5. Universal, But Exclusive? The Shifting Meanings of Pre- and Post-War Public Health in Finland

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Abstract

This chapter examines how the idea of public health evolved in Finnish health policy from the early twentieth century to the 1970s. The concept of public health (*kansanterveys*) largely replaced the previous key concepts of hygiene (*hygienia*) and racial hygiene (*rotuhygienia*) by the mid-1940s. The prevention of 'national diseases' (*kansantauti)* was defined as one of the main tasks in the effort of promoting public health. The key role of these interconnected concepts was strengthened in 1972 when they were included in new legislation which gave all citizens universal access to primary health care. As the concept *kansa* could refer to the lower classes, the people, the nation, the population and sometimes even to the state, the terms remained open to different interpretations. The article focuses on how the sphere of public health evolved and how the inclusion of all citizens became the aim. Even though the trend was towards universalism, the article shows the inclusive and exclusive tensions in the changing use of the concepts. The connection between health and *kansa*, which linked nation, citizenship and belonging together, appears to be a specific historical feature, as the recent vocabulary adopted in Finnish carry a more individualistic view of health.

Introduction

The idea of public health was typically expressed with the concepts of *kansanterveys* and *kansantauti* in Finland in the twentieth century. *Kansanterveys* – which literally refers to the health of the nation or people – replaced hygiene as the steering concept in health policy by the mid-1940s. At the same time, the prevention of certain widespread diseases called *kansantauti* – disease of the nation or people – was defined as one of the main tasks in promoting public health. The key role of these interconnected concepts was strengthened in 1972 when they were included in new legislation. This new legislation on public health (*kansanterveyslaki*) gave all citizens universal access to primary health care services.[1]

An essential part of the terminology in public health, the Finnish word *kansa* carried rhetorical power. Besides nation and people, *kansa* could refer to population, lower classes and sometimes even to the state. A special feature in the Finnish language is the close resemblance between the terms *kansa* and *kansalainen* (citizen). Due to the interconnection of these terms, the categories of formal, juridical citizenship and informal citizenship, characterised by belonging, community membership and civic virtues, are conceptually linked and vaguely separable. As a result, the key terms of public health referred to the collective, national entity in a way which remained open to overlapping and different readings.[2]

This article examines how the idea of public health evolved in Finnish health policy from the early twentieth century to the 1970s by analysing the ideological premises and practical results of the various uses and changing meanings of the two interrelated key concepts. The article focuses on how the sphere of the concept of *kansanterveys* evolved, how the inclusion of all citizens became the aim in dominant usages of the concept, and how the development was linked to the conceptualisations of *kansantauti*. Even though the trend of development was towards universalism, the article shows the inclusive and exclusive tensions in the changing use of the concepts. The research material consists of legislation, committee reports, the reports of health care authorities and medical and public health journals written in Finnish. Due to the linguistic differences, the results cannot be generalised across the discussions and practice of the Swedish-speaking minority in Finland, as their conceptualisation of the equivalent terms (*folkhälsa, folksjukdom*) were presumably more directly influenced by models from the other Nordic countries.[3]

New conceptualisation and changing interpretations of health

The terms *kansanterveys* and *kansantauti* were adopted in the Finnish language at the turn of the twentieth century. The digitised indexes of Finnish newspapers, periodicals and national bibliography indicate that the term *kansanterveys* was usually spelled as two separate words – *kansan terveys* – in the late nineteenth century. It was formulated as a compound word, written without spaces, gradually in the early decades of the twentieth century. The formation of the compound *kansanterveys* and the frequent use of it since the mid-1930s, clearly indicates the establishment of the Finnish variant of the concept of public health. Both the phrase *kansan terveys* and the word *kansanterveys* contained the idea of health as a special national phenomenon, which was different from – but deeply related to – individual health.[4]

The previously dominant term in public health, *hygienia* (hygiene) was used in parallel with *kansanterveys. Hygienia* covered both *yksilökohtainen hygienia* (personal hygiene*)* and *yleinen hygienia* (general hygiene) in the late nineteenth century. Even though general hygiene aimed at "improving the health conditions of whole nations and society"[5], the term as such did not carry strong meanings of membership and belonging like the term *kansa*. With the word *kansa,* health promoting clearly became a collective mission.[6] Since the late nineteenth century – both ways of spelling included – the concept *kansanterveys* was more frequent in the popular educational periodical on health care (*Terveydenhoitolehti)* than in the medical journal (*Duodecim),* both of which were published by the Finnish-speaking society of physicians. This reflects the early function of the concept in propagating the imperative of health to the people.[7]

Alongside with *kansanterveys*, the concept of *kansantauti* was deeply interconnected to the idea of public health in Finland. The similar German concept of *Volkskrankheit* was translated as 'disease of the people' or 'national disease' in British Medical Journal at the turn of the century, but never adopted in English. [8] At the same time, the Finnish concept occurred for the first time in newpapers, periodicals and medical journals.[9] As a translation for the Swedish word *folksjukdom*, the Finnish medical dictionary used *kansantauti* in 1909, instead of the previously introduced term *väestöntauti* (disease of the population) which was never actually adopted in common usage. The neutral term *väestö* referring to all inhabitants of a certain area, was replaced with *kansa.*[10] This opened up the concept for various new political and moral interpretations.

