms should be subject to such forces. However, rather than two approaches (class versus multiple types of oppression) being in opposition, these discussion questions may provide opportunities to discuss intersectionality and the ways in which structural factors like racism and sexism intersect with capitalist forces to negatively affect the health of marginalized populations (McCartney et al., 2019). These Brecht poems can provide discursive space to make these issues more subject to examination and debate.

Our final observation concerns how “A Worker’s Speech” directs criticism towards the doctor in contrast to the exhortation to doctors and nurses to join the struggle for social justice provided in the *Trilogy*. We do not know to what extent health workers may respond to these differing tones. We welcome exploration of this question and intend to do such exploration with our own health studies undergraduate and graduate students.

## **Conclusion**

In this paper we have suggested four poems by Bertolt Brecht can be used to raise important issues among prospective and already practicing health workers related to health and the provision of health care. Previous work has focused on the value of “A Worker’s Speech to a Doctor.” The poem was seen as promoting an understanding of the broader factors that shape health. We have considered the potential value of three additional poems which make explicit many current concerns about the capitalist economic system and how it threatens health. We have also shown how one poem raises issues of health care systems and how they meet the needs of patients.

Finally, we contend that these poems, as ideal example of Dennhardt et al.’s (2016) category of *art for personal growth and activism*, can inspire health workers to action, both on behalf of the needs of their patients, but also for themselves. For after all, as Brecht writes: “By so doing / You are, after all, only waging your own struggle against your own exploiters / Who threaten you every hour with that same hunger / That has brought our comrade low. / Join our struggle!”.

## **Statements and Declarations**

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consent are not applicable for our submission. Permission to reproduce the poems was provided by the publisher, W. Norton and Company, Inc.

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<sup>i</sup> The liberal welfare states (for example, Australia, Canada, the United Kingdom and the United States) provide modest benefits such that the State usually provides assistance when the market fails to meet citizens' most basic needs (Esping-Andersen, 1990, 1999). Their political and social history is one of dominance by business interests resulting in the population relying on the employment marketplace rather than the State as the source of economic and social security. These liberal welfare states are the least developed in terms of provision of citizen economic and social security. Changes since the mid-1980 which have seen even greater dominance by business interests have led some to now call these nations neo-liberal welfare states (Beech, 2017).

<sup>ii</sup> The merger of the state with corporate power is, by definition, a form of fascism, a linkage that has drawn attention to the similarities between the contemporary scene and the 1930s Weimar Republic in which Brecht wrote prior to his exile (Rayner, Falls, Souvlis, and Nelms 2020).

<sup>iii</sup> Martín-Martín, Orduna-Malea, and Thelwall (2018) show Google Scholar™ “finds significantly more citations than the WoS Core Collection and Scopus across all subject areas” (p. 1175). It was also found that Google Scholar™ surpasses Web of Science™ and Scopus™ in its coverage of literature in the social sciences and humanities.

Figure 1. A Worker's Speech to a Doctor

We know what makes us sick!  
When we're sick, we hear  
You are the one who will heal us.

For ten long years, they say  
You have studied in fine schools  
Built at the expense of the people  
And learnt to heal, and on your learning  
You have expended a fortune.  
So you must be able to heal.

Can you heal us?

When we come to you  
Our rags are torn off  
And you tap around our naked bodies.  
As to the cause of our illness  
A glance at our rags would  
Tell you more. It is the same cause that wears out  
Our bodies and our clothes.

The strain in our shoulder  
Comes, you say, from the damp; from which  
The mould in our flats comes too.  
So tell us:  
Where does the damp come from?

Too much work and too little food  
Make us weak and gaunt.  
Your prescription:  
You must put on weight.  
You might as well tell the reeds  
To keep their feet dry.

How much time will you have for us?  
We can see: a carpet in your apartment

Costs the equivalent  
Of five thousand doctor's appointments.

You will probably say, you  
Are not to blame. The damp patch  
On the wall of our flat  
Says much the same.

