

## Health

**Edited by Leo Panitch and Colin Leys, *Morbid Symptoms: Socialist Register 2010 (Health Under Capitalism)*, Merlin Press, 344 pages, paperback ISBN 9780850366921, £15.95, hardback ISBN 9780850366914, £50.00**

In the United Kingdom we are necessarily preoccupied with the attack on our own National Health Service. New Labour having paved the way for the Coalition's frontal assault, the prospect of a totally marketised and privatised health system looms ever larger. This book will help us to place that assault in a global context as part of the neo-liberal attempt to

eradicate the last bastion of a universal egalitarianism based on need.

The joint editor, Colin Leys, takes a thoughtful look in the introductory article at the progression of health care under capitalism from a historical perspective. He takes issue with those who see the progress of health care as an offshoot of capitalist growth, and attributes the fall in mortality in the late 19<sup>th</sup> century more to advances in sanitation, improvements in water and food cleanliness than to the efficacy of medical advance. That is not to say that the health of society does not owe much of its improvement to social pressure, as electoral democracy was extended. Is that what makes the neo-liberal revival so pernicious, seeking as it does to obfuscate the rationality of responding to need alone, force feeding us the elixir of pecuniary advantage as the universal panacea? This matter is also touched upon in the article by Hans-Ulrich Deppe, 'The nature of health care: commodification versus solidarity'. The uniqueness of health care and its continuing association with altruistic state provision makes it necessary for the private medical and pharmaceutical companies to tread relatively softly when implementing their marketisation strategies.

Necessarily, there are many statistics in the book, and one of the most interesting is the fact that amongst the countries of the Organisation for Economic Co-operation and Development (OECD) high gross domestic product does not uniformly indicate the best health results, although with the non-OECD states it does. In this context the views of Richard G. Wilkinson, who in his landmark book, *The Impact of Inequality*, gives substance to the view that inequality itself leads to ill health, are touched on. Within the non-OECD states what can be correlated is the fact that those states which have undergone the travails of structural adjustment programmes have not improved health care as much as those nations, such as Malaya, which have taken their own path.

Of the 17 articles slightly over half originate from North America, but only two are specifically on North American issues. As one would expect there is an article on Obama's health reform, which at the time of writing was only in draft, the book having been published in 2009. It was therefore not possible to come to grips with the very limited final Bill that was endorsed by the House and Senate. As the article explains, the initial intention was to set up a government-run health insurance scheme, which, by its efficiency and low cost, would engender market competition, forcing the insurance industry to provide a better service. As things ended up, this initiative to bring competition actually brought monopoly, with the governmental insurance scheme dropped, but with a legal injunction that citizens must obtain health insurance. The Bill was vigorously opposed by

the Republicans (and some Democrats) who managed to block other progressive elements of the legislation and are, even now, contesting some measures on the grounds of unconstitutionality and States' rights.

In contrast to the United States, most of Europe has free medical care, usually through social insurance mechanisms but, as in the United Kingdom, there is creeping marketisation and privatisation. Public hospitals are being sold off to private health companies in Sweden, Austria and Germany. It is assumed that by 2020 something like 40 to 50% of hospitals in Germany will be private hospitals. As well as public health insurance citizens frequently have to contribute to private health insurance schemes to obtain the best treatment, paying 'top up' fees and 'out-of-pocket payments', the latter being particularly prevalent in Eastern Europe. In The Netherlands, for example, more than 60% of the population have additional private health insurance. Throughout Europe the increasing costs of medical care are used as a reason for introducing marketisation, yet the necessary mechanisms for marketisation not only curtail the re-distributive elements of health care, but also require an extensive bureaucracy, thus increasing those very costs. Of course, here in the UK we add our own little twist to cost escalation, in the form of private finance initiatives (PFI).

