SOME LIKELY HEALTH-RELATED SOCIETAL TRENDS IN EUROPE

Social - Cultural - Economical and Political

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The present paper draws on two preceding papers[1] and is an effort to develop the ideas a little further. The problem, as stated in the title, is easily formulated: what are the likely future trends in Europe - meaning all parts of Europe - and how could these trends possibly influence future health care policies? Behind this formulation, however, two rather untractable problems are lurking. First, what is the relation between social change - whether it takes the quantitative form of trends or the qualitative form of transformation - and health or ill-health? And, second: what is the relation between changing patterns of disease and health care policies? Of the latter I shall have little to say beyond the obvious that it is naive to believe that changing patterns of health lead to changing patterns of health care - in the longer run, perhaps, but certainly not in the short term. But of the former something will be said.

In a world perspective Europe, all parts of it, is in the West or in the Occident and, and there is such a thing as a Western social formation. The variations within the European scene are important, but the similarities are even more important. Roughly speaking that formation came out of the decline and fall of feudalism - which happened in the North before the South and in the West before the East, placing the European North-West in the role as a pilot region, greatly propelled by the multiplier effect of that transformation from commercial to industrial capitalism known as the industrial revolution. Behind all of this was a <u>Leitmotif</u>, that of <u>expansion</u> [or at least not, never, contraction], and the carriers of the system were willing to incur the costs, in terms of <u>exploitation</u>, of the internal proletariat [the working class]; of the external sector [colonies, Third World]; of nature [through depletion, pollution, and the deeper-lying phenomenon of maturity-reduction] and ultimately of self, of everybody, through the stres

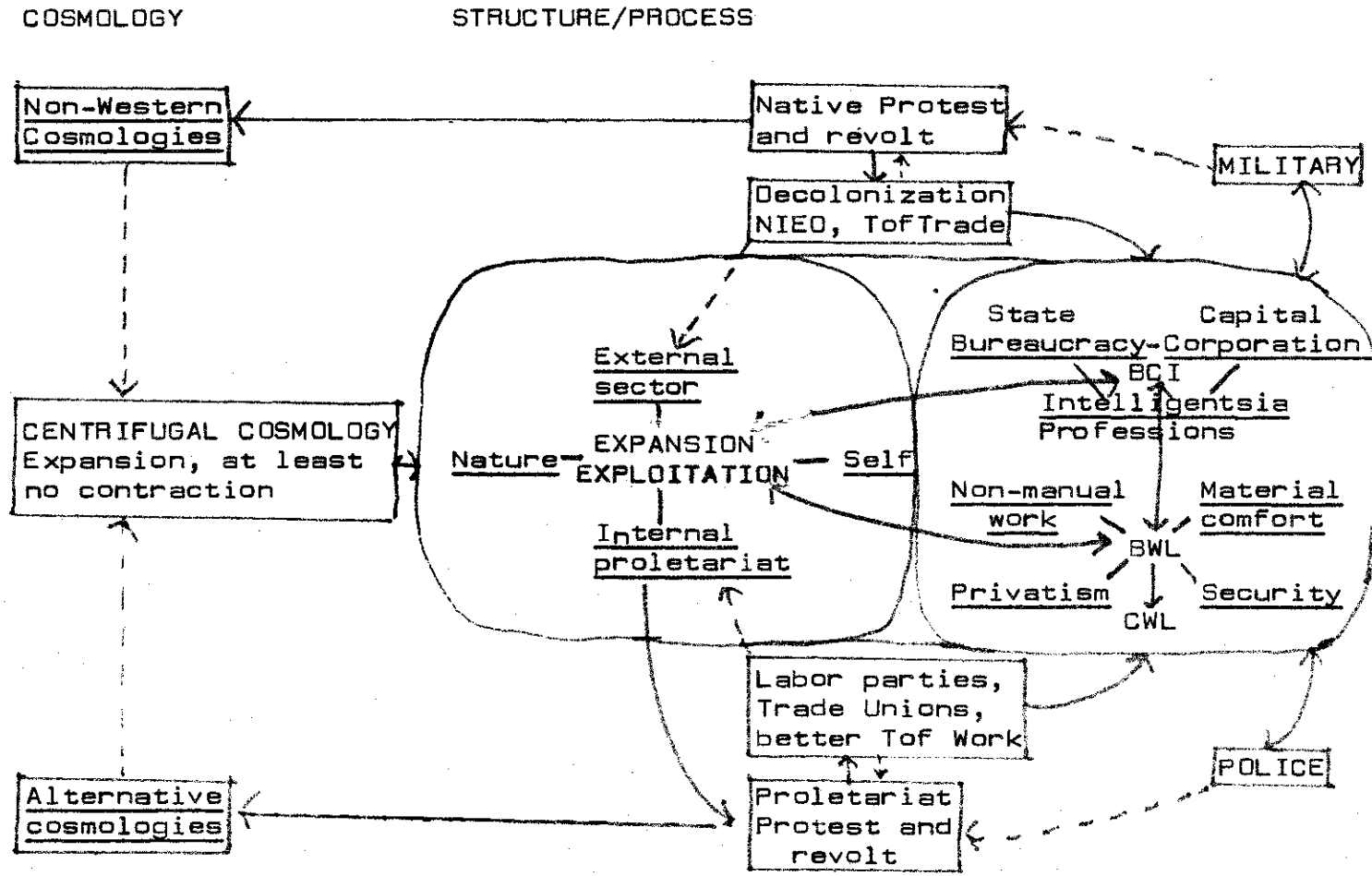
ses and stains brought about by this particular formation. A production or growth sector was the result of that much transformation of inputs from the four sources of exploitation into marketable outputs. And parallel to this growth sector a formal sector emerged, based on state and capital, on bureaucracy and corporation both operating at the national [and increasingly the international] level and greatly helped by a rapidly growing class of intelligentsia, the professions. As a result of this, almost unavoidably, there was a corresponding decline of the informal sector, of family and peer groups, of the local level - more so in the European North-West than in the other parts of Europe where all of this came somewhat later. And as a consequence, but thistime certainly less tautological and born out of struggle and fight: the slow emergence of a distribution sector, carried by the political force of the exploited internal proletariat [trade unions, social democratic, socialist and communist parties] and cooperative elements in the elites if they were soft enough - again probably more in the Europeav North-West.

