

EDITORIAL

Howard Waitzkin's *Medicine and Public Health at the End of Empire*

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I first heard Howard Waitzkin's thesis that "*US capitalism as we have known it has ended, and empire in its previous form has ended*" at the International Association of Health Policy in Europe (IAPHE) conference in Ankara, Turkey on Sunday, October 2, 2011. I must admit I was skeptical of these ideas. Certainly, only the previous year the Obama administration had stepped in to massively subsidize the US financial sector and take over two major US automobile manufacturers; this clearly had nothing to do with the declared rules of a capitalist economy. However, public subsidization of private enterprises has been common throughout US history. True, there was evidence that the US empire has been weakened, yet were we not still involved in a massive war on terror that seemed to have no discernible end? Was it really time to speak of an end of capitalism and empire?

But three days later I found myself standing in Foley Square in Manhattan in the midst of a massive Occupy Wall Street demonstration. Around me were thousands of people including many union members. There were two large contingents of physician activists as well as hundreds of nurses participating with their unions. People were talking about issues – income inequality, racism, imperialism, prosecution of Wall Street crimes – that had been completely swept off the table by the corporate media in the US. On this beautiful fall afternoon, it seemed that another world – one free of capitalism and empire – might in fact be possible.

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The success of the Occupy movement drew me to read and, indeed, to study *Medicine and Public Health at the End of Empire*. In this editorial, I will briefly describe the book and then address the implications of the book's closing challenge of how "*to develop strategies for activism that can extend ... counter-hegemonic spaces to broader social change.*"

Empire Past, Present and Future

The title of Waitzkin's book suggests that it is about the current state of medicine and public health. However, the book is divided into three sections: "Empire Past," "Empire Present," and "Empire Future," and its 189 pages cover a vast amount of material stretching from the origins of social medicine in the Industrial Revolution right up to the Obama health care reform bill.

It is unfortunate that we do not really have a textbook of social medicine available in English. The three-volume University of North Carolina *Social Medicine Reader* has been available for some years, but it is only a reader. Fortunately, in assembling his five decades of work in social medicine into one volume, Waitzkin offers us something very close to a social medicine textbook. It is certainly the best introduction to the field in English.

The book is particularly strong in its examination of the underlying economic and political forces that drive the development of corporate medicine. Chapter 2 traces how academic medical centers, philanthropies (such as the American Heart Association), powerful corporations (such as American Optical and Hewlett-Packard), and the government (including the US Department of Commerce and the US Public Health Service) collaborated to promote the establishment of coronary care units (CCUs) in the

1960's and 1970's. Such units were “not demonstrably more effective than simple rest at home” and Waitzkin attributes their development and promotion to the imperative of corporations to maximize profits. As the market for existing medical equipment matures (i.e., becomes less profitable due to competition), corporations are obliged to create markets for new goods. Whether or not the new technology is actually useful is not really a concern for the corporations. This, it should be noted, is not a problem that can really be fixed. It is inherent in the structure of a capitalist economy.

This story is repeated in the 1990's with the introduction of for-profit managed care. Again, similar actors – academic medicine, philanthropies, professional organizations, government, corporations (in this case health insurance companies like Aetna and CIGNA) – aligned to promote for-profit managed care, a health systems intervention that had not been shown to provide superior clinical or economic outcomes. As had occurred with CCU technology, when the US market for HMOs became saturated, the companies tried to tap into the vast Latin American social security funds by marketing the virtues of their brand of managed care. The mess that resulted from the neoliberal dismemberment of public health systems in Latin America has been well documented in the pages of this journal.

It is refreshing that Waitzkin pulls away the curtain and exposes the true driver of health policy: profit maximization. Corporations are driven by the need to maximize profits regardless of health consequences. Let us not forget that tobacco companies make a product that eventually kills their customers. This should give us pause when we hear that we need more “business thinking” in the organization of health care services.

