

Poverty: Between Common Conscience and Public Health

Attitudes toward poverty and the poor in Europe have changed throughout centuries. Medieval Church taught that on Doomsday people would be judged based on the deeds done to the needy and weak (1). Acts of mercy, such as feeding the hungry, housing a stranger, and relieving the poor were expected from believers. Therefore, many works of art (iconography), fiction, and moral-didactic texts were composed to induce people to help those in need. After the horrible scourge of the plague – Black Death, important economic changes occurred, heralding a new era marked by altered relations between prices and wages, food shortages, famine outbreaks, and demographic expansion (2). Apart from the state's intervention during epidemics and famines, the most important sources of charity in pre-Reformation Europe were fraternities and hospitals (3). Foundation of hospitals established the connection between organization of poor relief and health care, which will develop further in the subsequent centuries. This interconnection can be traced in historical facts, as well as in fictional representations, whose importance lies in their ability to reflect human attitudes or mentalities. In this text, we illustrate our points by examples from the Croatian history, medical texts, art and fiction, without any pretension to completeness. The main focus of our interest lies at the meeting point between art and medicine, which use different approaches with a single aim – to improve the social situation. The time periods and specific problems

presented in this essay illustrate how the creative and the scientific sphere converged, each with its own methods, possibilities and limitations, reflecting the overall cultural atmosphere.

“Blessed be, ye poor” (Luke 6, 20) – the culture of Christian morality

In the middle ages, the principles of moral behavior were primarily guided by the life and actions of Jesus Christ. Christ died and resurrected for the people, and though he was rich he impoverished himself so that through his poverty people would become rich (4). The Christians tried to model their lives following Christ's example. One of the most notable examples is St. Alexius (5). The only son of a wealthy Christian Roman senator from the early 5th century, he wanted to devote himself to God, but his parents arranged a marriage for him. On his wedding day, his fiancée agreed to release him and let him follow his vocation. He fled his parents' home disguised as a beggar and lived near a church in Syria. A vision of Our Lady at the church pointed him out as exceptionally holy, calling him the “Man of God.” This caused him to return to Rome. His parents did not recognize him, but as they were kind to all the needy, they let him live under the stairs in their house. Alexis lived there for seventeen years, praying and teaching true faith to children. Only after his death, his parents found a note on his body, revealing his real identity and telling a

story on his life of penance (6). He became the patron of beggars, pilgrims, nurses, travelers, and Alexians, a religious congregation of laymen united to provide relief to the plague-stricken (5). Today, there is a medical center in Dakota which carries the saint's name and which aims to provide medical care for all, irrespective of their financial situation (7). The establishment of the practice of giving to the needy had wide repercussions in the later institutionalization of the church and its interaction with the wider society. According to W. A. Meeks (4), the importance that charity had at the time can be seen from a letter by the emperor Julian to the High Priest of Galatia. In the letter, the emperor pointed out the necessity of building hostels for foreigners and establishing foundations to help the poor, for this was the way Christians had gained their present dominance (4). The Biblical parable of the Good Samaritan found its expression in charity, *caritas*, as the supreme Christian virtue.

Apart from the legend of St. Alexius, many other medieval literary texts preserved in Croatia point to the necessity of aiding the poor, such as the legends of St. Nicholas, St. Francis, St. Anthony Abbot, Miracles of Our Lady, as well as many exempla and sermons. Some of them are translations into vernacular, but there was also a rich production of Latin texts. Deeply rooted in Christianity, these texts reflect the polifunctionality of medieval writing that united the aesthetic with the social and didactic function. They also shed light on moral concerns related to everyday reality.

