NEOLIBERAL EPIDEMICS:
SEVEN AXIOMS FOR FIGHTING BACK

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Healthcare Priorities 2016
University of Birmingham
9 September 2016
‘Both sophisticated and accessible to non-specialist audiences .... Schrecker and Bambra marshal solid, cross-national evidence and clear arguments to make a compelling and incriminatory case against neoliberalism and the epidemics it has engendered’ – Anne-Emanuelle Birn, University of Toronto, in *The Lancet*.
1. Treat public finance as a public health issue
Local authority budget cut 2010-11 to 2014-15 versus premature mortality

Reproduced from D. Taylor-Robinson et al., Austerity measures hit the sickest hardest, BMJ 347:f4208, ©2013 with permission from BMJ Publishing Group Ltd.
Public spending as % of GDP, selected OECD countries (actual and projected)

Source: Taylor-Gooby, 2015
Shifting the burden of proof by insisting on clear and convincing evidence that economic and social policy choices will not adversely affect health or increase health inequalities.

‘First, do no harm: if austerity were tested like a medication in a clinical trial, it would have been stopped long ago, given its deadly side effects. Each nation should establish a nonpartisan, independent Office of Health Responsibility ... to evaluate the health effects of fiscal and monetary policies’ (Stuckler & Basu, 2013)
3. **Think critically about standards of proof, working towards a precautionary approach in public health**

‘We received no compelling evidence to suggest that anybody knows at present what changes’ in tax and benefits and general public policies ‘would be most effective at lowering health inequalities’ (House of Commons Health Committee, 2009)
3. **Think critically about standards of proof, working towards a precautionary approach in public health**

Precautionary principle ‘covers those specific circumstances where scientific evidence is insufficient, inconclusive or uncertain and there are indications through preliminary objective scientific evaluation that there are reasonable grounds for concern that the potentially dangerous effects on the environment, human, animal or plant health may be inconsistent with the chosen level of protection’

(Commission of the European Communities, 2000)
‘Isolating social causes of disease’ can be complicated because some groups may be so disadvantaged that alleviating one adversity will not be enough to enable them to achieve good health. The bad health outcomes are “overdetermined” by multiple, sufficient causes of disease’ (Glymour, Avendano & Kawachi, 2014)
## The health divide in Stockton-on-Tees

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Stockton Town Centre ward</th>
<th>Ingleby Barwick West ward</th>
</tr>
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<tbody>
<tr>
<td>Income deprivation (2010)</td>
<td>38.9%</td>
<td>3.5%</td>
</tr>
<tr>
<td>Child poverty (2010)</td>
<td>47.4%</td>
<td>4.4%</td>
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<tr>
<td>Older people in deprivation (2010)</td>
<td>48.5%</td>
<td>9.2%</td>
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<tr>
<td>Male life expectancy (2008-2012)</td>
<td>67.1</td>
<td>80.0</td>
</tr>
<tr>
<td>All cause mortality, age &lt;75 (SMR 2008-2012; average among all jurisdictions in comparison group = 100)</td>
<td>283.2</td>
<td>63.7</td>
</tr>
<tr>
<td>Cancer mortality, age &lt;75 (SMR 2008-2012; average among all jurisdictions in comparison group = 100)</td>
<td>274.5</td>
<td>87.5</td>
</tr>
<tr>
<td>Coronary heart disease mortality, age&lt;75 (SMR 2008-2012; average among all jurisdictions = 100)</td>
<td>335.0</td>
<td>53.7</td>
</tr>
<tr>
<td>Limiting long-term illness or disability (2011)</td>
<td>26.5%</td>
<td>7.5%</td>
</tr>
</tbody>
</table>

Source: Public Health England, Local Health profiles (Ward level estimates), [http://www.localhealth.org.uk/#sid=1541;v=map4;l=en;sly=wards_eng_2011_sorted_snap_DR;z=430255,526298,27825,19075](http://www.localhealth.org.uk/#sid=1541;v=map4;l=en;sly=wards_eng_2011_sorted_snap_DR;z=430255,526298,27825,19075)
"[T]he tendency for policy to start off recognizing the need for action on upstream social determinants of health inequalities only to drift downstream to focus largely on individual lifestyle factors" (Popay, Whitehead, & Hunter, 2010)
Lifestyle drift: An example from faraway Canada

'Studies show that between 80 and 90 percent of type 2 diabetes and heart disease could be prevented if people adopted a healthy diet, were more physically active, maintained a healthy body weight, reduced stress and avoided smoking' (Manuel et al., 2009)

- This particular study contained one text reference to poverty, one to unemployment, no references to food insecurity, but 65 to healthy behaviours, health behaviour strategies, health behaviour targets and the like
Interrogating scarcity: how to think about ‘resource-scarce settings’

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Accepted 10 May 2012

The idea of resource scarcity permeates health ethics and health policy analysis in various contexts. However, health ethics inquiry seldom asks—as it should—why some settings are ‘resource-scarce’ and others not. In this article I describe interrogating scarcity as a strategy for inquiry into questions of resource allocation within a single political jurisdiction and, in particular, as an approach to the issue of global health justice in an interconnected world. I demonstrate its relevance to the situation of low- and middle-income countries (LMICs) with brief descriptions of four elements of contemporary globalization: trade agreements; the worldwide financial marketplace and capital flight; structural adjustment; imperial geopolitics and foreign policy. This demonstration involves not only health care, but also social determinants of health. Finally, I argue that interrogating scarcity provides the basis for a new, critical approach to health policy at the interface of ethics and the social sciences, with specific reference to market fundamentalism as the value system underlying contemporary globalization.

Keywords Resource allocation, scarcity, health ethics, globalization, justice
‘We must determine where – if at all – in the history of a society’s approach to the particular scarce resource a decision substantially within the control of that society was made as a result of which the resource was permitted to remain scarce. … Scarcity cannot simply be assumed as a given’ (Calabresi & Bobbitt, 1978, emphasis added)
7. Speak truth about power
‘The hidden hand of the market will never work without a hidden fist – McDonald’s cannot flourish without McDonnell Douglas, the builder of the F-15. And the hidden fist that keeps the world safe for Silicon Valley’s technologies is called the United States Army, Air Force, Navy and Marine Corps .... Without America on duty, there will be no America Online’ (Friedman, 1999)
Neoliberalism is a transnational political project aiming to remake the nexus of market, state, and citizenship from above. This project is carried by a new global ruling class in the making, composed of the heads and senior executives of transnational firms, high-ranking politicians, state managers and top officials of multinational organisations (the OECD, WTO, IMF, World Bank, and the European Union), and cultural-technical experts in their employ (chief among them economists, lawyers, and communications professionals with germane training and mental categories in the different countries)’ (Wacquant, 2010)