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Box 1. Discussion Questions about a “Worker’s Speech to a Doctor”

1. Why does Brecht use the noun “worker” instead of “patient”?
2. What is the author referring to when he states: “It is the same cause that wears out our bodies and our clothes”?
3. What are the reasons the worker states, in response to the prescription to gain weight, “You might as well tell the reeds to keep their feet dry”?
4. What is the tone of the poem towards the doctor? Why does the poet adopt this tone?
5. What are some of the issues the poem has raised for you?

Figure 2. Call to a Sick Communist

We hear you have been taken ill with tuberculosis.  
We entreat you: see this  
Not as a turn of fate, but  
As an attack by the oppressors, who  
Exposed you, poorly clothed and in damp housing  
To hunger. That is how you were made sick.  
We charge you take up the struggle at once  
Against sickness and against oppression  
With all possible cunning, rigor, and tenacity  
As a part of our great struggle, which  
Has to be waged from a position of weakness  
In utter misery, and in which  
Everything is permitted which will aid our victory, a victory  
Which is the victory of humanity over the scum of the earth.  
We await your return, as soon as possible  
To your post, comrade.

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Box 2. Discussion Questions about “Call to a Sick Communist”

1. What do you make of the term “communist” used in the title?
2. How would you respond if the term used was “socialist” instead of “communist”?
3. What diseases are caused by poor living and working conditions?
4. Who would these “oppressors” have been in 1937? In the present?
5. How do these “oppressors” come to cause these conditions?
6. What are the struggles to be taken up?
7. What concrete actions can be undertaken to rectify the situation?

Figure 3. The Sick Communist's Answer to the Comrades

Comrades, by hunger, poor housing and inadequate clothing

I was made sick and removed from your ranks.

I immediately took up the struggle for my recovery.

I declare to everyone who sees me

The cause of my sickness

I explicitly name the guilty ones.

,

At the same time I wage the struggle against the sickness funds

Who seek to cheat me at every little turn.

I wage the struggle from my sickbed.

I have informed myself about the liabilities of the hospital

The daily abuses committed against sick members of the oppressed classes.

I apply every resource which will help me

Recover my good health.

And so, although stricken and wounded

I have not left your ranks. I will stick with you

Until my last breath. I have no thought of yielding.

I beg you

Continue to depend on me.

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Box 3. Discussion Questions about “The Sick Communist’s Answer to the Comrades”

1. Who are the “guilty ones” the worker names?
2. What are some of the problems with our health care system?
3. What are some of the groups especially disadvantaged by how it works?
4. What are some of the forces that prevent the provision of accessible universal health care?
5. What concrete actions can be undertaken to rectify the situation?

Figure 4. Call to the Doctors and Nurses

Now to you, doctors and nurses. We suppose  
There must be some amongst you  
Few perhaps, but some all the same, who  
Remember their obligation to those who  
Have a human face. These amongst you  
We challenge to support our sick  
In their struggle against the sickness funds and the practises of the hospitals  
With regard to the oppressed.  
We know, in order to do that you will have to  
Take up the struggle against others too, the compliant tools  
Of exploitation and deception. We ask that you  
Look upon these as your own enemies. By so doing  
You are, after all, only waging your own struggle against your own exploiters  
Who threaten you every hour with that same hunger  
That has brought our comrade low.  
Join our struggle!

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Box 4. Discussion Questions about “Call to the Doctors and Nurses”

1. How do you think doctors and nurses and other health workers think about issues of marginalization and oppression of workers?
2. How do the relative class positions of health workers affect their sensitivity to patient issues?
3. How are the worsening working conditions many health workers are experiencing leading them to have a greater sense of solidarity and shared concerns with workers in general?
4. How have you thought about the commonalities of your struggles with those of others?
5. How are doctors, nurses and other health workers able to assist in addressing these problems?
6. What do you take away as a health worker from reading these poems?

#### Box 5. Discussion Questions about the Capitalist Economic System

1. What are some of the ways that our capitalist economic system causes illness and disease?
2. What are some of the forces responsible for how it operates?
3. Which groups are especially disadvantaged by how the economic system distributes resources?
4. What can be done to rectify the situation?
5. What might be some of the alternatives to the current form of our present economic system?
6. What would a new, healthier system look like?