**Curing bodies, saving souls:
institutionalization of poverty and birth of
hospital**

Compassion and care as ideals of nursing and healing paved the way to the foundation of hospitals. Since the fourth century, hospitals

sprang up generally in connection with religious orders. The earliest hospital erected on the territory of Croatia was in Zadar in 559 (8). Not much data have been preserved about its organization and work but we can easily assume that its principle organization was within the monastic frame of mind. A good example of such attitudes is the Rule of St. Benedict from the 6th century (9). According to it, each monastery should have a separate place for the infirm, as well as a brother who will look after them. Thus, the foundations for the development of monastic medicine were laid, which developed all over Europe and included other religious orders, notably Franciscans. In Croatia, a translation of the Rule of St. Benedict survives in the 14th century Croatian Church Slavonic language and Glagolitic script. The importance of the Benedictine order in preserving parts of the medical heritage of Antiquity (and Arabic authors) and passing it on is paramount (9). Although the first hospitals were more of shelters for the poor rather than hospitals in the modern sense, this gradually changed, particularly toward the early modern period. Since the 16th century, a similar process was slowly evident on the Croatian territory, although not uniformly. Dubrovnik's Domus Christi Hospital, which had primarily been a refuge since its establishment in 1374, was in 1540 transformed into a public state hospital with permanent medical service (10). The transformation process of hospitals into health related public institutions was not standardized in all parts of Europe, and it went slowly depending on different social and cultural developments.

**"For the need of men and the poor:" shift
toward education in Enlightenment period**

In non-religious fiction, poverty and disease actually had little place or were present only marginally. Some examples were elaborated

in *Daughters and Lovers: Women in Everyday Life in Dubrovnik (1600-1815)* by Slavica Stojan (11). The author shows how domestic servants, particularly female and often only about ten years old, experienced many hardships, from hunger to abuse and rape. Yet, Vladislava, a maid and victim of attempted rape by the nobleman and poet Šiško Menčetić, reputed for his rude behavior, decided to sue him. Menčetić was sentenced to six month imprisonment, which shows a shift toward protection of the deprived and helpless. The slave-like treatment of servants in the middle ages altered radically over the centuries, and by the end of the 17th century servants in Dubrovnik became more assertive, lived in improved conditions, and refused to work only for food and clothing (11). Dubrovnik's servants found their place in literature – they appear at their liveliest in works of famous playwright Marin Držić (1508-1567). In his comedies servants and maids use their wit and intelligence to overcome social obstacles and improve their situation (12). Even if some of these characters' fates are depicted a bit too optimistically, it is clear that the outlook has changed. In the Renaissance, consolation and individual progress were not only transcendental categories, but could be, albeit rarely, found in real life.

Since the Middle Ages, two great functions *Pax et iustitia* (peace and justice) came into force, with maintenance of order being further added as the third function. In the 18th century, more functions, such as medical policy, emerged. According to Foucault, physical well-being of populations becomes a political objective which the society must ensure, along with economic regulations and public order. The new importance of medicine in the 18th century originates from a new “analytical” economy of assistance, with the emergence of a general health policy (13).

In the 18th century, health care on Croatian territories was regulated according to van

Swieten's Book of Norms (*Normativum Sanitatis*) issued in 1770 (14). Within the framework of this law, J. B. Lalangue (1743-1799) was in 1772 sent to Varaždin in northern Croatia to perform the duty of the county physician. His publications reveal the realization of ideas of European Enlightenment and mark him as the great pioneer of health promotion in Croatia. His book *Medicina ruralis illiti Vrachtva ladanyszka za potrebochu musev, y siromakov Horvatczkoga orszaga y okolu nyega, blisnesseh meszt* (*Medicina ruralis for the need of men and the poor in Croatian lands and surrounding parts*; Figure 1) is the first professional medical book written in Croatian language (15). The title shows that the book aims to reach the wide population, including