The importance of Latin American Social Medicine (LASM) is emphasized throughout the book. LASM has provided inspiring examples of activism both inside and outside government. In the early 2000's Mexico City's progressive mayor, Andrés Manuel López Obrador, successfully opposed the neoliberal health policies of President Vicente Fox and set up a variety of programs to address the social and health needs of the city's poorest inhabitants (See our interview with Dr. Asa Cristina Lau-

rell in *Social Medicine* Volume 2, Number 1). During the same period Salvadoran health workers successfully mobilized to oppose the privatization of their health care system (as described on page 172 of *End of Empire* and in Mauricio Torres' contribution in this issue). LASM has also provided us with a sophisticated critique of neoliberal health policy. Waitzkin points to the emphasis on theory in LASM, noting:

Practitioners of social medicine have argued that a lack of explicitly stated theory in North American and European medicine and public health does not signify an absence of theory. Instead, an atheoretical or antitheoretical stance means that the underlying theory remains implicit, subtly supporting the status quo and dominant groups in society.

Thus, the pro-ruling class basis of US medicine is hidden behind a veil of an allegedly “value-neutral” science.

Finally, Waitzkin's day-to-day work as a clinician is not absent from this book. Chapter 12 is devoted to “Militarism, Empire, and Health” and describes the Civilian Medical Resources Network, an organization created by Waitzkin (among others) to care for active duty US military personnel with health problems not addressed by the military health care system. This is an outstanding example of how activism can inform and be informed by clinical practice and is in the best tradition of the engaged clinical medicine that characterizes much of social medicine.

End of Empire?

Waitzkin devotes the last section of the book to the argument that US capitalism and empire in their previous forms have ended. He points to multiple setbacks for US imperialism including the successful opposition to the Free Trade Agreement of the Americas (FTAA), the US inability to dominate the World Trade Organization, and the rise of progressive governments in Latin America. He also cites the “ever-controversial” Lenin who described the moribund nature of advanced capitalism and its tendency toward war and financial crisis.

What then is the way forward for “socio-medical activism” in helping to create a post-empire world? Waitzkin, like many others, points out the failure of traditional political structures. Public policy is increasingly dictated by an unelected transnational state (embodied in organizations like the WTO and the World Bank) that is subject to the dictates of corporate interests. When, for example, Anne Veneman moves from leading the United Nations Children’s Fund in 2010 to the Nestlé Board of Directors in 2011, she illustrates the revolving door between public institutions and private corporations. In the US, the two major political parties are nominally subject to democratic elections; in reality, both are firmly in the pockets of the large corporations and have been unable to address the needs of the people. The union movement has been largely devastated; only some 7% of non-state workers in the US currently participate in unions. While unions are clearly vital to any progressive change, they are not in a position to fundamentally challenge the rulers alone.

The traditional political structures have failed us and there is widespread discontent. The vehicle for this discontent has fallen on “civil society,” a somewhat nebulous entity. Certainly, civil society can play a radical role, as we have seen in the case of the Occupy movement. But it can easily play a conservative role by mollifying discontent through

various state-funded welfare initiatives. There is no obvious litmus test to decide what is the right role for civil society.

One vision of the Occupy movement is to create an alternative power structure on a local level through spaces (Zuccotti Park was one until its occupiers were brutally evicted by the police) where the dominant rules do not apply and an alternative vision is in constant process of invention and reinvention. This radical vision calls for spaces – mental and physical – where, in the words of Waitzkin, “*empire becomes demystified and unacceptable.*” This is clearly one potential opened for us by Occupations. The challenge, as enunciated by Waitzkin, is to move beyond isolated spaces and isolated struggles. This is very much on the agenda of activists who are trying to create alliances among the various Occupations.

The struggle for a post-capitalist society has been ongoing since at least the early 1800’s and current activism in the Occupy movement is one chapter in that much larger history. A careful reading of Waitzkin’s book helps situate our activity within that broader context. Waitzkin challenges us to be creative in fostering “*a vision of medicine and public health constructed around principles of justice rather than commodification and profitability.*” This will require reinventing democracy in our 21st-century world.