In the contemporary Finnish dictionary, k*ansantauti* is defined as a disease with high incidence. The most recent definition by The National Institute for Health and Welfare (2015) emphasises

"the significance of the disease for the health of the population, for *kansanterveys*", but admits that there is no specific definition of the significance of diseases.[11] The similar indefiniteness characterises the discussion on *kansantauti* throughout the century. Usually, the concept was used as a self-explanatory term even in academic and official contexts. A rare early definition in Terveydenhoitolehti (1898) specified *kansantauti* as a domestic, continual, deep-rooted, destructive disease and distinguished it from worldwide, quickly passing pandemics.[12] According to an article in 1917, even certain epidemics could be called *kansantauti*.[13] Since the 1950s, the few analytical texts emphasised the interpretative, value judgmental nature of the concept: some diseases were said to be elevated to an honorary position or "made as a new *kansantauti* with powerful propaganda".[14] Clearly, the high incidence of a certain disease alone did not imply it was defined as *kansantauti*, since all diseases causing high mortality, morbidity or incapacity for work have not been automatically referred to with this term. Presumably, the changing definitions of *kansantauti* have reflected the prevailing notions concerning the possibilities, prerequisites, means and goals to maintain and promote health.

While a wide variety of diseases were labelled as *kansantauti* in the medical journal Duodecim throughout the twentieth century, the usage of the concept indicates two main constructions which followed the pattern of epidemiological transition. First, the long-term dominance of tuberculosis peaked in the 1930s and slowly faded away in the 1950s. Secondly, the predominant position of chronic diseases – heart diseases, cancer, diabetes – was established from the 1970s onwards. There was, however, a notable transition period from the 1940s to the 1960s, when various diseases of very different nature – such as goitre, anaemia, rheumatic diseases and mental problems – were equally given the epithet of *kansantauti*. Such an unestablished and vacillating interpretation of the concept suggests a period during which the direction and form of health policy was reformulated.[15] This reading is supported by the fact that the concept of *kansanterveys* was officially adopted in administrative language at the same time.[16] Thus, the periodisation of the following sections is based on this turning point.

Mothers and children first: nation and health in Finland until the 1940s

The key concepts based on the term *kansa* were gradually adopted in public health while Finland still was a part of the Russian Empire (–1917). Essentially, health was a part of nation-building since the late nineteenth century. Alongside the early implementation of universal suffrage in 1906, active citizenship became a virtue and also a duty in Finland. Instead of governmental health

reforms, the focus was on elevating the people – especially the lower classes – to the level of responsibility and awareness required by modern citizenship. The existence of different social classes was considered self-evident and the word *kansa* was often used to signify the common people, who needed health education and guidance of the educated class. Civic organisations which were led by educated middle-class people became the main forum for civic education in health. For the working class, the promises of a better future created acceptability of health information, but at the same time, the moralistic message which ignored the social realities of life among the poor provoked reluctance.[17]

Christine Brect and Sybilla Nikolow have pointed out that as a political slogan, the German concept *Volkskrankheit* which especially referred to the illness of the lower social strata, motivated social reforms of living and housing conditions in mid-nineteenth century Germany. A new interpretation of *Volkskrankheit*, affected by new germ theory, defined everybody, regardless of social background, age or gender under threat of infection by the turn of the century.[18] In the Finnish language, the concept of *kansantauti* allowed for both readings at the turn of the century. *Kansantauti* was often defined as a problem of the lowest classes.[19] This interpretation was supported by the ideas of social hygiene, introduced as a new scholarship from civilised countries in the early twentieth century Finland.[20] While emphasising the need for social reforms, it carried the idea of social hierarchies. On the contrary, the reading which perceived *kansantauti* as a problem of all the people harmonised social and political differences and aimed at creating solidarity:

> As tuberculosis is a *kansantauti*, it must therefore be fought by united efforts (…) this opens up a field of work, where all interested citizens, regardless of their class and political opinion, can work side by side. Because of the nature of the task, it is cut out for bringing the different strata of the people (*kansa*) together.[21]

As the civil war (1918) soon after independence (1917) divided the nation, the questions of how to unify the nation and who belongs to the nation became crucial. Besides the political division of the ruling whites and rebellious reds, the new branch of hygiene called *rotuhygienia* (racial hygiene, eugenics) gained ground in defining the biological and moral conditions for decent citizenship in Finland.[22] In Germany, for example, the ideas of social and racial hygiene expanded the concept of *Volkskrankheit* from epidemic diseases to all forms of deviant behaviour, such as prostitution and juvenile delinquency during the interwar years.[23] Due to the comparatively late massive

epidemic which resulted in one of the highest death rates in Europe, tuberculosis was still called "our only real *kansantauti*" in Finland in the 1920s. Thus, social or mental problems were seldom included in the concept.[24]

The concept population policy (*väestöpolitiikka)* linked the ideas of public health and racial hygiene together in the 1920s and 1930s.[25] In the context of decreasing birth rate and high infant mortality, it was particularly the health of mothers and children which was defined as a matter crucial for the survival of the nation. The focus on children opened up brighter future horizons without adversarial ideological fights. With the slogan "There are too few of us", population policy served as a national and patriotic tool even during and after the Second World War.[26]

In the first official definition of *kansanterveys,* written for the new Department for Public Health (*Kansanterveysosasto*) by the supervising governmental organisation, the National Board of Health, population policy was outlined as one of the sectors of *kansanterveys* in 1944 (Table 5.1). In addition, a significant number of the other sectors the new department was responsible for – school doctors, midwives, public health nurses, maternity and child health clinics – were in a joint effort to promote the quality and quantity of the population. The responsibility for drinking water and latrines indicates that even sanitary reforms were included in the concept of *kansanterveys*. However, areas such as nutrition, housing, occupational and factory hygiene, vermin and epidemics were excluded from the scope of the Department for Public Health.[27]

[Please place Table 5.1 here]

Along with the concept of population policy, the earlier discourse of racial hygiene with the main emphasis on negative measures to eliminate the threat posed by degenerated individuals faded away. The new publicly expressed focus was on positive actions to prevent maternal and infant mortality and to encourage decent couples to start a family. There was, however, obvious discrepancies between the discourse and the practice. Even though the practices of coercive sterilisations (1935, 1950), compulsory abortions (1950) and marriage bans of the mentally ill and mentally disabled (1929), marriage restrictions of epileptics, deaf and persons with venereal diseases (1929) were followed until the turn of the 1960–1970s, the topic was discussed only briefly in the first plan for public health written by the National Board of Health in the early 1940s.[28]