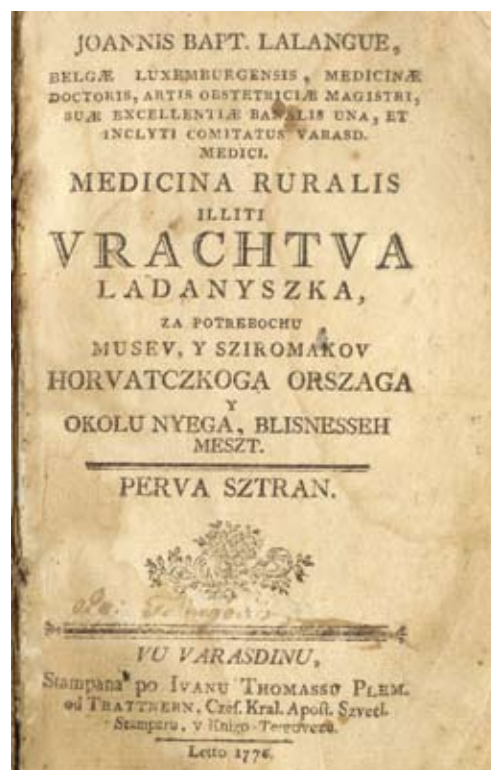


Figure 1. J.B. Lalangue (1743- 1799): *Medicina ruralis illiti Vrachtva ladanyszka za potrebochu musev, y siromakov Horvatczkoga orszaga y okolu nyega, blisnesseh meszt* (*Medicina ruralis for the need of men and the poor in Croatian lands and surrounding parts*) is the first professional medical book written in the Croatian language. Copyright: Institute for the History of Medicine of the Croatian Academy of Sciences and Arts in Zagreb.

the poor. Lalangue perpetuated the idea typical for the Enlightenment that ignorance and illiteracy (rather than social and economic causes) were the cause of all evil, including disease and poverty. Apart from strictly medical works, he wrote a booklet on planting potatoes, by which he wanted to improve the population's nutritional habits, as a form of disease prevention (16). This example illustrates the Enlightenment practice of writing books for the benefit of the uneducated masses of the poor. This would bring about improvement, but not changes in the organization of society. The shift of the view in Enlightenment was largely supported by the belief that poverty was caused by illiteracy and ignorance. For this reason, poverty reduction should be performed through a broader communal activity, which was often introduced and promoted by physicians, as can be seen on the examples from Croatia.

Although in some parts of Croatia literary activity dwindled because of the Ottoman invasions in the 17th and 18th centuries, in the period of Enlightenment the foundations of broader access to education and literacy were laid (17). However, medical care was beyond the reach of most people, so they were still relying on the help of monks and other "healers." Recipe collections in the medieval vein were still produced for the rural population of Croatia (18). Literary works of Enlightenment present poverty only marginally, and in works devoted to glorifying the "return to nature" any mention of poverty and disease is avoided. The enlightenment did, however, have an impact even though tangible results of change and improvement came on slowly and gradually.

Sancta Notburga, ora pro nobis

Since the masses of poor people had little or no access to medical care, it is not surprising

that this period saw the resurgence of the cult of St. Notburga. She was a kitchen maid who gave food to the poor and worked with them. Several miracles were reported at her shrine in Austria after her death in 1313. One striking feature of her cult, spread primarily in northern Europe, is the veneration of a servant/maid, of someone whose low social status enabled people to identify with her (19). A painting of St. Notburga from the late 18th century clearly depicts such a situation (Figure 2). The saint is shown with a radiant face and



Figure 2. Saint Notburga from the 18th century. From the chapel of St. Donatus in Pavlovec, Croatia. Oil on canvas, unknown painter.

in a bright red dress in front of scenes from her hagiography. In contrast, two paupers are painted in dull colors, ragged and half-ruffians. One of them points to the saint, while the other, a disabled man with a wooden leg and an improvised crutch, is holding out his hand toward the saint, in a position typical for beggars. This painting shows how the already low status of working class became

even less tolerable with disability, because of a connection between disability and poverty. The supplication of the poor to higher powers, which are beyond of the strictures of class and wealth, provided at least some kind of relief and hope. The inscription on the painting “*Sanca Notburga, ora pro nobis*” (Saint Notburga pray for us) expresses the cries of the needy.

