

Medicine and Public Health at the End of Empire:

Lessons for PNHP from Cuba, Other Latin American Countries, and Asia

Howard Waitzkin

(Thanks to Rebeca Jasso-Aguilar, Mira Lee, and Sofía Borges)

Physicians for a National Health Program
San Francisco
October 27, 2012

WHERE WE ARE HEADING

- **Health and the rise of empire**
 - The connections among empire, public health, and health services have operated through several key mediating institutions.
- **Health and the fall of empire: building an alternative future in medicine and public health**
 - Conditions during the 21st century have changed to such an extent that a vision of a world without empire has become part of an imaginable future.
 - We analyze several popular struggles in which we have been involved during the past decade as researchers and activists.
 - The current economic crisis, worldwide, is a tremendous positive opportunity for progressive change.

WHERE WE ARE HEADING

- We are living in a critical moment of history.
- Significance of:
 - the debt crisis
 - failed policies of the International Monetary Fund, World Bank, and other international financial institutions
 - worldwide struggle of resistance and construction of alternative ways to organize society
 - worldwide consciousness of the 1%/99% pattern of fundamental inequality

- More on this point of view:

- HW, *Medicine and Public Health at the End of Empire* (Paradigm Publishes, 2011)
 - (including chapters with Rebeca)

MEDICINE *and* PUBLIC HEALTH
at the **END OF EMPIRE**
 Howard Waitzkin

Waitzkin

"A critical and timely book that illuminates the realities and consequences of treating health and health care as commodities. Waitzkin powerfully reveals the global political and economic forces shaping even the most private of patient-provider encounters. He offers an invaluable reminder that alternatives are possible—and can be achieved through collective efforts linking social justice, public health, and medicine."

—**NANCY KRIEGER**, Harvard School of Public Health

"Health reform is a lively and contentious topic, but, as Waitzkin shows in this informative study, our debates on reform are too narrowly framed. His thoughtful analysis raises important questions about conventional assumptions of doctrine and practice, scrutinizing alternatives—among them notably the record of social medicine in Latin America."

—**NOAM CHOMSKY**, MIT

"This book is a thoughtful addition to the social medicine canon. Dr. Waitzkin makes an elegant and fascinating argument for the importance of recognizing politics as a determinant of health."

—**SANDRO GALEA**, Columbia University

"Waitzkin offers a comprehensive overview of the political economy of health with revealing examples from the U.S. and Latin America. He shows the fundamental logic of progressive and of commercial health policies and their bearing on human flourishing."

—**ASA CRISTINA LAURELL**, former Secretary of Health, Mexico City

"Waitzkin's analysis of the ways in which capitalist development has produced and reproduced huge global inequalities is original and thought-provoking. His involvement in social medicine in the U.S. and in Latin America provides a fertile perspective for comprehending the rise and demise of neoliberalism and a hopeful basis for organizing a more humane and democratic global society."

—**CHRIS CHASE-DUNN**, University of California–Riverside

"A welcome contribution to the thorny debate on health care reform. When national leaders overcome complacency, catalyze genuine social participation, and apply ethics to undermine inequities, the public good is rewarded, and revitalized health systems are the inevitable and natural consequence."

—**MIRTA ROSES**, Director of the Pan American Health Organization

"*Medicine and Public Health at the End of Empire* presents a vision for a healthier and more just future."

—**CHARLES BRIGGS**, University of California–Berkeley

HOWARD WAITZKIN is Distinguished Professor at the University of New Mexico and a primary care practitioner in rural northern New Mexico. His work focuses on social conditions that lead to illness, unnecessary suffering, and early death. Dr. Waitzkin's books include *The Second Sickness*, *The Politics of Medical Encounters*, and *At the Front Lines of Medicine*.

MEDICINE *and* PUBLIC HEALTH
at the END OF EMPIRE



PARADIGM

MEDICINE *and* PUBLIC HEALTH

at the END OF EMPIRE



Howard Waitzkin



Cover art courtesy of Sofia Borges

Cover design by Todd Lape / Lape Designs



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 USA
www.paradigmpublishers.com

GOOD NEWS

- Capitalism, as we have known it, has ended.
- A new era has begun: socialism? (corporate socialism so far)
- Imperialism, “the highest [final] stage of capitalism,” as we have known it, also has ended.
- Crucial moment in history:
 - How to act as part of worldwide movement toward a more humane society.

DEFINITION

Definition of empire (simple):

- Expansion of economic activities - especially investment, sales, extraction of raw materials, and use of labor to produce commodities and services - beyond national boundaries,
- as well as the social, political, and economic effects of this expansion.

THEORY

- Lenin (*Imperialism, the Highest [Last] Stage of Capitalism*):
 - Growth of empire related to extraction of raw materials and need to expand into new markets due to falling rate of profit
 - “Moribund” capitalism in the late stage of empire, mostly related to failures of banking system and costly militarism
- Robinson: transnational capitalist class
- Harvey: neoliberalism in uneven development
- Galtung: militarism in exhaustion
- Klein: disaster capitalism
- Bourdieu: new social movements against neoliberalism and for a strengthened public sector

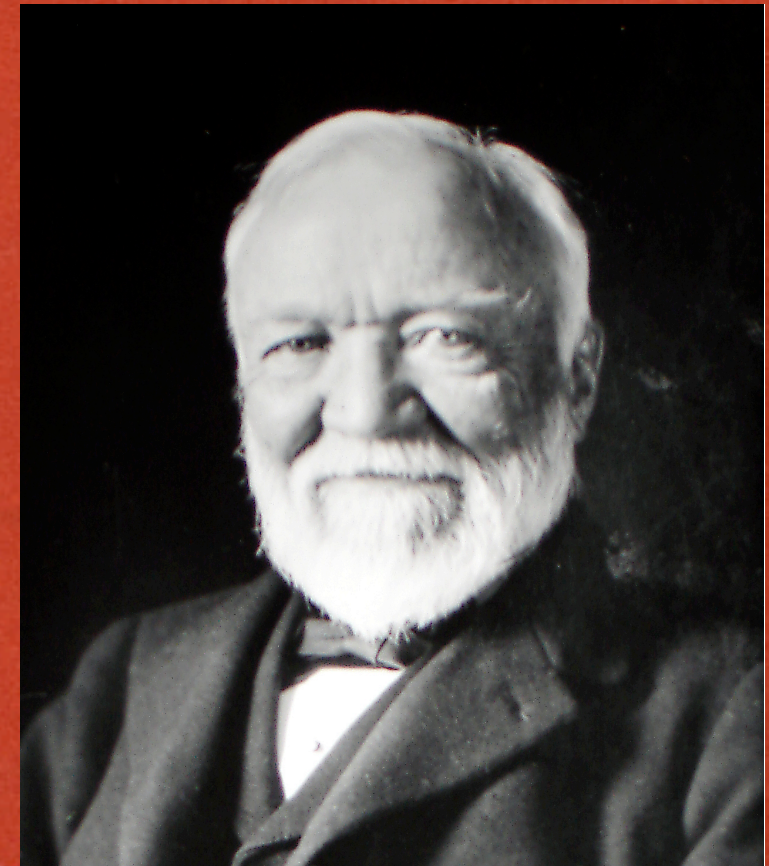
EMPIRE'S HISTORICAL HEALTH COMPONENT

- The connections among empire, public health, and health services have operated through several institutions:
 - Philanthropic foundations
 - International financial institutions and trade agreements
 - International health organizations

EMPIRE'S HISTORICAL HEALTH COMPONENT -

Philanthropic foundations

- Andrew Carnegie, *The Gospel of Wealth*, 1901
 - Contributing to the needs of society was consistent with good business practices
 - Partly to achieve favorable popular opinion about capitalist enterprises and individual entrepreneurs



EMPIRE'S HISTORICAL HEALTH COMPONENT -

Philanthropic foundations

- Andrew Carnegie, *The Gospel of Wealth*, 1901
 - By contributing intelligently to address social needs rather than squandering one's wealth, the business person also could assure personal entry into the heavenly realm (thus, the framework of "gospel").
 - [Compare religious faith in private market mechanisms for neoliberal economists]