Within this social formation a way of life developed, here referred to as the bourgeois way of life [BWL], based on a search for non-manual work, material comfort, privatism and security. Thus, we are in fact dealing with three syndromes at the center of the Western social formation: a pattern of exploitation, a strong formal sector, and a goal, a way of life. Needless to say the three interact with each other in a non-linear fashion; to ask which one comes first is a chicken-egg problem. Equally obviously, the total syndrome leads to counter-action from the exploited parties: the internal proletariat protest takes the form of trade-union formayion and the emergence of evolutionary or revolutionary parties and the external sector protest the form of decolonzation, coalitions and "trade unions" among Third world countries. But both protests are to some extent incorporated in the system: the working

class is given better terms of work [more buying power and better working conditions] but accepts the basic rule of the system at the individual level, the pursuit of the bourgeois way of life. And the former colonies are given "freedom" and even better terms of trade, at least in some cases, on the condition that they imitate the Western social fomation, all three aspects of it. Needless to say, for both of these two incorporations to take place police and military, the exercise of ultimate power, were indispensable. Where the working class was really beaten it did not obtain even this; and the same with certain colonial areas - South Africa may serve as anexample of both. Where police and/or military were beaten through revolutions alternative formations were given a chance.

On the next page there is an effort to summarize all of this. To the left is the "Leitmotif", the cosmology of the system. The incorporation of marginalized classes and groups of people and nations was also a fight against their alternative Weltanschauungen,meaning that the expansion could go on unimpeded by considerations of alternatives. But even if they were not really incorporated, as in the socialist countries, the power of this dominant social cosmology was and is so strong that socialist societies exhbit many of the same characteristics. They have the same pursuit of BWL, some of the same tendency to supplement it with an even more non-natural, "chemical/circus" way of life with alcohol and other drugs, tobacco and other stimulants, chemically treated food and"circus" in the form of TV, spectatorism and a sedentary form of life. There is also exploitation, certainly of nature, certainly of self in the drive for an ever higher productivity, certainly of the inner proletariat as exemplified by the fight of Polish workers for better terms of work [most of the 21 demands from Gdansk August 1980 can be seen in this perspective]; but less of the external sector or outer proletariat. As a consequence the mal development signs are relatively similar - except for the "world maldevelopment" which comes more from the capitalist Occident.

THE WESTERN SOCIAL FORMATION: SOME KEY FACTORS



MALDEVELOPMENT SIGNS

Human maldevelopment

body - cardio-vascular; cancer, accidents, chronic

mind - mental disorder, suicide

spirit - anomie, apathy, meaninglessness

Social maldevelopment

production - overproduction capacity, unemployment, reduced work, leisurism

distribution - inequality in costs of maldevelopment injustice by age and gender

institution too big and too sectorial, loss of faith
- growth of formal sector
- decline of informal sector of local level and family
  young people isolated
  old people isolated

structure -
- global exploitation
- domestic exploitation
- dependence on trade
- dependence on BCI complex

culture - overacceptance of bourgeois culture, alienation from folk/indigenous c

nature - reduction of ecosystem maturity; depletion and pollution

World maldevelopment

structure - other countries as external sectors, aggressive marketing, trade wars

survival - wars and threats of war, against competitors

Behind the idea of maldevelopment is the idea that the basic trend for societies with the Western social formation is to go on trying to expand, to "grow"; creating bourgeois ways of life at ever higher levels of non-manual work and material comfort, and a formal sector at ever higher levels of institutionalization and professionalization. This can only take place through some form of exploitation: raw materials, including for energy transformation, capital, labor, research and administration have to come from somewhere. That somewhere will tend to be further out if internal labor is to become non-manual and if internal nature is not to be destroyed further. The question, then, is to what extent the external sector remains exploitable. If both internal and external proletariats put up stop signs and the same applies to nature, then there is only "exploitation of self" left - and in a sense that what the drive for ever higher productivity and "knowledge industry" in the industrialized countries - and almost all European countries can be said to be in that category, is about.