Essential for the politically divided nation state after the civil war was that the scope of the concept of *kansanterveys* was the whole nation regardless of social class. As a consequence, the word *kansa* can no longer be translated into 'lower classes' or 'common people' in this context. As a result of the national, all-inclusive view, *kansanterveys* was described as the responsibility of the state in the 1940s. State-run activities were characterised as reliable, determined, uniform and being above political disputes, which reflected the new idea of the state as the supervisor of the common good. Ideologically the change was significant, as in the early 1920s, the state was still considered slow, inflexible and bureaucratic and as such suitable for governing only those health sectors which involved coercion. Until then, the regional supply of health services was largely based on local initiatives and private practices. Civic organisations – Finnish Red Cross (1876), Associations for Prevention of Tuberculosis (1907), Mannerheim League for Child Welfare (1920), the Public Health Association of Swedish Finland (*Folkhälsan*) (1921) – had a pioneering role in preventative action.[29]

The emphasis on the state signified a change of focus from the local to the national. The new Department for Public Health in the National Board of Health was entrusted the task of launching initiatives and designing and mapping the future needs in health for the whole country. Despite efforts, a special governmental institution for education, research and propaganda was never established in Finland, but the National Board of Health took charge of coordinating the work of civic organisations in the early 1940s. The officials of the National Board of Health took the leading role in promoting public health. They acted as the representatives of state and medicine and were also active in non-governmental organisations.[30]

The core of public health work – in Finnish referred to as *kansanterveystyö*, (literally 'work for the health of the people/nation') – was a new preventative attitude to health care. It was represented as the efficient opposite to expensive curative treatment in hospitals and characterised as a good investment and the most sensible policy. The public health work was the task of the local government – town or municipality –, the total number of which ranged from 500 to 600 in 1940–1970. The emphasis was on rural Finland, as almost 80 per cent of the population lived on the countryside in the 1940s.[31] Essentially, a precondition for the practical work was that the local, rural officials and local politicians – who represented the established local democracy – were persuaded and educated to break away from traditional, parsimonious management of municipal finances and to adopt the new thinking.[32] In addition to persuasive information, a large set of

legislation on regional service provision was passed to establish the new way of thinking about public health at a local level. The municipalities were obliged to appoint midwives (1920, 1936, 1944), municipal doctors (1943), public health nurses (1944), school doctors (1952) and school dentists (1956) and to establish maternity and child health clinics (1944) and a certain number of hospital beds.[33]

The services of maternity and child health clinics, public health nurses, midwives and school health care were free of charge, which reflected the increased responsibility of the state in health care. The public provision and funding made it an undisputed right and obligation of a citizen to use these services. Furthermore, health services and social benefits were coupled in order to increase the usage of the services: since 1949, in order to be eligible for maternity allowance, pregnant women had to attend the maternity clinic. The uneducated public was shepherded to avail themselves of the publicly provided services in the interest of safeguarding the health of the nation. As the services and benefits were provided for every child and mother – regardless of their wealth, social class or residence – every family got integrated: by the mid-1950s, the cost-free maternity and child health clinics reached 95 per cent of pregnant women and 90 per cent of new-born babies.[34]

Curative treatment was still of limited availability especially in rural areas: 20 per cent of rural municipalities had no practising physician in the late 1930s. Despite the new legislation on municipal doctors in the 1940s, the number of physicians per head remained the lowest in Europe in the mid-1950s. Even though municipal doctors were employed by the local government, they charged their patients as well. The municipal doctors were required to provide services free of charge to those people whom the poor law authorities deemed in need of poor relief, but the stigmatised system presumably prevented people from using the service.[35]

The prevention of widespread diseases called *kansantauti* was a central focus of public health work, but the lack of health services was a problem. Despite the coercive legislation on tuberculosis in Norway (1900) and Denmark (1905), similar measures were not considered possible in preventing the major *kansantauti* in Finland, until a sufficient number of hospital beds was available. This indicates the reciprocity of health-related obligations and rights. Obligatory X-ray examinations and coercive treatment were introduced in Finland only in 1948, when the provision of a nationwide network of tuberculosis hospitals and free of charge outpatient clinics were established by law.[36]

In addition to tuberculosis, rheumatism was singled out as a *kansantauti* in the statute of the Department of Public Health in 1944 (Table 5.1). This is the first official indication of a chronic, non-infectious disease to be included in the concept. Similarly, the medical journal Duodecim included rheumatism and cancer as chronic diseases among *kansantauti* in the 1930–1950s.[37] In addition to these two diseases, the Plan for Public Health *(Kansanterveysohjelma)* (1942) listed caries, trachoma and intestinal parasitic diseases also as *kansantauti*. According to the Plan, the fight against all these diseases was naturally considered to be the responsibility of the National Board of Health".[38] However, Severi Savonen, the author of the plan and a leading official in the National Board of Health, stated that most chronic diseases were irrelevant from the point of view of the population policy, because those who suffered from these diseases were usually old, unproductive people:

> We all die eventually, so we cannot reduce mortality as such at all. The issue at stake is to lengthen the productive period of life, in other words, develop measures against infant mortality, epidemics, tuberculosis etc. This kind of action is important for population policy, whereas, for example, the measures for the prevention of cancer which is a disease of the elderly, do not carry as much significance in this sense.[39]

Basically, the strong focus on population policy meant that the need for health care of other age groups was overlooked in the practice of public health. Moreover, still in the mid-1950s, the textbooks of medicine presented chronic diseases as incurable and degenerative. For example, cardiovascular diseases were seen as the inevitable results of ageing.[40] As the first priority was given to the raising of a healthy young generation, non-infectious chronic diseases were not the focus of public health until the 1960s.