EMPIRE'S HISTORICAL HEALTH COMPONENT -

Philanthropic foundations

- Andrew Carnegie, *The Gospel of Wealth*, 1901

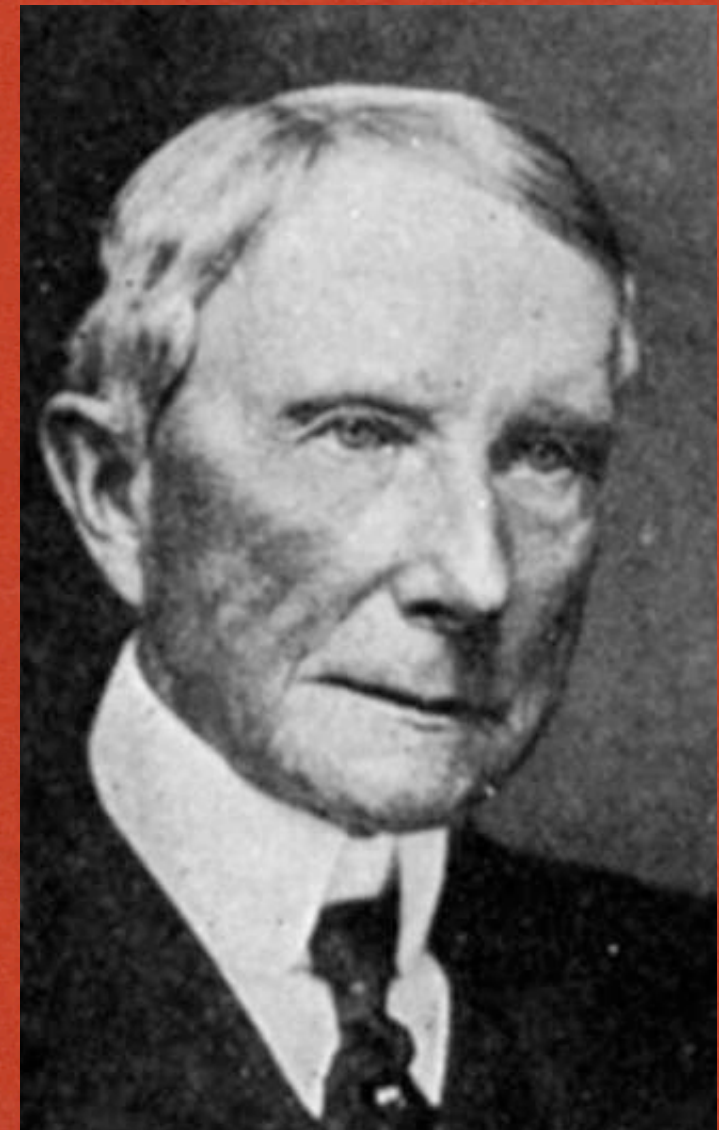
- “Imperialism” versus the more virtuous “Americanism”:

“Imperialism implies naval and military force behind. Moral force, education, civilization are not the backbone of Imperialism. These are the moral forces which make for the higher civilization, for Americanism.”

EMPIRE'S HISTORICAL HEALTH COMPONENT -

Philanthropic foundations

- Rockefeller Foundation: international campaigns against infectious diseases
 - hookworm
 - malaria
 - yellow fever



EMPIRE'S HISTORICAL HEALTH COMPONENT -

Philanthropic foundations

- Infectious diseases proved inconvenient for expanding capitalist enterprises due to several reasons:
 - Reduced the productivity of labor.
 - Made areas with endemic infections unattractive for investors and for managerial personnel in mining, oil extraction, agriculture, and opening new markets to sell commodities.
 - Costs of care escalated when infectious diseases could not be prevented or easily treated.

EMPIRE'S HISTORICAL HEALTH COMPONENT -

Philanthropic foundations

- Characteristics (Rockefeller, replicated recently in Gates Foundation and others):
 - “Vertical” programs focusing on specific disease entities
 - Rather than “horizontal” programs to provide a full spectrum of preventive and curative health services
 - Development of vaccines and medications (the “magic bullet”)
 - Rather than broad public health initiatives to improve economic and health conditions of disadvantaged populations

EMPIRE'S HISTORICAL HEALTH COMPONENT -

International financial institutions and trade agreements

- Framework for current international trade agreements: “Bretton Woods” accords after World War II
- Bretton Woods negotiations led to the creation of:
 - International Monetary Fund
 - World Bank
 - General Agreement on Tariffs and Trade (GATT)

EMPIRE'S HISTORICAL HEALTH COMPONENT -

International financial institutions and trade agreements

- 1980s and 1990s: “The Washington consensus” = economic policies advocating deregulation and privatization
- 1994: World Trade Organization (WTO) replaced the loose collection of agreements subsumed under GATT.
- WTO and regional trade agreements have sought to remove both tariff and non-tariff barriers to trade.

EMPIRE'S HISTORICAL HEALTH COMPONENT -

International financial institutions and trade agreements

- Trade agreements have sought to remove both tariff and non-tariff barriers to trade.
- Tariff barriers:
 - Financial methods of protecting national industries from competition by foreign corporations, such as taxes on imports.

EMPIRE'S HISTORICAL HEALTH COMPONENT -

International financial institutions and trade agreements

- Non-tariff barriers: laws and regulations affecting trade, including those that governments use to protect safety and health
 - WTO sets criteria for permissible or impermissible non-tariff barriers, such as:
 - environmental protection
 - food safety
 - intellectual property: patented medications and equipment
 - health services themselves

EMPIRE'S HISTORICAL HEALTH COMPONENT -

International financial institutions and trade agreements

- Non-tariff barriers: laws and regulations affecting trade, including those that governments use to protect safety and health
 - Examples
 - environmental protection: Metalclad, Methanex cases
 - food safety: hormone-treated beef
 - intellectual property: patented medications and equipment; implications for AIDS, cancer
 - health services themselves: privatization of national health programs

EMPIRE'S HISTORICAL HEALTH COMPONENT -

International financial institutions and trade agreements

- This perspective in the free trade agreements has transformed the sovereignty of governments to regulate public health and to deliver medical services.

EMPIRE'S HISTORICAL HEALTH COMPONENT -

International health organizations

- Motivation for international cooperation in public health:
 - Concerns about infectious diseases as detrimental to trade
 - 1902: International Sanitary Bureau
 - Panama Canal
 - Agriculture: banana republics
 - Extraction of minerals: Mexico, Venezuela, Colombia, Brazil
 - 1958: Evolved into Pan American Health Organization
 - Still with major focus on trade

EMPIRE'S HISTORICAL HEALTH COMPONENT -

International health organizations

- World Health Organization
 - Part of United Nations
 - 1978: Alma Ata - ambitious vision of primary health care for all
 - 1980s: scaled back with neoliberalism
 - 1990s-present: financial crisis of United Nations
 - Role of World Bank in WHO budget
 - Collaboration with World Trade Organization

HISTORY: STRUGGLE FOR A NATIONAL HEALTH PROGRAM

- A dynamic, young, newly elected president makes health reform one of his highest priorities.
- His proposal aims to improve access for the unininsured and underinsured.
- To achieve that goal, he decides to collaborate with the private, for-profit insurance industry.
- Public hospitals and other public-sector institutions would compete with the private insurance sector for public, tax-generated revenues.

HISTORY

César Gaviria



HISTORY

- César Gaviria Trujillo
 - President of Colombia, 1990-1994
 - Health reform enacted by Law 100, 1994
 - Reform mandated and partly financed by loans from World Bank
 - World Economic Forum: financial elites
 - Model for health reform around the world *and now in the United States*

HISTORY

“Neoliberalism comes home to roost.”