The question, then, is how this all relates to health. The most guiding model for the last century or so in the European (and world) North-West, imitated by others, has run some thing like this: problems of health have to be solved the same way as other problems, by channeling capital from economic growth into an expanding formal health sector based on cooperation (and some competition) between state, capital and intelligentsia, or in other words between bureaucracy, corporations and professions. Concretely this took the form of directorates or ministries of health, of pharmaceutical and other health-related industries, and the many health professions - in other words, it was brought <u>on normal form</u> within the Western social formation. It was remarkably succesful against the first cluster of diseases, particularly the contagious ones. But social processes are never linear, as indicated on next page.

	GENERAL CONSEQUENCES OF WESTERN SOCIAL FORMATION	HEALTH CONSEQUENCES IN EUROPEAN COUNTRIES
Formal Health Sector Growth	Decreased exposure (Primary prevention): hygiene, sanitation, quarantine	
	Increased resistance (Secondary prev.): immunization, etc., nutrition	First Cluster:
	Curative medicine: primary, secondary, tertiary care	- infant mortality down - infectious diseases down - nature-generated accidents down - longevity increase - population increase
Bourgeois Way of Life	Non-manual work: gradual abolition of heavy, dirty, dangerous work	
	Material comfort: counteracting climatic fluctutations, better nutrition also lack of exercise, artificial life	
	Privatism: withdrawal into family and peer group; observerism	
	Security: rising entitlements, clientelism	
Chemical, Circus, Way of Life	Alcohol, tranquilizers, narcotics	Second Cluster:
	Tobacco, tea/coffee, sugar, salt	- cardio-vascular diseases up - cancer up - society-generated accidents up - longevity stable - population stable
	Chemically treated food, Panem (but with fibers removed), etc.	
	Circenses, TV, spectatorism	
EXPLOITATION	Exploitation of Nature: ecological balance down, depletion/pollution up nature as health resource down	
	Exploitation of Self: ever higher productivity leading to alienation, stress	
	Exploitation of Innerproletariat: first, heavy, dirty, dangerous jobs; second, non-manual, push-button, boring	
	Exploitation of External Sector: first, economic exploiation direct, second, export of heavy, dirty, dangerous jobs and pollution; relocation	
Informal Sector Decline	Local self-reliance break-down	Third Cluser:
	Family cohesion break-down	- chronic diseases up - iatrogenic diseses, hospitalitis up - mental disorders up - suicide up - longevity down - population down
	Women isolated, female loneliness	
	Young/old isolated; school and old age ghettos	
Informal Health Sector Decline	Self-care down	
	Mutual care down	
	Other-care down	
	Positive folk medicine down	Fourth Cluster:
Production Crisis	Unemployment	- genocidal war - destruction of formal sector - destruction of nature - destruction of populatio
	Leisurism	
	Aggressive marketing, domination War against competitors, for demand	

Let me try to make this "theory" more explicit, in the direction of a model. A lot of variables have been introduced, all of them problematic. Most of them are societal, and they divide into what could be called "hard line" and "soft line" variables:

	Basis	Key focus	Way of Life	Structure, also health	
Hard line	Exploitation	Production/ Growth	Bourgeois/ Chemical WoL	Formal Sector	Formal Health Sector
Symbol	E	PG	BWL, CWL	FS(BCI)	FHS
Soft line	Self-reliance	Distribution	Alternative Way of Life	Informal Sector	Informal Health Sector
Symbol	SR	D	AWL	IS	IHS

Then there are the health variables, and I have found it useful to divide them into four clusters that are overlapping both logically, pathologically, sociologically and in time - yet constitute a useful distinction:

First Cluster diseases	Second Cluster diseases	Third Cluster diseases	Fourth Cluster diseases
infectious	cardio-vascular	chronic diseases	mass destruction weapons generated
nature-generated accidents	cancerous	mental disorders	
	society-generated accidents	suicide	
Symbol H_1	H_2	H_3	H_4

In other words, a distirction is made between four forms of health: the absence of diseases of the first, second, third and fourth clusters respectively.