Health for all with health centres in the 1970s?

The exceptionally high death rates of adults provoked a crisis in Finnish health policy which resulted in a broadened view of *kansanterveys* during the 1960s. The statistics showed that while infant mortality kept decreasing, the mortality among Finnish men was twice as high as in the other Scandinavian countries, and the figures for both men and women were generally the highest in Europe. A detailed analysis of the causes of death was possible since the reform of mortality statistics in 1936. The first introductory studies showed that – instead of epidemic diseases, tuberculosis or the diseases of new born children – it was cardiovascular diseases and cancer which brought the Finns to their early graves.[41] The governmental Committee for Public Health

(*Kansanterveyskomitea*) (1960–1965), appointed to find solutions, stated that the figures clearly showed the preferential status of young age groups in Finnish health care. A systematic inclusion of older citizens in the sphere of health care was declared fundamental in promoting public health.[42]

Besides age-related inequality, the statistics indicated regional inequality in the early 1960s, as the darkest areas in mortality were found in eastern and northern Finland. Even gendered inequalities were noticed as, due to the inclusive maternity and child health clinics, the majority of young women were integrated into health services and health education, while most of the young men had no regular health check-ups after leaving school and military service.[43] Furthermore, analyses of morbidity indicated that the nation of 4.6 million people had more than one million chronic patients and the number of working-age people retired because of ill health was exceptionally high in international comparison.[44] Basically, the high death rates and the plenitude of untreated chronic disease were seen as the results of a lack of health care services and lacking compensation for medical costs. The number of medical staff and hospital beds were below the average European standard. As Finland was among the last European countries without a compulsory national health insurance in the early 1960s, households had to pay for the majority of medical costs.[45]

While the planning of health insurance was not explicitly linked to the discourse on *kansanterveys*,[46] the seminal book *Social Policy for the Sixties* (1961), written with the contribution of leading officials and scientists to guide the development of Finnish society, considered public health as deeply related to social policy. The book emphasised not only the availability of health care services but also considered affordability an essential factor in promoting public health. By introducing the concept 'health care rights of the citizen' (*terveydenhoidolliset kansalaisoikeudet*), the book clearly pointed out the responsibility of the government in providing equal access to health services. As social equality, economic growth and democracy were seen as tightly interrelated factors in the development of modern society, inequalities in health were characterised as both morally unacceptable and economically detrimental. Groundbreakingly, investments in health were thought to increase economic growth as they enabled inactive people to become active members of society.[47]

The concept of *kansanterveys* reflected new ideals of universalism and equality in the distribution of health.[48] After more than ten years of planning, the new ideology was put into practice as the

Public Health Act (*kansanterveyslaki)* was passed in 1972. The title of the law is officially translated as Primary Health Care Act, but ideologically telling is the literal translation: Act on the health of the nation/people. Given the conceptual focus on public health in this volume, I will refer to the act as the Public Health Act as to retain the original Finnish formulation. Within a comparative international context, the Act is known for its combination of public health, preventive medicine and primary medical care.[49] For the citizens, the most visible reform was that the act obliged every local government to establish a municipal health centre for the provision of primary health care. Based on the model of the successful maternity and child health clinics, regular health surveillance with health check-ups and health education was defined as the central task of the health centres.[50]

In addition to the aim to establish equal access to health care, another goal was to reduce poverty and sickness. Despite the implementation of National Health Insurance – which granted sickness allowances to all 16–64-year-old people since 1964 and covered a share of medical costs since 1967 – low-income families could not afford to pay doctor's fees. The Public Health Act made curative outpatient medical treatment in health centres free of charge for all citizens, and the principle was put in practice in 1981. Even though all political parties supported the Act, it was especially the left-wing politicians who campaigned for cost-free health care, and the issue of the charges split the political opinion.[51]

The interconnectedness of *kansanterveys* and *kansantauti* was strengthened as the prevention and treatment of "especially significant" diseases called *kansantauti* was defined as one of the main tasks of the Act.[52] In 1965, the National Board of Health emphasised the need for integrating the work of non-governmental organisations against cancer and rheumatism with the work of the government.[53] Marja-Leena Honkasalo has pointed out that the nationwide program for the prevention of cardiovascular diseases (1972–97), named The North Karelia Project after the 'darkest area' of health in Eastern Finland, created a widespread awareness of risk for citizens (see also the chapter on Science, Politics and the Administration of Public Health in this volume). Significantly, the identification of lifestyle-related risk factors – smoking, alcohol, sugar, fat and lacking physical exercise – made chronic diseases such as cardiovascular diseases preventable. Characteristically, in the nationwide campaign against heart diseases, the high incidence was described as a mass epidemic. The rhetoric, as well as the interaction of homes, civic organisations and government was adopted from previous hygiene and tuberculosis campaigns.[54]

The National Board of Health categorised the burning issues of mental problems, accidents and degenerative diseases of the aging population as "new *kansantauti*" in the late 1960s. Furthermore, the National Board of Health stated: "We have to admit that the ways to beat [...] the above mentioned *kansantauti* are not adequately known."[55] As the epidemiological profile had changed, complicated factors linked to people's social environment were found to cause diseases.[56] Especially, the rapid structural change of Finland from an agrarian country to an industrialised and urbanised one entailed changing living conditions with breaks in social patterns and traditions in the 1960s.[57] This signified a broadened view of health: besides medicine, social sciences gained ground in defining health. The traditional academic terminology was also reformed. In the late 1960s and early 1970s, the professorship of *hygiene* which was established in 1890 and the disciplines of *social hygiene* and *social medicine* were substituted by a new discipline: *public health science* (*kansanterveystiede*).[58]