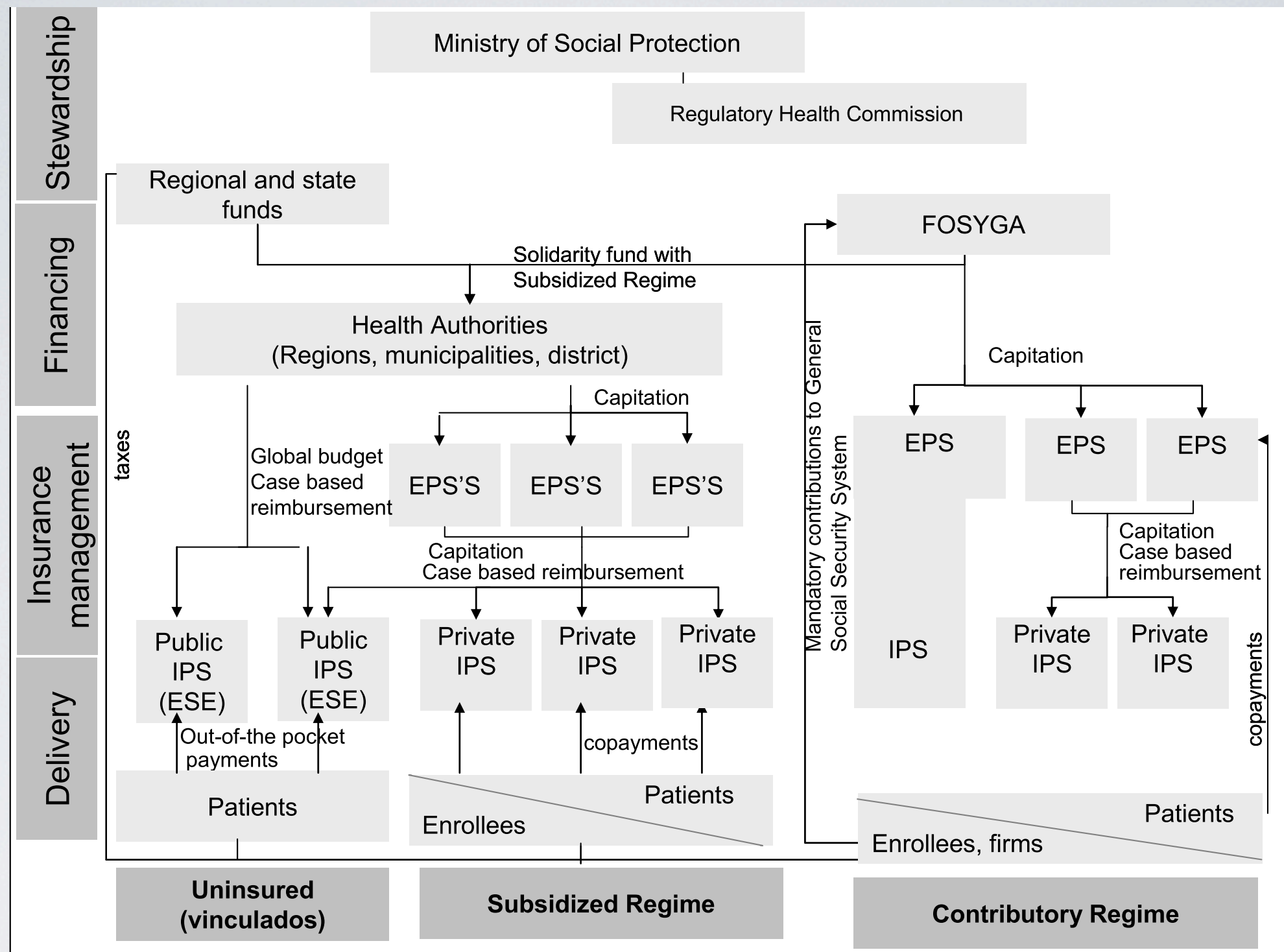


Figure 1 The model of managed competition in the Colombian healthcare system. Figure legend text: FOSYGA: Fondo de Solidaridad Garantía (Solidarity and Guarantee Fund); EPS: Empresa Promotora de Salud (Insurance Company for the Contributory Regime); EPS'S: (Insurance Company for the Subsidized Regime); IPS: Instituciones Prestadoras de Servicios de Salud (Healthcare Provider); ESE: Empresa Social del Estado (Public Health Provider). → Monetary flows. Source: authors.

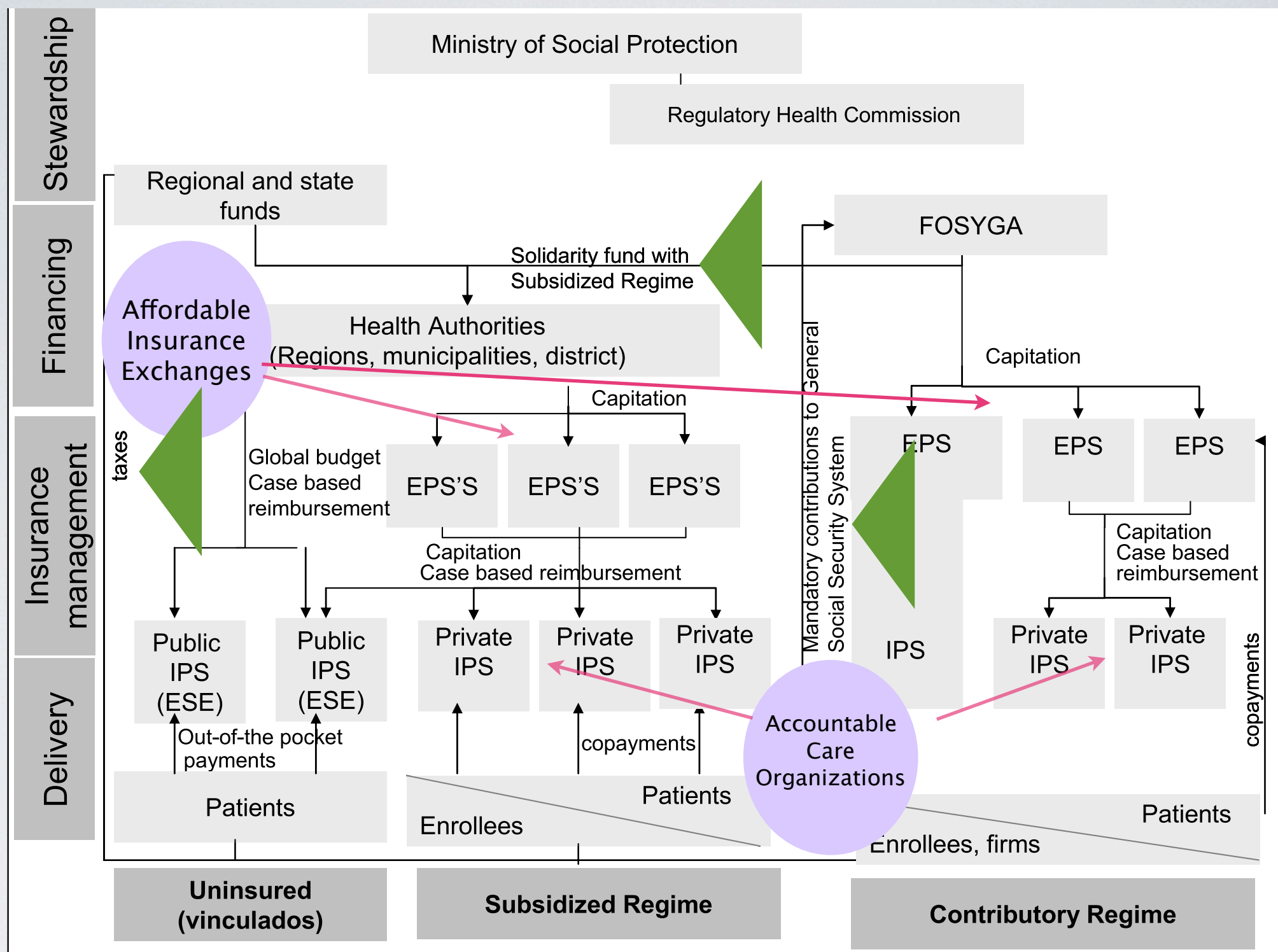


Figure 1 The model of managed competition in the Colombian healthcare system. Figure legend text: FOSYGA: Fondo de Solidaridad y Garantía (Solidarity and Guarantee Fund); EPS: Empresa Promotora de Salud (Insurance Company for the Contributory Regime); EPS'S: (Insurance Company for the Subsidized Regime); IPS: Instituciones Prestadoras de Servicios de Salud (Healthcare Provider); ESE: Empresa Social del Estado (Public Health Provider). → Monetary flows. Source: authors.