It must be stressed that the stories of Alexius and Notburga, whether told in a legend or depicted on a votive painting, must be viewed rhetorically, because their aim was to influence people (readers, listeners, viewers) – to make them change their lives and perform good deeds to the poor. The language of Alexius’ legend and the language of the iconographic depictions are conceptual inasmuch as they use common tropes and idioms, so that images stored in recipients’ memories are “awakened” with the aim of inspiring admiration and inciting imitation of the saint (20).

Poverty, disease, and behavior: 19th century concepts of safe environment

Early 19th century was the period of idealistic philosophy, and as a result most intellectuals held that there was a sharp delineation between science and sociology. However, in the second half of the century, a shift can be observed in German thought, under the influence of materialistic and positivistic views, which had profound reflections in the organization of life as a whole. For example, Auguste Comte held that social philosophy can bring forward a social reform on the level of a nation (21). During the 19th century, hygiene became the program of health, which consisted of medical interventions and controls. One of them was control of the urban space to protect the population from the dangerous environment. As a result, the sewage and drainage systems, cemeteries and the

density of population became the main issue, tightly connected with health. Medicalization in towns and cities became imperative, particularly when Johann Peter Frank (1745-1821) pioneered in the promotion of hygiene and urban life regulation (22). Cholera stimulated the reform of the Poor Laws in Britain, monitored by Edwin Chadwick (1800-1890). Poor Law medical service expanded, and public responsibility for the sick poor made a basis for the British National Health Service. Chadwick held that sickness bred poverty and wrote the Condition of the Labouring Population of the Great Britain (1842), drawing maps that showed the prevalence of disease and poverty. His report illustrated that unsanitary conditions affected mostly the poor. The realization of the Chadwick endeavors resulted in the first British Public Health Act (1848) (23). The transition from social agitation to a professional civil service occurred also elsewhere in the world. In Germany, for example, Virchow argued for socio-political cause of epidemics, stating that epidemics were symptoms of general malaise that affected the oppressed groups. For him, political medicine is the answer and only democracy would prevent future epidemics. The physician’s responsibility was to serve as an advocate for the poor (24). Poverty in relation to dominant diseases became thus a strong argument in creating the concept of social medicine and health care protection. The circumstances in Croatia were similar as in other parts of Europe (25).

The 19th century saw a great transformation in social organization and revolution in science, but those great advances brought only modest improvements in health nutritional status and longevity of the lower classes before 1890. Thus, escape from hunger and high mortality did not become reality for most of the ordinary people until the 20th century (26).

Are we contaminated if we are poor? Poverty as a metaphor for exclusion

The cultural context also includes the renditions of global and local situation in art and fiction. A fictional statement is not less “true” than a scientific or historical one (27). Unlike science, a fictional statement is above the distinction of true and false. Fiction is a powerful vehicle for expressing mentality, since it involves both the intellectual and emotional response from the recipient. As an illustration of how literary works were intertwined with social problems in the early 20th century, we can use the collection of short stories by Vjenceslav Novak 1859-1909), “*Iz velegradskog podzemlja*” (28). It is difficult to translate the title, because it seems to bear a symbolic meaning, important for the understanding of the work (28). It could mean something like “Stories from the urban subterranean,” where the word subterranean bears connotations of inferior, dark, hidden, nocturnal, dangerous – the other. It points to the other side of progress, of urban centers with all their technical accomplishments.

Novak was the first Croatian author to write critically about capitalism, about poor workers and paupers. This is why he is called “the Croatian Balzac.” In his stories, he connects the motif of poverty with the motif of illness and addiction – workers live in dark, damp shacks, are prone to disease, and find the only solace in alcohol. His texts give “a precise diagnosis of social problems” (29), which implies that some aspects of economic and social life in the early 20th century could be seen as “diseased” and “sick.” His prose is toned down, with a feeling for psychological detail and with understanding for his desolate, violent, and hopeless characters. Progress brought little good to the heroes of Novak’s stories. Their dwellings are in cellars, damp and cold, infested with bugs and mice.

Sun rays do not reach them, daylight is not for them to enjoy.