The new social emphasis on health was linked to the cultural and political radicalism of the late 1960s. The new radical generation employed in health administration contributed to the exceptionally close connection between academic research and politics. The focus on health services alone was regarded ineffective in improving the health of the nation in the 1970s. The new administrators thought it was important to include the target of improving health in all the sectors of society, for example, in housing, environmental policy and taxation. This broadened the focus on public health beyond the scope of the Public Health Act. New legislation on occupational safety, road safety and smoking restrictions was enacted in the 1970s.[59]

Despite the new requirements for healthy lifestyles, the debate during the 1970s emphasised individual autonomy: "We have to be able to realise the right to health without coercion (…) Everyone must be given enough basic information on health, so that they can choose such a prospect of health they want."[60] In general, coercive measures were deemed acceptable only when the individual was not capable of making decisions or was a danger to others. The repeal of the coercive orders in the legislation on marriage (1969) and sterilisation (1970), the liberalisation of abortion law (1970) and the restriction of compulsion in mental institutions were concrete efforts to reach the new goal.[61]

The aim of the Public Health Act was to create an integrated, comprehensive health care system that would treat all citizens equally. In spite of the strong push for equality, the new policy created exclusive tensions. Rural areas were prioritised in the construction of health centres, because

private services were thought to compensate for the lack of public health care in urban areas. The costs of private services were partly reimbursed by the National Health Insurance, but equality was undermined by the fact that the poorest could not afford to use them. Even though dental care was included in the services of health centres, it was initially accessible only to children due to limited resources. Dental care of adults was started in health centres in 1977, but it was subject to a fee. Availability increased rather slowly as more than 90 per cent of adult people went to private dentist. As a result, almost one fourth of the adult population had lost all their teeth in the late 1970s.[62]

Regardless of the aim to include all age groups, the priority was to maintain the good results achieved in child health clinics by focusing on teenagers and working aged people.[63] Furthermore, the focus on preventative measures made the needs of hospitalised chronic patients a matter of secondary importance. The administrative position between medicine and social affairs slowed reforms and the backwardness of the long-term care of elderly chronic patients remained a problem in the 1980.[64]

The rise and fall of *kansanterveys*?

The idea of the Finnish concept of *kansanterveys* culminated in the provision of universal health care services. The free maternal and child health clinics (1944–) as well as municipal health centres with low user fees (1972–1980) and free appointments since 1981 realised the ideas of universalism, equality and public responsibility for health. However, the shifting meanings of the concept also created changing hierarchies and exclusive tensions among citizens. Even though the concept of *kansanterveys* suggested that its scope was the whole nation already in the 1920s–1930s, the focus at that time was particularly the care for mothers and children. Despite the emphasis on positive population policy, the exclusive practices of racial hygiene were not abandoned until the 1970s. Non-infectious chronic diseases escaped the attention of public health until they were defined as *kansantauti* in the 1960s. As a result, the needs of the adult population were given priority in the 1970s.

Because of the aim to promote regional equality, the building of health centres focused on rural areas with the poorest availability of health services in the 1970s. At the same time, a separate occupational health care system with access to curative treatment was provided by the employers, partly financed by National Health Insurance, in order to remedy urban wage-workers' health problems. Thus, the parallel existence of public, occupational and private health care was

consolidated. The problematic nature of the system became apparent in the 1990s. As user fees were re-established at health centres during the economic depression in 1993, curative treatment was available free of charge only to employed people with access to occupational health care and to children in the public health care system. As a result, access to health care depended to an increasing extent on socioeconomic status.[65] Especially in cities, health centres deteriorated and became poorly resourced services, mainly used by the people in the lowest income groups.[66] Being an embodiment of the concept of *kansanterveys*, the changed character of health centres now also suggested a changed meaning of *kansa.* Instead of referring to all citizens, one could interpret that the concept again encompassed merely the lower classes and as such no longer reflected the universalistic idea of equality.

Since the 1980s, the Finnish concept *kansanterveystyö* (public health work) was increasingly replaced with the new terms adopted from international vocabulary: primary health care and health promotion.[67] Without the connection to the collective concept of *kansa*, the new terminology carried a more individualistic view of health, focusing on individual access to treatment. Finally, the ongoing reform of Finnish health care and social services (2015–2019) not only repeals the Public Health Act of 1972 and restructures the service organisation created in the 1920–1970s, but also abandons the concepts of *kansanterveys* and *kansantauti*. Instead of *kansa*, the new draft laws use terms such as *väestö* (population), *as akas* (customer) and *asks* (resident).[68] Thus, the deep connection between health and the collective entity of *kansa* which linked nation, citizenship and belonging together appears to be a specific historical feature which no longer has relevance in the changing economic, political and social environment of the twenty-first century.

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[1] Decree on the National Board of Health 188/1944. Kansanterveyslaki (66/1972) in English: Primary Health Care Act 66/1972; Decree on Primary Health Care 205/1972; Minna Harjula, *Terveyden jäljillä: suomalainen terveyspolitiikka 1900-luvulla* (Tampere: TUP, 2007).

[2] Ilkka Liikanen, 'Kansa', in *Käsitteet liikkeessä: Suomen poliittisen kulttuurin käsitehistoria*, ed. Matti Hyvärinen et al. (Tampere: Vastapaino, 2003), 257–307; Elina Nivala, 'Kunnon kansalainen yhteiskunnan kasvatuksellisena ihanteena', in *Hyvä ihminen ja kunnon kansalainen: Johdatus kansalaisuuuden sosiaalipedagogiikkaan*, ed. Leena Kurki and Elina Nivala (Tampere: TUP, 2006), [page numbers], 43; Henrik Stenius, 'Kansalainen' in *Käsitteet liikkeessä: Suomen poliittisen kulttuurin käsitehistoria*, ed. Matti Hyvärinen et al. (Tampere: Vastapaino, 2003), 309–62; Kari Palonen, 'Eurooppalaiset poliittiset käsitteet suomalaisissa pelitiloissa', in *Käsitteet liikkeessä: Suomen poliittisen kulttuurin käsitehistoria*, ed. Matti Hyvärinen et al. (Tampere: Vastapaino, 2003), [page numbers],581–2; Ilpo Helén and Mikko Jauho, eds., *Kansalaisuus ja kansanterveys* (Helsinki: Gaudeamus, 2003).