NEOLIBERALISM

- Since early 1980s
- Argued that:
 - Market exchange maximizes the social good.
 - Human well-being could advance best by enhancing individual entrepreneurial activities within the framework of strong property rights, a free market, and free trade (Harvey 2005).
 - Economic growth is beneficial for everyone, at least in the long term.
- Promoted by international financial institutions (World Bank, International Monetary Fund, Inter-American Development Bank).

NEOLIBERALISM

- Neoliberalism also became a social, political, and cultural project:
 - Favored the role of the state as protecting market practices
 - Opposed the state's roles in central planning and in the provision of public services, including medicine and public health.
 - Favored privatization of public services, with use of public tax revenues for private, for-profit insurance corporations.

NEOLIBERALISM

- Neoliberalism also became a social, political, and cultural project:
 - Favored drastic cutbacks in public sector services and expenditures: “structural adjustment.”
 - Free market principles displaced those of the classical economic liberals, who favored a relatively but not completely unregulated market, such as Adam Smith and David Ricardo.
 - hence the term “neoliberal.”

EVALUATIONS OF COLOMBIA'S REFORM

- International financial institutions: overall positive
 - World Bank, Inter-American Development Bank
- Model for World Bank/IDB proposals in Mexico, Brazil, Chile, etc.

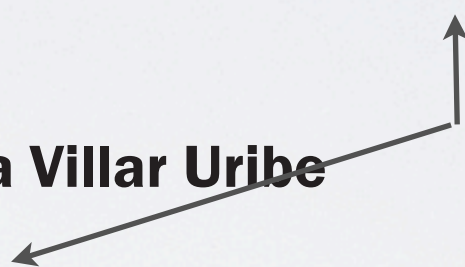
EVALUATIONS OF COLOMBIA'S REFORM

MARKET WATCH

Colombia's Universal Health Insurance System

The results of providing health insurance for all in a middle-income country.

by Ursula Giedion and Manuela Villar Uribe



ABSTRACT: By insuring more than 80 percent of its population, Colombia provides a valuable opportunity to gather evidence on a hotly debated health policy issue. Results from three studies evaluating the impact of universal health insurance in Colombia show that it has greatly increased access to and use of health services, even those that are free for all, and has reduced the incidence of catastrophic health spending. The impact has been more dramatic among those most vulnerable to health shocks: those living in rural areas, the poorest, and the self-employed. [*Health Affairs* 28, no. 3 (2009): 853–863; 10.1377/hlthaff.28.3.853]

EVALUATIONS OF COLOMBIA'S REFORM

- Acknowledged weaknesses of IDB-Brookings methods
 - “No randomized trial data were available to evaluate the impact of health insurance in Colombia, so the analysts had to rely on retrospective, already available household survey data...”
 - “Only a cross-section analysis ... was available to evaluate the impact of health insurance on financial protection in both the CR and the SR.”
 - Could not determine causal impact of health insurance on health outcomes.

■ ■ *From* Few *to* Many

Ten Years of Health Insurance Expansion in Colombia

Amanda L. Glassman
María-Luisa Escobar
Antonio Giuffrida
Ursula Giedion
Editors



BROOKINGS

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For more information, visit our website: www.idb.org

EVALUATIONS OF COLOMBIA'S REFORM

- “Achieving universal coverage faces several hurdles, not only because of financial considerations in the economy as a whole, but also because of the existence of safety-net providers that act as substitutes for insurance and provide incentives to ride the system for free.
- “The resistance of public hospitals to forgoing supply-side subsidies cannot be underestimated, owing to the political visibility of hospitals and the challenges posed by decisions made in the past.”

Source: Inter-American Development Bank. *From Few to Many; Ten Years of Health Insurance Expansion in Colombia*, 2009.

EVALUATIONS OF COLOMBIA'S REFORM

Second chance for health reform in Colombia

Colombia has hit some hurdles in its initial attempts at health reform, as it struggles to deal with soaring costs, technical issues, and public participation. Thomas C Tsai reports.

“But even though universal coverage seems a beneficial policy for Colombians, it has raised substantial criticisms...”

- In 2008 alone: approximately 143,000 lawsuits (*tutelas*) due to denial of treatment by private insurance companies.
- Costs outstripping public funds available.
- Inadequate “citizen consultation” in improving the program.

EVALUATIONS OF COLOMBIA'S REFORM

- Independent assessments much more critical
- Recent studies found major barriers to access:
 - segmented insurance design with insufficient services covered
 - insurers' managed care and purchasing mechanisms
 - provider networks' structural and organizational limitations
 - poor living conditions
 - "Insurers' and providers' values based on economic profit permeate all factors."

RESISTING EMPIRE, BUILDING AN ALTERNATIVE FUTURE IN MEDICINE AND PUBLIC HEALTH

- Struggles *against* neoliberalism and privatization
 - Struggles *for* alternative models in public health and health services
 - Moving beyond historical patterns fostered by capitalism and empire
 - Visions of a world post-empire
-
- (not consider very positive example of Cuba... Lillian will)

RESISTING EMPIRE, BUILDING AN ALTERNATIVE FUTURE IN MEDICINE AND PUBLIC HEALTH

- *The struggle against privatization of health services in El Salvador*
- Theme: maintenance of strong public sector in health and public health to provide access to services
- World Bank's structural adjustment program proposal
- Coalition of professional and non-professional unions
- Reversal of privatization process
- Election of Mauricio Funes (FMLN)

RESISTING EMPIRE, BUILDING AN ALTERNATIVE FUTURE IN MEDICINE AND PUBLIC HEALTH

- *Resistance to privatization of water in Bolivia*
 - Theme: availability of clean water supplies as a fundamental goal of public health; resistance to privatization of water
 - *Regantes* (“irrigators”); *usos y costumbres* (uses and customs)
 - World Bank’s privatization proposal
 - Multinational corporation (subsidiary of Bechtel)
 - “War of water” - Cochabamba, then national
 - Election of Evo Morales

RESISTING EMPIRE, BUILDING AN ALTERNATIVE FUTURE IN MEDICINE AND PUBLIC HEALTH

- *Social medicine's coming to power in Mexico City*
 - Theme: vision of health services and public health from progressive perspective of Latin American social medicine
 - Party of the Democratic Revolution; Andrés Manuel López Obrador (AMLO)
 - Versus neoliberal orientation of Party for National Action (PAN), Vicente Fox, Felipe Calderón

RESISTING EMPIRE, BUILDING AN ALTERNATIVE FUTURE IN MEDICINE AND PUBLIC HEALTH

- *Social medicine's coming to power in Mexico City*
 - Cristina Laurell as Secretary of Health
 - Major expansion of public services and institutions, medications, pensions
 - Financing: reduced administration, corruption ("the government isn't robbing you anymore")
 - Continuing dialectic; "Legitimate Government of Mexico"

RESISTING EMPIRE, BUILDING AN ALTERNATIVE FUTURE IN MEDICINE AND PUBLIC HEALTH

- *Other examples of a new vision: Venezuela, Uruguay, and Brazil*
 - Venezuela
 - *Barrio adentro*: Parallel, community-based health system, organized at grass roots
 - Uruguay
 - Election of Tabaré Vázquez 2004
 - Social medicine's inspiration of integrated health services in municipalities
 - Brazil
 - “Collective health” in Ministry of Health
 - Community-determined budgets, public sector expansion in municipalities

