



UNIVERSITY OF TORONTO
DALLA LANA SCHOOL OF PUBLIC HEALTH

Social and Behavioural Health Sciences Divisional Seminar

Monday, March 21, 2016, 1pm – 2pm, Room HS 208

“Was Mackenbach right?

Neoliberal epidemics, the new Gilded Age, and the politics of health inequality”

Ted Schrecker

Professor of Global Health Policy, Durham University

Abstract: Although the New Labour government of the UK (1997-2010) identified reducing health inequalities as a priority, on most measures they actually increased. Writing about this experience, Johan Mackenbach correctly observed that ‘health inequalities are the result of the cumulative impact of decades of exposure to health risks, some of them intergenerational, of those who live in socioeconomically less advantaged circumstances.’ Because reducing them ‘requires a massive re-allocation of societal resources’, he argued that ‘it is unlikely that a majority of the English electorate would have supported the substantial redistribution of income and wealth that would have been necessary’. (Scottish and Welsh electorates are quite different, but they are too small to alter the overall distribution of Parliamentary power at Westminster.) Mackenbach’s article appeared in the same year that a Conservative-led government came to power and embarked on a systematic *upward* redistribution of income, wealth and economic opportunity.

Against a background of rising economic inequality in most high-income countries, what can be learnt from the UK experience by other jurisdictions like Canada and its provinces? The public health community must begin by understanding and framing public finance as a public health issue. This means not only becoming familiar with the evidence of the health damage associated with neoliberal economic and social policies – ‘neoliberal epidemics’ – but also supporting strong counter-narratives to the equation of economic competence with deficit reduction through selective, regressive spending cuts. If such counter-narratives can be advanced, then forceful advocacy around the principle of ‘first, do no harm’ in economic and social policy might prove effective. On the other hand, the authors of the best book on the politics of responses to the post-crisis recession in the United States and the UK identify a constituency of the ‘squeezed but basically safe’, arguing that ‘in hard times the exposed are more desperate for help than ever, but the majority ... have come to calculate that it is better to throw their lot in with the haves, than to risk being saddled with tax rises to provide assistance to the have-nots’. If they are correct, then prospects for avoiding further increases in health inequalities in jurisdictions where such constituencies are substantial must be reckoned as bleak.

Short bio: In June 2013, Ted Schrecker left Canada to take up a position as Professor of Global Health Policy at Durham University. He is a political scientist whose major research interests are neoliberalism; the political economy of health; issues at the interface of science, ethics, law and public policy; and the social production of scientific knowledge. Among other publications, he edited the *Research Companion to the Globalization of Health* (Ashgate, 2012); co-edited *Globalization and Health: Pathways, Evidence and Policy* (Routledge, 2009); and is the author or co-author of more than 50 book chapters and 40 peer-reviewed journal articles on health policy and environmental policy and law. A co-edited *Handbook of Global Health Politics* is under contract to Edward Elgar Publishers. Ted is also co-editor of the *Journal of Public Health*.

We hope to see you there!