[3] On folkhälsa among Swedish-speaking Finns, see Markku Mattila, *Kansamme parhaaksi: Rotuhygienia Suomessa vuoden 1935 sterilisointilakiin asti* (Helsinki: SHS, 1999).

[4] The analysis of the early use of the concept *kansanterveys* is based on systematic search results of the following digitalized databases: full text database of Finnish newspapers and journals, accessed through the DIGI - National Library's Digital Collections. (http://digi.kansalliskirjasto.fi/?language=en), full text database of the medical journal Duodecim, accessed through its web portal (http://vanhaversio.duodecimlehti.fi/web/guest/haku?p_p_id=Article_WAR_DL6_Articleportlet&p_p_lifecycle=0&_Article_WAR_DL6_Articleportlet_viewType=searchArticle) and reference database of Finnish national bibliography *Fennica*, https://fennica.linneanet.fi/vwebv/searchBasic?sk=en_FI.

[5] M. O-B. 'Terveysoppi', in *Tietosanakirja IX* (Helsinki: Otava, 1917), 1452–3.

[6] Minna Harjula, *Hoitoonpääsyn hierarkiat: Terveyskansalaisuus ja terveyspalvelut Suomessa 1900-luvulla* (Tampere: TUP, 2015), 31–67, 117–37.

[7] The comparison is based on the number of articles including the concept in *Terveydenhoitolehti* and *Duodecim* until 1920. The volume of *Terveydenhoitolehti* included approximately 240 pages, while the volume of *Duodecim* usually ranged from 300 up to 640 pages. *Terveydenhoitolehti* was accessed through DIGI and Duodecim was accessed through its web portal, see footnote 4.

[8] 'British Medical Journal', *British Medical Journal* 50, no. 1 (1899): 1353*;* 'Reviews', *British Medical Journal* 55 no. 2 (1904): 1321.

[9] In newspapers 1895, in periodicals 1898, in *Duodecim* 1902, in *National Bibliography* 1906.

[10] *Duodecimin sanaluettelo Suomen lääkäreille* (Helsinki: Duodecim, 1888); *Duodecimin sanaluettelo Suomen lääkäreille* (Helsinki: Duodecim, 1898); *Duodecimin sanaluettelo Suomen lääkäreille* (Helsinki: Duodecim, 1909).

[11] *Suomen kielen perusssanakirja. A–K*, Kotimaisten kielten tutkimuskeskuksen julkaisuja 35 (Helsinki: Valtion painatuskeskus, 1990), 392; 'Yleistietoa kansantaudeista', *Terveyden ja hyvinvoinnin laitos* 28.4.2015. https://www.thl.fi/fi/web/kansantaudit/yleistietoa-kansantaudeista.

[12] 'Kolme yhteiskunnan vihollista', *Terveydenhoitolehti* 10, no. 9 (1898): 134. Cf. Taav. Laitinen, 'Tarttuvista taudeista', *Terveydenhoitolehti* 10, no. 12 (1898): 180.

[13] Yrjö Levander, 'Piirteitä kulkutautien luonteesta, historiasta ja vastustamisesta', *Terveydenhoitolehti* 29, no. 7–9 (1917): 113.

[14] Leo Noro, *Sosiaalilääketieteen perusteet* (Porvoo: WSOY, 1957), 59; Erkki Varpela, 'Helsingin sydän- ja verisuonitautikuolleisuudesta', *Duodecim* 75, no. 1 (1959): 20; 'Verenpainetaudin lääkehoito', *Duodecim* 98, no. 2 (1982): 122.

[15] The analysis of *kansantauti* in based on the full text database of the medical journal *Duodecim* in 1903–2000. The database was searched exhaustively using the keywords kansantau*, kansansairau* and "kansan tau*". Both *tauti* and *sairau*s are synonyms of disease in Finnish, but the concept of *kansansairaus* was used occasionally only in 1973–2000. The articles which discuss *kansantauti* abroad or in historical contexts before the twentieth century were not included.
http://www.duodecimlehti.fi/web/guest/haku?p_p_id=Article_WAR_DL6_Articleportlet&p_p_lifecycle=0&_Article_WAR_DL6_Articleportlet_viewType=searchArticle

[16] Decree 188/1944.

[17] Harjula, *Hoitoonpääsyn hierarkiat*, 31–67; Riitta Oittinen, 'Leipää, suojaa ja valoa. Työläisnainen-lehti työkansan terveyden puolestapuhujana', in *Kansalaisuus ja kansanterveys*, ed. Ilpo Helén and Mikko Jauho (Helsinki: Gaudeamus, 2003), 175–95.

[18] Christine Brecht and Sybilla Nikolow, 'Displaying the invisible: Volkskrankheiten on exhibition in imperial Germany', *Studies in History and Philosophy of Biological and Biomedical Sciences* 31, no. 4 (2000): 517–9.

[19] For example, 'Taistelu keuhkotautia vastaan', *Rauman lehti* 5.12.1896 no. 98; 'Keuhkotauti eli keuhkotuberkuloosi ja sen syyt', *Uusi Aura* 13.1.1905 no. 10A.

[20] N.J. Arppe, 'Terveydenhoito ja työväenkysymys', *Terveydenhoitolehti* 19, no. 3 (1907): 38.