There is a compelling article on the pharmaceutical industry, analysing its marketing strategies, after which one can see why the industry is held in such low esteem in the United States and Europe, with only the tobacco and oil industries less well thought of. The author argues that the industry's preoccupation with growth even impels the distortion of need through the 'medicalisation' of previously 'non-medical phenomena', such as high cholesterol, for example. We can note in this context the fact that children as young as eight in the United States are being considered for prescription of statins, presumably so they can visit MacDonalld's and Pizza Hut more frequently. There is, of course, a lot more information about the pharmaceutical industry; its excessive profits, cartelisation, aggressive marketing strategies, which subvert local healthcare policies, concentration on the diseases of the affluent to the detriment of the Third World poor. It is all here and more. Also included is an article entitled 'Between obesity and hunger: the capitalist food industry', which covers in some depth this particular industry's role in ill health.

The struggle of health workers in Canada highlights the global difficulties faced by workers in the context of neo-liberal managerial initiatives, which are alarmingly described as 'neo-Taylorism'. Also, interestingly, it touches upon care work, that conducted by paid medical

staff and that supplied by unpaid relatives, where managers attempt to reduce the former at the expense of the latter. In Canada, at present, the author estimates that some 70% of care work is unpaid, placing often onerous duties on relatives and friends. But it is not only in the advanced countries, by any means, that some changes in medical technology, combined with aggressive marketing and privatisation strategies, have had weighty consequences: some of the worst effects have been felt in the developing world, and the text includes articles on China, India and Africa.

In China the efforts to improve health care started on a largely free basis centred on commune or factory with innovations such as the 'barefoot doctor', but, after 1979 and the start of market reforms, it was to 'become one of the most commercialised in the world'. This, according to the text, is now being improved so that, by 2040, the situation will be returned to the position of thirty years ago. The trajectory of India's health care now, of course, follows a neo-liberal path, which has seen improvements for the élite but the continuation of hardship for the majority, with seemingly intractable problems such as child mortality at 2.2 million a year. An article by Mohan Rao entitled 'Health for all and neo-liberal globalisation: an Indian rope trick' says it all.

Healthcare strategy in the developing countries is discussed in terms of the 1978 World Health Organisation-UNICEF Alma Ata declaration on primary health care, 'Health for All', and in the subsequent document from the World Bank in 1987, 'Financing Health Services in Developing Countries: An Agenda for Reform'. The Alma Ata goals were aimed to encourage a wide spread of healthcare activities, regulating and setting standards, and were a rational response to the failures of the 1960s, which concentrated on massive vertical campaigns based on scientific overconfidence. The author mentions campaigns such as that mounted for the eradication of malaria, or family planning in India. However, the potentially revolutionary edicts of Alma Ata were overshadowed by the 'reform' initiatives emanating from the OECD in alliance with the World Bank. Structural Adjustment schemes were enforced on many developing countries, resulting in a diminution of state welfare organisations including health care.

There is a contribution on the Cuban healthcare system and its achievements against all the odds, but, more specifically, the text discusses what it calls Cuba's 'medical diplomacy'. This is the export of Cuban doctors around the world: many to Venezuela and other Latin American countries, with teams also dispatched to natural disasters in Africa, China and Pakistan.

The medical soap is dissected; its progression into a major genre of television drama is charted from Dr. Finlay's Casebook to ER. The author notes that, as yet, the soaps have failed to portray in any detail the changes in medical policy, concentrating instead on the inter-personal. In the final contribution, Julian Tudor Hart calls for more participatory democracy and 'greater understanding of our world' and our place in it, and less 'biochemical tinkering' with our brains in the context of 'mental health in a sick society' – a fitting conclusion to an exhaustive tour of global disjuncture.

This text is a highly informative addition to the Socialist Register series. This review has skimmed the surface of its varied and detailed content. Nevertheless, what stands out is the scope and depth of the neo-liberal attack on public universal medical provision. Obviously, the effort to defend the latter will vary from country to country and, in this context, it would have been useful to have more intelligence on the struggle of health workers themselves. It would have been particularly interesting to hear about the trade union response elsewhere in Europe where they are facing similar problems to the United Kingdom. For us in the UK the battle lines are becoming more and more obvious as we face a crucial struggle to halt the final act in a long running saga of so-called NHS 'reform', which will allow the market, if unchecked, to be truly the arbiter of our fate.

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