

‘Neoliberal epidemics’ and public health: Sometimes the world is less complicated than it appears

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Abstract

A recent *CPH* editorial addressed ‘the perils of invoking neoliberalism in public health critique’. While in sympathy with many of the authors’ concerns, I argue that the analytical literature on neoliberalism, the historical record of neoliberalism’s promotion and diffusion, and the empirical evidence of its health consequences support the view that ‘neoliberal epidemics’ represent a substantial and clearly definable threat to public health and health equity.

Bell and Green’s recent editorial in this journal (Bell & Green, 2016) constituted a valuable call for clarity, nuance and specificity in accounts of how neoliberalism influences public health. They suggested, quite correctly, the value of speaking instead of a process of ‘neoliberalisation’. This is, in fact, the title of a book the introduction to which, cited by the editorial’s authors (Ward & England, 2007), is perhaps the single best description of what might be called the four faces of neoliberalism. It is there characterised as simultaneously an ideology, a set of policies and programmes, a set of distinctive institutional forms, and a complex of normative conceptions of agency and responsibility that are rooted in the ideology and embodied in the policies, programmes and institutional forms (see on this point also Fudge and Cossman, 2002).

Recognising neoliberalism’s multiple faces resolves the apparent contradiction noted in the editorial with respect to the idea of a neoliberal diet (Otero, Pechlaner, Liberman, & Gurcan, 2015). Rather than embodying contradictory perspectives on or definitions of neoliberalism, the neoliberal diet of inexpensive but ultra-processed commercial food products laden with ingredients that are damaging to health can be understood as *at the same time*, and with the relative importance of various influences depending on the specific context, a product of:

- intense marketing by transnational corporations, which function as the ‘vectors of spread’ of ‘industrial epidemics’ (Moodie et al., 2013) as corporate expansion into lower- and middle-income country markets has been facilitated by liberalisation of trade and investment under the provisions of a plethora of international agreements (Popkin, Adair, & Ng, 2012; Hawkes, Friel, Lobstein, & Lang, 2012; Stuckler, McKee, Ebrahim, & Basu, 2012; Clark, Hawkes,

Murphy, Hansen-Kuhn, & Wallinga, 2012; Monteiro, Moubarac, Cannon, Ng, & Popkin, 2013; Popkin, 2014);

- the increasing unaffordability of healthy diets for growing numbers of people living on declining and insecure incomes (Drewnowski, Monsivais, Maillot, & Darmon, 2007; Monsivais & Drewnowski, 2009; Williams et al., 2012; Barosh, Friel, Engelhardt, & Chan, 2014; Jones, Conklin, Suhrcke, & Monsivais, 2014; Perry, Williams, Sefton, & Haddad, 2014; McIntyre, Bartoo, & Emery, 2014; Loopstra, Reeves, & Stuckler, 2015; Loopstra et al., 2015);
- and a disciplinary apparatus of health promotion (see below) that assigns responsibility for healthy lifestyles primarily to individuals, in effect blaming people for not doing that which is beyond their means for a variety of reasons. This is a function not only of income poverty but also of ‘time poverty’ and the exhaustion that goes with chronic precarity. Linda Tirado (2014) is eloquent on this point.

Indeed much contemporary health promotion, with its seemingly relentless tendency toward ‘lifestyle drift’ (Popay, Whitehead, & Hunter, 2010), is best situated in political terms within a broader conception of neoliberalism as a disciplinary system, organised around the trope of individual responsibility (Schild, 2007; Dardot & Laval, 2013, p. 255-299). The process of shifting responsibility to individuals occurs, moreover, with scant attention to the constraints imposed on ‘choice’ for some of us, but not for others, by what Jon Elster has called the texture of everyday life (Mackenzie, Collins, Connolly, Doyle, & McCartney, 2016).