[21] 'Eräs kansallinen työmaa', *Helsingin Sanomat* 28.9.1905 no. 225.

[22] Mattila, *Kansamme parhaaksi*; Harjula, *Hoitoonpääsyn hierarkiat*, 117–23.

[23] Brecht and Nikolow, 'Displaying the invisible', 518–9.

[24] *Komiteanmietintö 1927:11. Kunnallisille mielisairaaloille ja tuberkuloosia sairastavien hoitolaitoksille sekä tuberkuloosin vastustamistyöhön annettavan valtionavun perustamiseksi* (Helsinki, 1927), 22, 27; *DIGI. Kansalliskirjaston digitoidut aineistot.* On tuberculosis: Mikko Jauho, *Kansanterveysongelman synty. Tuberkuloosi ja terveyden hallinta Suomessa ennen toista maailmansotaa* (Helsinki: Tutkijaliitto, 2007).

[25] The concept of *väestöpolitiikka (*population policy) was introduced in Finnish newspapers and journals in 1909–1910. *DIGI. Kansalliskirjaston digitoidut aineistot.*

[26] Ilpo Helén, *Äidin elämän politiikka: Naissukupuolisuus, valta ja itsesuhde Suomessa 1880-luvulta 1960-luvulle* (Helsinki: Gaudeamus, 1997), Mattila, *Kansamme parhaaksi*; Harjula, *Terveyden jäljillä*, 55–73.

[27] Decree 188/1944, § 8.

[28]Mattila, *Kansamme parhaaksi*; Severi Savonen, *Kansanterveystyötä tehostamaan! Maalaiskuntien yleisen terveydenhoidon ohjelma*. (Helsinki: Otava, 1941); Severi Savonen, 'Suomen kansanterveystyön ohjelma', *Suomen Lääkäriliiton Aikakauslehti* 21, no. 2 (1942): 39–52; Severi Savonen, 'Kansanterveystyö väestöpoliittisena tekijänä', *Suomen Lääkäriliiton Aikakauslehti* 21, no. 2 (1942): 52–60.

[29] Harjula, *Hoitoonpääsyn hierarkiat*, 123–7, 131–4.

[30] Savonen, 'Suomen kansanterveystyön ohjelma', 39–41, 47–8; Harjula, *Hoitoonpääsyn hierarkiat*, 131–7; Allan Tiitta, *Collecium Medicum: Lääkintöhallitus 1878–1991* (Helsinki: Terveyden ja hyvinvoinnin laitos, 2009); Jauho, *Kansanterveysongelman synty*, 187–90.

[31] Savonen, *Kansanterveystyötä tehostamaan*, 7, 54; 'Kaupunkien ja kuntien lukumäärät 1917–2017', *Kunnat.net* (2017), http://www.kunnat.net/fi/tietopankit/tilastot/aluejaot/kuntien-lukumaara/Sivut/default.aspx.

[32] Suvi Nieminen, Lea Henriksson and Sirpa Wrede, 'Periferian isännistä terveyspoliittisiksi toimijoiksi. Kunnallismieskasvatus osana maaseudun kansanterveystyön rakentamista', *Sosiologia* 41, no. 1 (2004): 14–27.

[33] Harjula, *Hoitoonpääsyn hierarkiat*, 138–76.

[34] Harjula, *Hoitoonpääsyn hierarkiat*, 150–4, 188–99.

[35] *Komiteanmietintö 1939:9. Maaseudun terveydenhoito-olot ja niiden kehittäminen* (Helsinki, 1939), 46; Harjula, *Hoitoonpääsyn hierarkiat*, 68–78, 138–49.

[36]Ida Blom, 'Contagion and cultural perceptions of accepted behaviour: Tuberculosis and venereal diseases in Scandinavia c.1900–c.1950', *Hygiea Internationalis* 6, no. 2 (2007): 121–33; Harjula, *Hoitoonpääsyn hierarkiat*, 203–13, 230–1.

[37] Decree 188/1944, § 8; *Duodecim*, http://www.duodecimlehti.fi/web/guest/haku?p_p_id=Article_WAR_DL6_Articleportlet&p_p_lifecycle=0&_Article_WAR_DL6_Articleportlet_viewType=searchArticle.

[38] Savonen, 'Suomen kansanterveystyön ohjelma', 46.

[39] Savonen, 'Kansanterveystyö väestöpoliittisena tekijänä', 53.

[40] Marja-Liisa Honkasalo, *Reikä sydämessä: Sairaus pohjoiskarjalaisessa maisemassa* (Tampere: Vastapaino, 2008), 92–3.

[41] Pekka Kuusi, *60-luvun sosiaalipolitiikka* (Porvoo: WSOY, 1961); Harjula, *Terveyden jäljillä*, 74–82; Seppo Koskinen and Tuija Martelin, 'Kuolleisuus', in *Suomen väestö*, ed. Seppo Koskinen et al. (Helsinki: Gaudeamus, 2007), 169–238; Väinö Kannisto, 'Mikä lyhentää elinaikaamme?' *Kansantaloudellinen aikakauskirja* 40 (1945): 377–83.

[42] *Komiteanmietintö 1965:B 72. Kansanterveyskomitean mietintö* (Helsinki, 1965), 6–8.

[43] Official Statistics of Finland SVT XI: 64 1961 (Helsinki: Lääkintöhallitus, 1964), 15; Kuusi, *60-luvun sosiaalipolitiikka*, 265–6, 285.

[44] Government Bill 98/1971.

[45] Kuusi, *60-luvun sosiaalipolitiikka*, 256–61, 267–73; Harjula, *Terveyden jäljillä*, 82–4, 94–6.