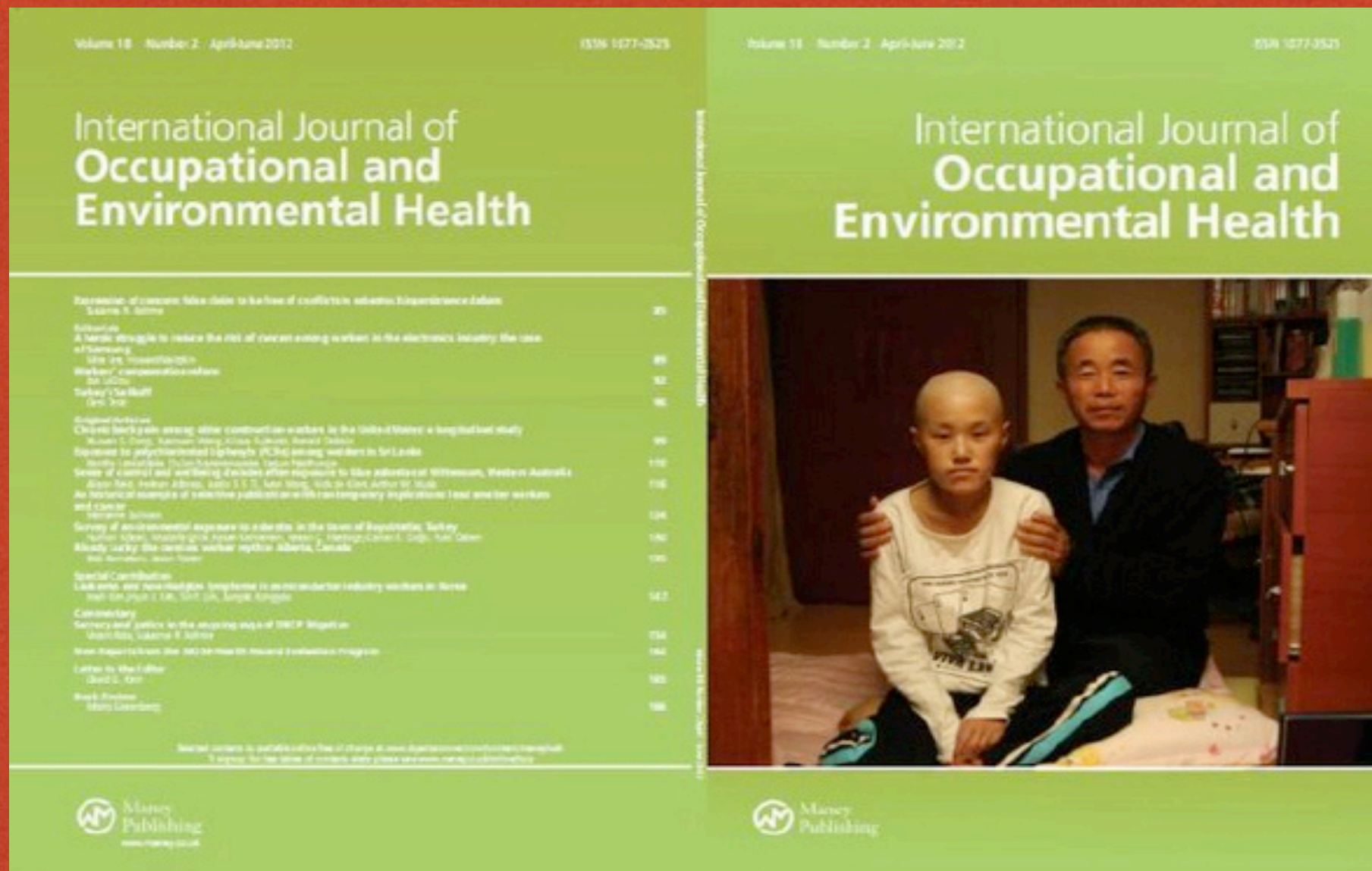
RESISTING EMPIRE, BUILDING AN ALTERNATIVE FUTURE IN MEDICINE AND PUBLIC HEALTH

- *Asia/ South Korea*

- Ongoing struggles to strengthen the country's single-payer but under-funded national health program
- Struggle to protect the rights and health of workers in the electronics industry,
 - Especially Samsung, the world's largest information technology corporation

RESISTING EMPIRE, BUILDING AN ALTERNATIVE FUTURE IN MEDICINE AND PUBLIC HEALTH

- *Asia/ South Korea*



RESISTING EMPIRE, BUILDING AN ALTERNATIVE FUTURE IN MEDICINE AND PUBLIC HEALTH

Asia/ South Korea

International Journal of Occupational and Environmental Health 2012 VOL. 18 NO. 2 PAGE 89

Editorial

A heroic struggle to understand the risk of cancers among workers in the electronics industry: the case of Samsung

Mira Lee¹, Howard Waitzkin²

¹Physicians for Humanism, South Korea, ²University of New Mexico, USA

RESISTING EMPIRE, BUILDING AN ALTERNATIVE FUTURE IN MEDICINE AND PUBLIC HEALTH

Asia/ South Korea

International Journal of Occupational and Environmental Health 2012 VOL. 18 NO. 2 PAGE 147

Special Contribution

Leukemia and non-Hodgkin lymphoma in semiconductor industry workers in Korea

Inah Kim¹, Hyun J. Kim², Sin Y. Lim³, Jungok Kongyoo⁴

Confronting Occupational Health Problems in the Electronics Industry: Samsung & Credomobile, Their Partnership?

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Mira Lee, M.D., Physicians for Humanism, Busan, South Korea
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Abstract

The Samsung Group has emerged as one of the world's largest and most powerful multinational corporations. In 2010, its total assets amounted to more than USD 340 billion, with annual revenues of about USD 220 billion and annual income of USD 21 billion.

Samsung focuses on electronics, but it also owns subsidiaries that deal with shipbuilding, telecommunications, construction projects, insurance and financial services, chemicals, retail stores, entertainment, clothing, and medical services.

Samsung has received wide criticism from organizations concerned about public health, labor rights, the environment, and fair trade. In particular, the company's long-standing policy that prohibits union organizing has attracted critical attention. Another major struggle has focused on Samsung's record in workers' health. For instance, occupational health researchers and activists have called attention to clusters of leukemia and other cancers among Samsung's South Korean electronics workers. In 2012, Samsung ranked third in a major report on the world's most dangerous corporations.

To improve Samsung's practices, one effort targets organizations that purchase Samsung products. Such an organization, Credomobile, buys Samsung cellphones that it provides "free" or sells to its subscribers. This collaboration with Samsung appears to contradict Credomobile's "progressive" corporate policies that support labor rights, public health, and environmental justice.

This presentation will review systematically the results of several research projects that demonstrate deleterious occupational health consequences of Samsung's policies. In addition, the session will explore strategies to change those policies, including international efforts to influence U.S.-based organizations that buy Samsung's products.

Samsung



- In 2010,
- Total assets USD 340 billion
 - Annual revenues USD 220 billion
 - Annual income USD 21 billion

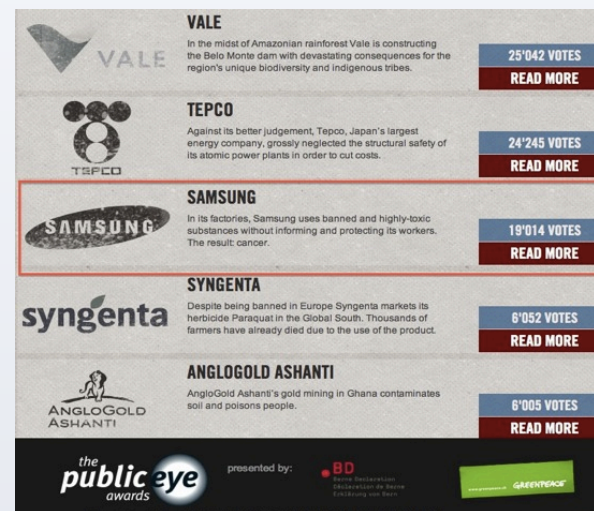
- 33 subsidiary companies, including
- Electronics
 - Semiconductors
 - Telecommunications
 - Construction projects
 - Financial services
 - Life insurance
 - Medical services

- In 2011, market share of
- Semiconductor - Dynamic Random Access Memory (DRAM) 42.2% (1st)
 - Semiconductor - Mobile Access Point (AP) 73.0% (1st)
 - Visual display - TV 22.5% (1st)
 - Visual display - monitor 15.1% (1st)
 - Mobile communications - mobile phone 21.2% (2nd)
 - mobile communications - smart phone 19.9% (1st)



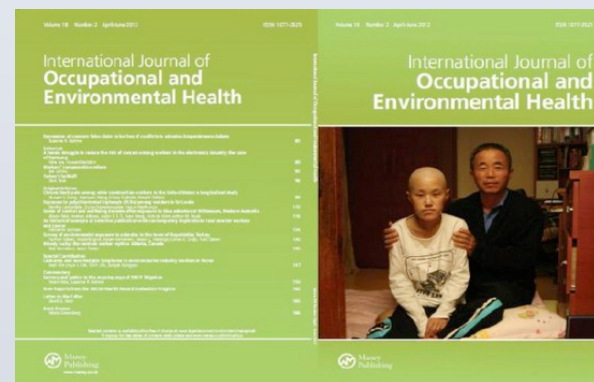
Criticism of Samsung

Samsung was ranked third in the 2012 Public Eye Award which identifies the world's most unscrupulous corporations; coordinated by Greenpeace and Berne Declaration.