More fundamentally, neoliberalism’s various manifestations, as identified by Ward and England and others, notably Dardot & Laval (2013), are best considered not as unconnected phenomena, products of happenstance, but rather as elements of a complicated but coherent political *project*. The historical record is clear that if the ‘dark powers’ rather dismissively invoked by quoting Latour were not ‘pulling the strings’, powerful actors nevertheless have often made concerted efforts to promote the neoliberal project (Harvey, 2005, p. 39-63; Jones, 2012, p. 85-179; Dardot & Laval, 2013, p. 49-73, 101-254; Mayer, 2016). It is possible to trace a trajectory that begins with the 1938 Walter Lippmann colloquium and the 1947 establishment of the Mont Pelerin Society, the start of a period in which – according to one of the more cautious historians writing on the topic – ‘[a] transatlantic network of sympathetic businessmen and fundraisers, journalists and politicians, policy experts and academics grew and spread neoliberal ideas between the 1940s and the 1970s’ (Jones, 2012, p. 134). At that point, the business counter-offensive (especially in the United States) against the regulatory and redistributive policies of the 1960s, combined with the economic crises of the 1970s, led to the election of the Thatcher and Reagan governments: a turning point in the diffusion of neoliberalism. These developments changed the contours of feasible policies and politics across

the political spectrum, notably in the form of the 'Third Way' admirably deconstructed by Barkan (2000) and Dardot & Laval (2013, p. 182-191).

Like many other authors, Bell and Green correctly note the importance of global institutions such as the World Bank and the International Monetary Fund in promoting neoliberalisation. Specifically, these institutions made structural adjustment policies a condition of their support for restructuring the external debts of low- and middle-income countries, as '[a]n alliance of the international financial institutions, the private banks, and the Thatcher-Reagan-Kohl governments was willing to use its political and ideological power to back its ideological predilections' (Przeworski et al., 1995, p. 5) with destructive consequences both for health systems (Keshavjee, 2014) and the social determinants of health (Cornia, Jolly, & Stewart, eds., 1987; Pfeiffer & Chapman, 2010). Similar conditionalities are now being applied in parts of southern Europe, with comparably destructive effects (Stuckler & Basu, 2013). To be sure, the political project of neoliberalisation thrived on the opportunities that arose from economic crisis, but its advance required intellectual leadership and political entrepreneurship, with substantial financial backing. An important recent discussion of contemporary US politics (Mayer, 2016) is both an historical argument for neoliberalisation as a sophisticated political strategy and a devastating description of the resulting extreme, if not pathological, endgame in which the accountabilities provided by electoral politics have all but dissolved under the self-interested deployment of wealth for political ends.

I share the editorial authors' concern about the lack of precise characterisation of neoliberalism in recent articles in *Critical Public Health*, and elsewhere. I am less sanguine about the sophistry of considering neoliberalism as 'a discourse as much as a reality'. Beyond the discursive dimensions of neoliberal health promotion lies the more significant question of how neoliberal conceptions of what constitutes economic 'competence' (Gamble, 2012; Taylor-Gooby, 2013) limit the political possibilities for reducing health inequalities. But discourse cannot responsibly be isolated from the historical record of who has promoted the neoliberal project and why. Whatever the varied manifestations of neoliberalism, it *is* a coherent project the material consequences of which Clare Bamba and I have described as 'neoliberal epidemics' (Schrecker & Bamba, 2015). This is true whether one considers (to give just two illustrations) the millions of Britons who were living in food poverty by 2013 as a consequence of the combination of flexibilised labour markets and the Conservatives' war on the poor (Ashton, Middleton, & Lang, 2014; Garthwaite, Collins, & Bamba, 2015) or the impact of structural adjustment and its sequelae on the ability of African health systems to respond to the Ebola outbreak (Rowden, 2014; Kentikelenis, King, McKee, & Stuckler, 2015). The postmodern turn in the academy, itself not unrelated to processes of neoliberalisation (Graeber, 2014), is conducive to skepticism about grand historical narratives, but that skepticism can be

overdone if nuance and specificity are not accompanied by attention to macro-scale issues of context and power relations (Ottersen et al., 2014). Sometimes the world is less complicated than it appears. Urgently needed, as many authors have noted, is a political science of health inequalities (Bambra, Fox, & Scott-Samuel, 2005; Bernier & Clavier, 2011; de Leeuw, Clavier, & Breton, 2014; Participants, 2015) that is capable of identifying the relevant macro-micro connections.

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