[46] *Komiteanmietintö 1959:6. Sairausvakuutuskomitean mietintö* (Helsinki, 1959); *Komiteanmietintö 1961:39 mon. Sairausvakuutuskomitean mietintö. Ehdotus sairausvakuutuslaiksi* (Helsinki, 1961); Yrjö Mattila, *Suuria käännekohtia vai tasaista kehitystä? Tutkimus Suomen terveydenhuollon suuntaviivoista* (Helsinki: Kelan

tutkimusosasto, 2011), 113–32, 135–9, 144–51, 322; Heikki Niemelä, *Yhteisvastuuta ja valinnanvapautta. Sairausvakuutus 50 vuotta* (Helsinki: Kelan tutkimusosasto, 2014): 128.

[47] Kuusi, *60-luvun sosiaalipolitiikka*; Harjula, *Terveyden jäljillä*, 74–82.

[48] Primary Health Care Act 66/1972; *Kansanterveyslak*i 66/1972; *Elämisen laatu. Yhteiskuntapolitiikan tavoitteita ja niiden mittaamista tutkiva jaosto, liite 1* (Helsinki: Talousneuvosto, 1972), 9; *Komiteanmietintö 1971:A 25. Sosiaalihuollon periaatekomitean mietintö I. Yleiset periaatteet*. (Helsinki, 1971), 10, 22; Harjula, *Hoitoonpääsyn hierarkiat*, 256–90.

[49] 'Käsitemäärittelyjä', *Stakes*, http://info.stakes.fi/kansanterveystyo/FI/kasitteista/index.htm (an archived version of the page 15.6.2010).

[50] Harjula, *Hoitoonpääsyn hierarkiat*, 259–65.

[51] Kuusi, *60-luvun sosiaalipolitiikka;* Harjula, *Hoitoonpääsyn hierarkiat*, 268–90; Mattila, *Suuria käännekohtia*,144–55.

[52] Decree on Primary Health Care 205/1972, § 1.

[53] Official Statistics of Finland SVT XI:68, *Yleinen terveyden- ja sairaanhoito 1965* (Helsinki: Lääkintöhallitus, 1967), 80, 87–90.

[54] Honkasalo, *Reikä sydämessä*, 17–22, 35–9, 93; Pekka Puska et al., 'Background, principles, implementation, and general experiences of the North Karelia Project', *Global Heart* 11, no. 2 (2016): 173–8; *Terveydenhuollon ohjelma vuosille 1975–1979* (Helsinki: Lääkintöhallitus, 1974), 12.

[55] The National Board of Health used *kansansairaus* as the synonym for *kansantauti*. Official Statistics of Finland SVT XI: 72–73, *Yleinen terveyden- ja sairaanhoito 1969–1970* (Helsinki: Lääkintöhallitus, 1974), 21.

[56] Kari Puro, *Terveyspolitiikan perusteet* (Helsinki: Tammi, 1973); 'Elämisen laatu: Yhteiskuntapolitiikan tavoitteita ja niiden mittaamista tutkiva jaosto. Liite 1', in *Terveyspolitiikan tavoitteita tutkivan työryhmän raportti* (Helsinki: Talousneuvosto, 1972).

[57] Heikki Waris, *Muuttuva suomalainen yhteiskunta* (Porvoo: WSOY, 1974).

[58] Ranja Aukee, *Vanhasta uuteen sosiaalilääketieteeseen. Suomalaisen sosiaalilääketieteen muotoutuminen 1800-luvun lopulta vuosituhannen vaihteeseen* (Tampere: Tampere University Press, 2013) 23–89; Ilari Rantasalo, 'Hygieniasta kansanterveystieteeseen', *Helsingin yliopisto, kansanterveystieteen osasto* (2006), http://www.hjelt.helsinki.fi/laitos/historia/rantasalo.html.

[59] *Komiteanmietintö 1971: A 25*, 29; Puro, *Terveyspolitiikan perusteet*; Harjula, *Terveyden jäljillä*, 102–32.

[60] Osmo Kaipainen, *Kansa kaikki kärsinyt. Onko terveys kauppatavara vai oikeus* (Hämeenlinna: Karisto, 1969), 44.

[61] Harjula, *Hoitoonpääsyn hierarkiat*, 240–6.

[62] Harjula, *Hoitoonpääsyn hierarkiat*, 259–67; *Valtakunnallinen suunnitelma kansanterveystyön järjestämisestä vuosina 1981–85* (Helsinki, Sosiaali- ja terveysministeriö, 1980), 29.

[63] *Terveydenhuollon ohjelma vuosille 1975–79*, 5.

[64] *Valtakunnallinen suunnitelma kansanterveystyön järjestämisestä vuosina 1980–1984* (Helsinki: Sosiaali- ja terveysministeriö, 1979), 45. Harjula, *Hoitoonpääsyn hierarkiat*, 167–76, 261–2.

[65]Juha Teperi et al., *The Finnish Health Care System: A Value-based Perspective* (Helsinki: Sitra, 2009); Harjula, *Hoitoonpääsyn hierarkiat*, 313–52.

[66] For example, Anniina Alaoutinen, *Hyvinvoinnin tukiverkko koetuksella. Helsingin palveluvirastojen toiminta kaupunginosien eriytymisen ehkäisemiseksi* (Helsingin kaupungin tietokeskus: Helsinki, 2010).

[67] Matti Rimpelä, 'Vaarantaako kansallinen terveyshanke kansan terveyden?', in *Näkökulmia 2000-luvun terveyspolitiikkaan: Stakesin asiantuntijoiden puheenvuoroja*, ed. Matti Rimpelä and Eeva Ollila (Helsinki: Stakes, 2004), 58–90; Matti Rimpelä, 'Terveyspolitiikan uusi kieli. Joutavatko kansanterveyslain käsitteet historiaan?' *Yhteiskuntapolitiikka* 70, no. 1 (2005): 54–62.

[68] *Health, social services and regional government reform* (2017), http://alueuudistus.fi/en/frontpage.