Criticism of Samsung focusing on its

- Long-standing policy that prohibits union organizing
- Destruction of environmentally sensitive habitat
- Child labor in its factories in China
- Irresponsibility about its workers' health
 - 32 deaths of Samsung semiconductor workers
 - Activism of Supporters for the Health and Rights of People in the Semiconductor Industry (SHARPS)



Cover: Hwang Yu-Mi, died of leukemia at the age of 23 after working at a Samsung semiconductor factory. Kim I, Kim HJ, Lim SY, Kongyoo J. *Leukemia and non-Hodgkin lymphoma in semiconductor industry workers in Korea.*

Credomobile

Credomobile describes itself as "America's only progressive phone company."

From their homepage (www.credomobile.com):

"We've pursued two ambitious goals: working for progressive social change and running a successful business. We strive to make it easy for progressive individuals and we raise millions of dollars for nonprofit groups that do the same. Our social change work has always been the heart of our enterprise."

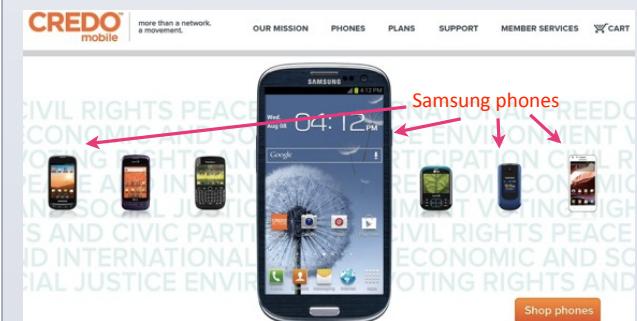
Activism in 2011:

- 16,056,843 petitions, emails, faxes, and comments
- 161,997 phone calls to decision-makers
- 250 activists arrested at the White House

Donations in 2011 - total USD 2,789,612

Credomobile's role?

Despite its progressive vision and Samsung's unjust practices, Credomobile actively promotes and sells Samsung mobile phones.



In response to requests that Credomobile influence Samsung to improve its unscrupulous policies, Credomobile has shown lukewarm responses.

We believe that Credomobile is sincere in its vision and that it will take a leadership role for meaningful change in Samsung's policies.

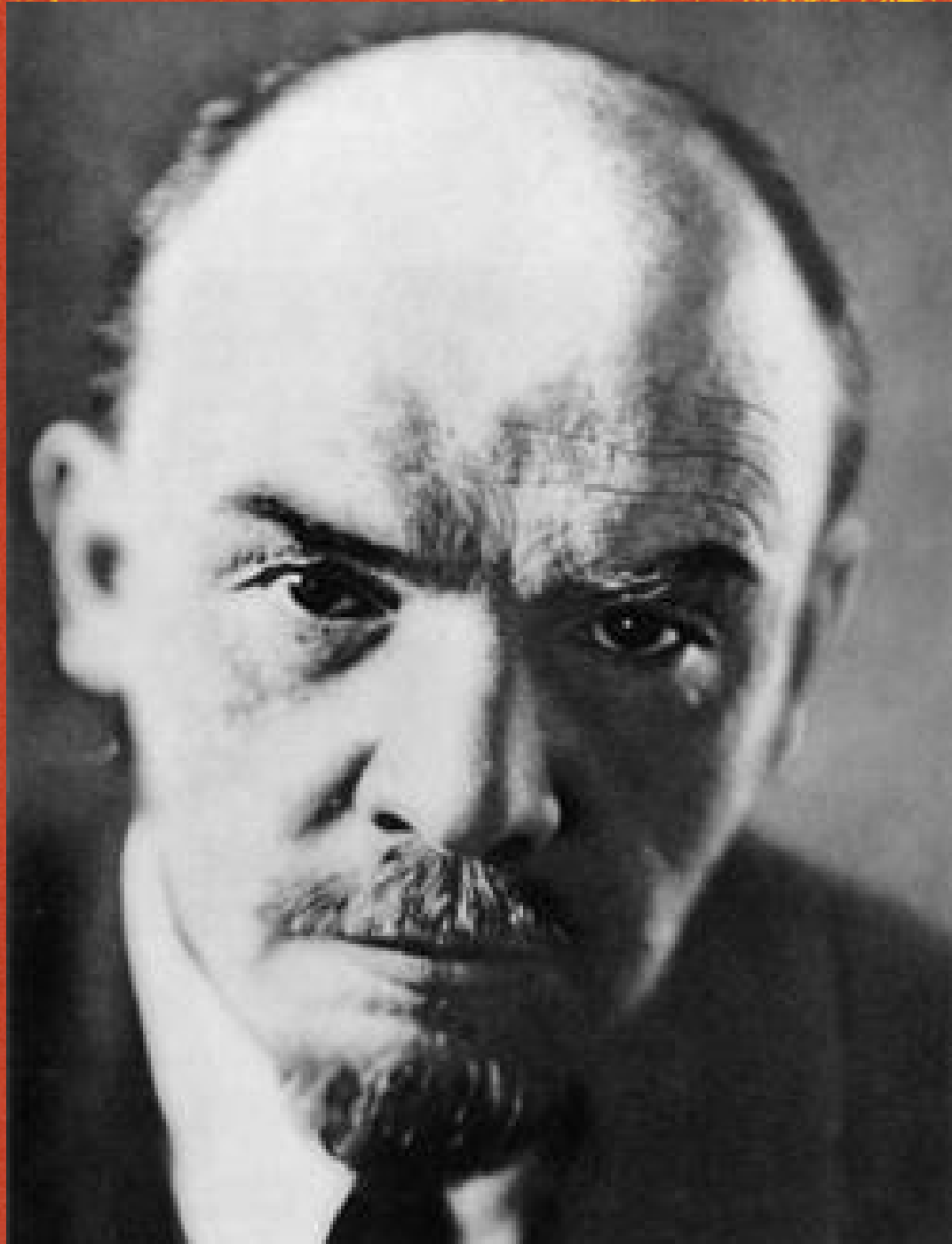
RESISTING EMPIRE, BUILDING AN ALTERNATIVE FUTURE IN MEDICINE AND PUBLIC HEALTH

- *The decline of empire*
 - Trade agreements
 - Defeat of Free Trade Area of America
 - Weakening of WTO after Cancún 2005
 - Binational, regional agreements with US - currently, Korea, Colombia, Panama
 - Alternative trade agreements: MERCOSUR, ALBA (*Alianza Bolivariana para los Pueblos de Nuestra América*)
 - Electoral victories, especially Latin America
 - Very few countries continue to accept policies of neoliberalism

RESISTING EMPIRE, BUILDING AN ALTERNATIVE FUTURE IN MEDICINE AND PUBLIC HEALTH

- *The decline of empire*
 - Weakness of capitalist economic system
 - Socialization of banks and large private industries such as auto industry
 - Endless war
 - Disaster capitalism
 - Lenin: vulnerability and deterioration of empire in late capitalism
 - Galtung: end of U.S. empire by 2020
 - **Empire's deterioration: reduced capacity to destroy democratically elected governments that do not defer to imperial expectations.**

GOOD NEWS



RESISTING EMPIRE, BUILDING AN ALTERNATIVE FUTURE IN MEDICINE AND PUBLIC HEALTH

- *The debt crisis*

- Weakness of capitalist economic system system

- Social construction of crisis
 - Previously: debt encouraged, not a problem
 - “Debt peonage”
 - Debt crisis of Greece: creature of Goldman-Sachs
 - Fox guarding the chicken coop
 - People who created the process entrusted to solve it.
 - Persistent (religious?) faith in failed ideas and ideologies