One of his most poignant stories tells the fate of the alcoholic Mika, who one night, drunken and desperate, beats his most beloved daughter to death. The next day he realizes what happened – and in this tragedy finds some kind of light to try and give up the drink and start caring for his two remaining children. The gradual shift from a tough, unfeeling drunkard, to a man obsessed with guilt over the murder and on the brink of self-destruction, to the decision to carry on in spite of the life itself, is one of the most moving texts of Croatian literary Realism.

Poverty arises from an abnormal, sick society, and poverty leads to other forms of deviation, such as alcoholism, prostitution, and crime. Nobody cares for the fate of the workers, as if they did not exist. Enclosed in their “subterranean” world, they are left to fend for themselves. Mika says to himself “Are we contaminated if we are poor? Everybody says it is not a shame to be poor, but they run away from you if you are poor! May devil take poverty...” (28). Poverty and misery is the other face of the urban Janus, the ugly and cruel face. Whether Mika will eventually overcome alcoholism and be able to raise his two sons remains unanswered. At the time Novak wrote his novel, social awareness seemed to have been almost nonexistent. The vicious circle of poverty, disease, and abuse was kept “below,” in the basements of urban centers, away from the public domain and out of view. And yet, placing the poor laborers into the focus of literary attention shows a shift in perception – the process of realizing the hardships of the poor and of finding ways of alleviating them was slow but inevitable.

Novak tells this chilling story in a simple style, without pathetic or sarcastic sentences, without great emphasis, always with a sense of humanism. It is precisely this minimalist ap-

proach which makes the stories poignant, even to the modern reader who is well detached from Realism.

At the same time in science, the germ theory and concept of hygiene created a culture of cleanliness, opposite to poverty. Poverty was viewed as dirty, ugly, and potentially dangerous as a disease focus. Dominant diseases of the 19th century became soon the metaphors of poverty. Tuberculosis is a good example, often imagined as a malady of poverty and deprivation – of thin garments and thin bodies, unheated rooms, poor hygiene, and inadequate food (30).

The 19th century exposed socially deprived strata of population more than any other. Poor, disabled, and neglected became more visible than in any previous period, but there was no real progress in helping them. Revolutionary programs of social reconstruction, including full employment, higher wages, establishment of agricultural cooperatives, and universal education were already outlined by Rudolf Virchow and some other scientists (31). Nevertheless, the change did not materialize since the 20th century. Therefore, it is not surprising that 19th century texts, either scientific, philosophical, or artistic, reflected sharp contrasts – hope and despair, great plans and downcast criticism, open horizons and confined social boundaries – like a constant change of ebb and flow. The true, fundamental change came later.

From criticism to action: social pathology in the 20th century

The narratives, as well as art, cast light on contemporary perceptions of social relations, which were critical for the development of public health. Realism of any kind, with the exception of social realism that lingered on due to extra-literary, political reasons, became a marker of cultural backwardness in the 20th

century in Croatia, as well as throughout Europe. New attitudes, new poetics, and new forms of expression appeared (in the works of M. Krleža, J. Polić Kamov, A. B. Šimić, D. Cesarić, and D. Tadijanović). Many created considerable controversy at the time, as they were seen to challenge the social order. But they also highlighted that poverty has consequences for the rich. These texts were revolutionary, provocative, challenging, but they showed that a final social inclusion of the poor happened and that process of rapid change could not be stopped. The sphere of cultural production was more uniform throughout Europe than was the sphere of public health which had to develop according to needs, demands, and social structures of each country individually.

Correspondingly, social medicine and systematic policy of public health education became dominant concepts and the basis for various international projects within public health reforms in the first half of the 20th century. Poverty relief became the issue of health care reforms and improvements in the political economy of health in the 20th century. In Croatia, this was developed through the programs organized by the School of Public Health, founded in 1927 (32). The model of improving health care in the Kingdom of Serbs, Croats, and Slovenes conducted after World War I, when the Rockefeller Foundation and the League of Nations started its projects on internationalisation of public health, is a good example of networking in helping the poorer countries in this part of the world.