RESISTING EMPIRE, BUILDING AN ALTERNATIVE FUTURE IN MEDICINE AND PUBLIC HEALTH

- *The debt crisis*

- Weakness of capitalist economic system

- Pretext for expanding inequality;
 - Private access to public trust funds
 - Privatization of public resources
- Examples:
 - United States
 - South Korea
 - Argentina

RESISTING EMPIRE, BUILDING AN ALTERNATIVE FUTURE IN MEDICINE AND PUBLIC HEALTH

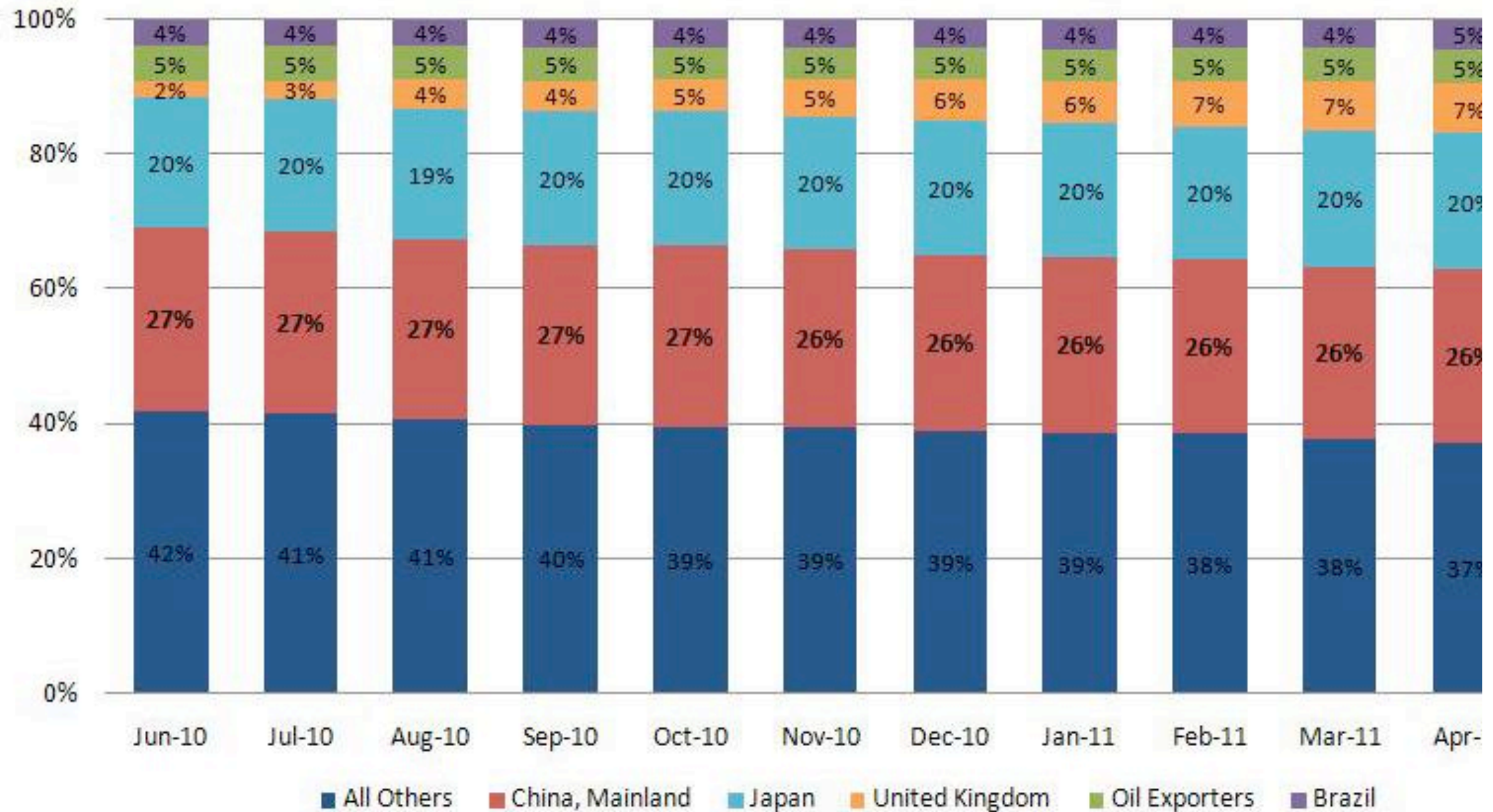
- *The debt crisis*

- What country has the highest debt as a % of GDP?

Rank 🏳️	Country 🏳️	% of GDP (CIA and Eurostat) ^{[1][2]} 🏳️	Date 🏳️	% of GDP (IMF) ^[3] 🏳️	Date 🏳️	Region 🏳️
1	🇯🇵 Japan	197.5	2010 est.	225.9	2010	Asia
2	🇰🇳 Saint Kitts and Nevis	185.0	2009 est.	196.3	2010	North America
3	🇱🇧 Lebanon	133.8	2010 est.	138.9	2010	Asia
4	🇿🇼 Zimbabwe	234.1	2010 est.	75.9	2010	Africa
5	🇬🇷 Greece	142.8	2010 est.	130.2	2010	Europe
6	🇮🇸 Iceland	126.1	2010 est.	115.6	2010	Europe
7	🇯🇲 Jamaica	123.2	2010 est.	135.7	2010	North America
8	🇮🇹 Italy	119.1	2010 est.	118.4	2010	Europe
9	🇸🇬 Singapore	105.8	2010 est.	98.9	2010	Asia
10	🇧🇪 Belgium	100.9	2010 est.	100.2	2010	Europe
11	🇮🇪 Ireland	96.7	2010 est.	93.6	2010	Europe
12	🇵🇹 Portugal	93.0	2010 est.	83.1	2010	Europe
13	🇸🇩 Sudan	92.6	2010 est.	71.4	2010	Africa
14	🇱🇰 Sri Lanka	81.9	2010 est.			Asia
15	🇨🇦 Canada	84.0 ^b	2010	81.7	2010	North America
16	🇫🇷 France	82.4	2010 est.	84.2	2010	Europe
17	🇪🇬 Egypt	79.9	2010 est.	74.2	2010	Africa
18	🇧🇿 Belize	80.0	2010 est.	78.1	2010	North America
19	🇩🇪 Germany	83.2	2010 est.	74.3	2010	Europe
20	🇳🇮 Nicaragua	78.0	2010 est.	67.2	2010	North America
21	🇩🇲 Dominica	78.0	2009 est.	83.0	2010	North America
22	🇭🇺 Hungary	80.2	2011 est.	78.4	2011	Europe
23	🇬🇧 United Kingdom	76.1	2010 est.	76.7	2010	Europe
24	🇮🇱 Israel	74.5	2010 est.	76.1	2010	Asia
25	🇦🇹 Austria	71.0	2010 est.	70.0	2010	Europe
26	🇲🇹 Malta	70.9	2010 est.	70.0	2010	Europe
27	🇳🇱 Netherlands	62.6	2010 est.	66.0	2010	Europe
28	🇪🇸 Spain	60.1	2010	64.5	2010	Europe
29	🇨🇮 Côte d'Ivoire	63.8	2010 est.	64.9	2010	Africa
30	🇯🇴 Jordan	63.2	2010 est.	62.7	2010	Asia
31	🇨🇾 Cyprus	60.8	2010 est.	60.8	2010	Europe
32	🇧🇷 Brazil	60.8	2010 est.	66.8	2010	South America
33	🇲🇺 Mauritius	57.7	2010 est.	52.3	2010	Africa
34	🇬🇭 Ghana	59.9	2010 est.	69.0	2010	Africa
—	<i>World</i>	59.3	2010 est.			
35	🇦🇱 Albania	59.3	2010 est.	60.6	2010	Europe
36	🇧🇭 Bahrain	57.8	2010 est.	32.8	2010	Asia
37	🇺🇸 United States	62.3 ^a	2010 est.	92.7	2010	North America
38	🇸🇨 Seychelles	54.8	2010 est.	82.6	2010	Africa

Major Foreign Holders of U.S. Treasury Securities, June 2010-May 2011

Holdings at end of period (% of total)



Source: U.S. Department of the Treasury/Federal Reserve Board

Estimated foreign holdings of U.S. Treasury marketable and non-marketable bills, bonds, and notes reported under the Treasury International Capital (TIC) reporting system are based on annual Surveys of Foreign Holdings of U.S. Securities and on monthly data.

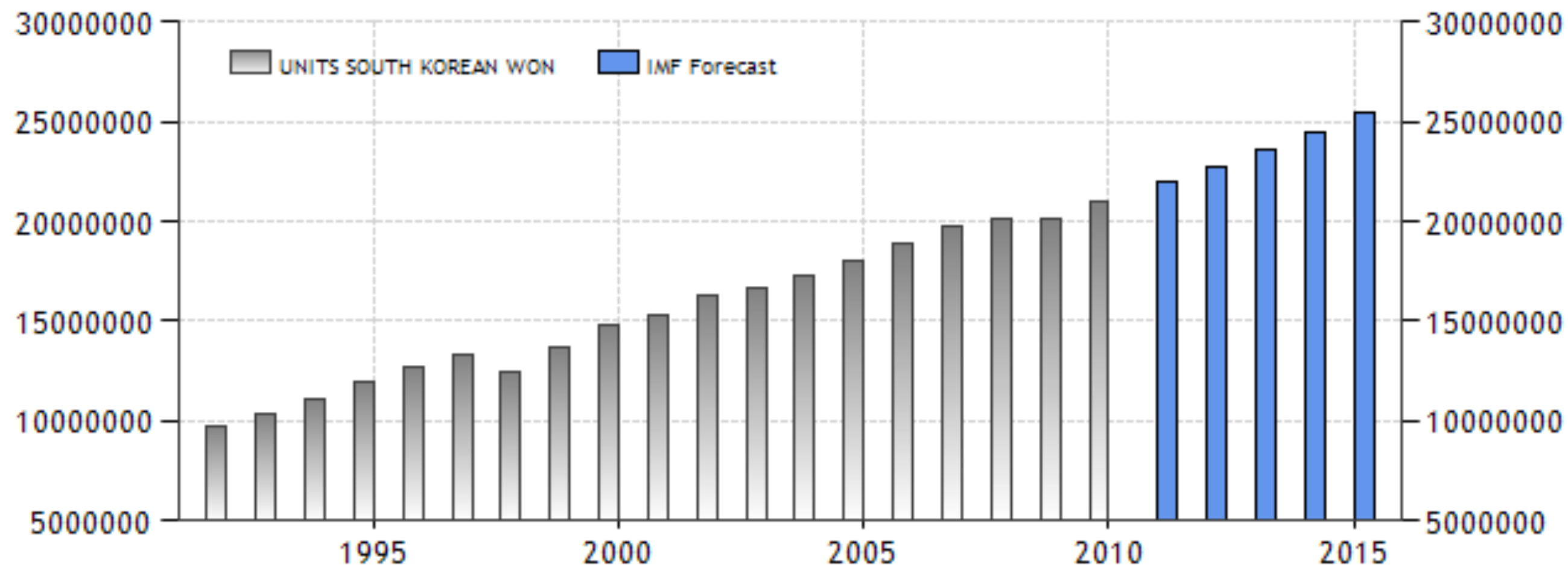
South Korea Pays Off Debt to IMF

South Korea paid off the last of its debt to the International Monetary Fund on Thursday, closing a chapter in the 1997-98 Asian crash that forced one of the world's biggest economies to appeal for a foreign bailout.

The \$140 million payment closed out the \$19.5 billion loan two years and 10 months ahead of schedule, said Yoon Dae-hee, a spokesman for the [Ministry of Finance](#) and Economy.

"We've retaken our economic sovereignty," Yoon said. "From now on, we no longer need prior consultations with the [IMF](#) in planning and executing our economic policies."

SOUTH KOREA GDP PER CAPITA AT CONSTANT PRICES



source: IMF, TradingEconomics.com

ARGENTINA: DEBT DEFAULT 2002; FULL PAYMENT TO IMF 2005

- Argentina's people resisted IMF's conditions for public sector cutbacks and privatization.
- Massive protests
- Takeovers of factories, hospitals, clinics
- Workers' self-management
- Economic effects were positive.

ARGENTINA: DEBT DEFAULT 2002; FULL PAYMENT TO IMF 2005



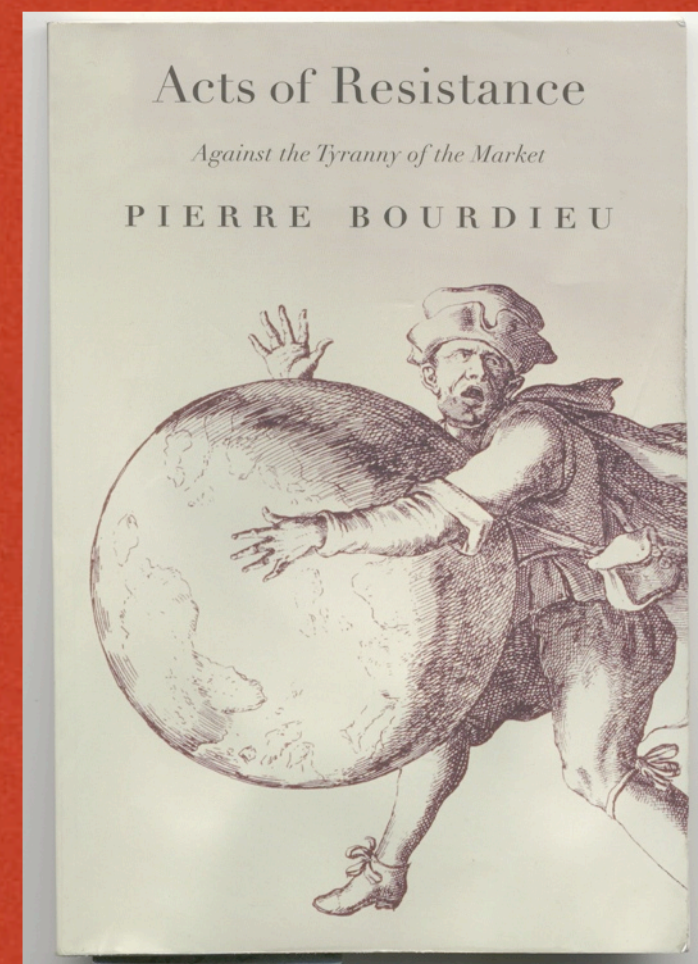
source: TradingEconomics.com; The World Bank Group

RESISTING EMPIRE, BUILDING AN ALTERNATIVE FUTURE IN MEDICINE AND PUBLIC HEALTH

- *Socio-medical activism in the post-empire era*
 - Confirm core principles:
 - right to health care
 - right to water and other components of a safe environment
 - reduction of illness-generating conditions such as inequality and related social determinants of ill health and early death

RESISTING EMPIRE, BUILDING AN ALTERNATIVE FUTURE IN MEDICINE AND PUBLIC HEALTH

- *Socio-medical activism in the post-empire era*
 - Bourdieu
 - Emphasize struggles seeking alternatives to neoliberalism and privatization, as the state and civil society transform



RESISTING EMPIRE, BUILDING AN ALTERNATIVE FUTURE IN MEDICINE AND PUBLIC HEALTH

- *Socio-medical activism in the post-empire era*
 - Robinson
 - Counter-hegemonic spaces, in which the given wisdoms that foster empire become demystified and unacceptable
 - All examples in Latin America include parallel community-based “workers” or “community” schools

RESISTING EMPIRE, BUILDING AN ALTERNATIVE FUTURE IN MEDICINE AND PUBLIC HEALTH

- *Socio-medical activism in the post-empire era*
 - Strategies for activism that can extend these counter-hegemonic spaces to broader social change
 - As the era of empire passes, no other path will resolve our most fundamental aspirations for healing.
 - Thanks.