A new country, the Kingdom of Serbs, Croats, and Slovenes (SCS) was established after World War I on the territory of central and southeast Europe. It was a territory inhabited by approximately 10 million people, with the majority of population concentrated in rural areas. Outbreaks of epidemics, infectious diseases, and high children mortality rate, as

well as poor sanitary and hygiene standards were quite common. Considering the mass poverty and the wide circulation of epidemics, the urge for organized health care on a broader basis became apparent. This was eventually initiated by two key institutions – the League of Nations Health Organisation and the Rockefeller Foundation. This was the time when the Rockefeller Foundation established various public health institutions throughout Europe, including Zagreb (33-35).

The Rockefeller Foundation program for the Kingdom of SCS was primarily based upon application of the public health education, as well as organization and establishment of the public health infrastructure. Sanitary engineering associated with popular health education was advocated in order to improve poor hygienic conditions in the local community, as well as to present scientific and medical achievements in a practical way. Close cooperation with the local government and local experts was paramount in achieving these goals. The basic form of aid which the organization provided to the Kingdom of Serbs, Croats, and Slovenes included cooperation with the national health care administration to help establish hygienic institutes, hygienic and nursing schools, and a new form of health care organization –scholarships and help for research work. The realization of Foundation's programs required substantial health reforms, as well as proper public health managers to carry them through. The Foundation supported national health care administration financially by building the School of Public Health in Zagreb (opened on October 3, 1927), while the cooperation was carried out mainly by Andrija Štampar (1888-1958) (36). To ensure the support for the initiated reforms, Štampar was given US\$290 000 for the construction and equipment of the School of Public Health and for the equipment of the Epidemiological Institute in Belgrade, later called the Central

Hygienic Institute (37). The School of Public Health was certainly the most active and most prominent public-health institution in the Kingdom of SCS, although numerous other public health institutions were founded in the area during subsequent years.

As can be assumed, not only financial support was important for the development of public health programs and poverty relief in the Kingdom of SCS but education and use of new knowledge as well. This intervention is, therefore, a prime example of using available elements of social progress and culture in a given territory, and it became a starting point for similar actions conducted around the world.

Discussion

Several researchers have pointed out that a factor contributing to the failure of most programs against poverty to date is the excessive focus on material at the expense of spiritual, moral, and intellectual development. Moreover, they argued that moral development is needed because only a global awareness of dignity and transcendental value of every human being can create a universal platform for overcoming the political and economic divides (38). Adding to this reasoning, we argue that, within the programs for poverty relief, culture as the context that shapes behavior and attitudes (those who perform such actions as well as those to whom those actions are directed to) is usually neglected. Furthermore, in this paper we have shown that poverty is a multidimensional social phenomenon and many of those dimensions are health-related. Hence, we deliberately conceived this paper as a structure in which the “medical,” “artistic,” and “social” spheres interrelate and penetrate each other – illustrating that moral sensitivity, paramount in poverty relief programs, is not a fixed construct, but a complex, multilayered

and ever-changing phenomenon which should be viewed within a broader cultural context.

Cultural development of Croatia shares common characteristics with other surrounding countries, and the same goes for the care and help for the poor. The only significant difference is the program of the Rockefeller Foundation on the territory of Yugoslavia. Within that program, Croatia achieved more success than other republics, mostly due to cultural attitudes toward introducing new programs (35,37).

Charity, compassion, care, solidarity, education, knowledge, and similar values add to the moral sensitivity of the culture. For this reason, challenges to improve global health and fight poverty should be expanded in direction of shaping the mind set more strongly toward meaningful contributions to humanity. It is paramount that medical students get more education in medical humanities, which will put relations of poverty, social deprivation, illness, and suffering into a broader perspective. Health professionals should be the leading power in making steps further from pity to responsibility and action in order to shape the culture of equality and human rights. In that respect, the culture of social hierarchies and configurations (including the power of pharmaceutical companies) that could bring death, famine, or other forms of violence to the poor should also be warily taken care of.

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