One may take as point of departure what may be called "naive theory". Like most naive theories there is much to it:

(1) 

["Hard Model"]

In other words, production/growth and the formal sector [the BCI-complex] that together reinforce each other lead to a "bourgeois", more protected form of life for the population, and at the same time

permits the creation of a formal health sector, produced by cloning from the general formal sector - and the two factors together, "standard of living" and the formal health sector, will produce health, full stop, of any type. Exploitation is not mentioned.

The model has the advantage of being simple. From the model can also be seen, immediately, what some key factors for the production of ill-health would be:

decreasing production/growth, particularly a production crisis

decline of the formal sector, and particularly the health sector

Basically this would be a question of the cost efficiency of the formal health sector, $\triangle H/\triangle FHS$ [how much increase in health for how much increase in the formal health sector, meaning the bureaucracy aspect of it, administration and primary/secondary/tertiary health care; the corporate aspect in terms of production of medicine and medical technology in general, and the health professions aspect. With less production/growth there may be less capital available for FHS expansion; $\triangle FHS$ may even be negative, meaning a lower level of health. The current wave of production/growth stagnation, even decline, combined with priorities given to the military rather than to the health sector ["Sozialabbau und Rüstungswahnsinn" as it was referred to in a trade union demonstration in Germany Sunday 24 October] would lead to a prediction of declining health by this model in the countries affected.

The model is, of course, too simple. Hence, let us contrast it with another model, also naive, based on the"soft"rather than the "hard" line:

(2) 

["Soft Model"]

The idea is simply that it is possible to build a society in a non-exploitative way, distribute better the material goods and services, live an alternative way of life; in short green policies. Spelt out:

A SURVEY OF GREEN POLICIES

		MAINSTREAM CHARACTERISTICS	GREEN POLICIES, MOVEMENTS
ECONOMIC BASIS	1.	Exploitation of internal proleteriat	cooperative enterprises, movements labor buyer/seller difference abol ished, customers directly involved
	2.	Exploitation of external sector	co-existence with the Third world; only equitable exchange relations
	3.	Exploitation of nature	ecological balance Person-Nature; building diversity, symbiosis; complete or partial vegetarianism
	4.	Exploitation of self	more labor- and creativity-intensi decreasing productivity some field alternative technologies
MILITARY BASIS	1.	Dependency on foreign trade	self-reliance; self-sufficiency in food, health, energy and defense
	2.	Dependency on formal sector, BCI-complex	local self-reliance, decreasing urbanization, intermediate technolo
	3.	Offensive defense policies, very destructive defense technology	defensive defense policies, with less destructive technology, also non-military, nonviolent defense
	4.	Alignment with superpowers	non-alignment, even neutralism; decoupling from superpowers
STRUCTURAL BASIS	1.	Bureaucracy, state (plan) strong and centralized	recentralization of local level, building federations of local unit
	2.	Corporation, capital (market) strong and centralized	building informal, green economy; - production for self-consumption - production for non-monet. exchan - production for local cycles
	3.	Intelligentsia, research strong and centralized	high level non-formal education, building own forms of understandir
	4.	MAMU factor; BCI peopled by middle-aged males with university education (and dominant race/ethnic group)	feminist movements, justice/equalit and for new culture and structure; movements of the young and the old
Bourgeois Way of Life	1.	Non-manual work, eliminating heavy, dirty, dangerous work	keeping the gains when healthy, mixing manual and non-manual
	2.	Material comfort, dampening fluctuations of nature	keeping the gains when healthy, living closer to nature
	3.	Privatism, withdrawal into family and peer groups	communal life in bigger units, collective production/consumption
	4.	Security, the probability that this will last	keeping security when healthy, making life style less predictable
Chemical Circus Way of Life	1.	Alcohol, tranquilizers, drugs	moderation, experiments with non-addictive, life-enhancing things
	2.	Tobacco, sugar, salt, tea/coffee	moderation, enhancing the body's capacity for joy, eg through sex
	3.	Chemically treated food, panem natural fibers removed	bio-organic cultivation, health food, balanced food, moderation
	4.	Circenses, TV, sport, spectatorism	generating own entertainment, moderate exercise, particularly a manual work, walking, bicycling

According to this general approach health is not so much a question of being rich and modern as a question of a good distribution of certain key material assets and an informal environment rich in human protection. Basic in the model is the assumption of a positive relation between the strength of the informal health sector and health. One cannot talk about "cost efficiency" as the informal health sector by definition is not costed [if it were, it would be formalized]. With this comes the corrollary that a decline in the informal health sector will be accompanied by a decline in health. And the corresponding prediction for countries in Europe: any social change leading to [further] decline in the informal health-building environment of human beings will be negative in its impact on health. Since the general trend almost all over Europe, with only some pockets of exceptions, is in the direction of formalization of social life, often referred to as technocracy, the outlook is generally dark according to this kind of thinking.

Obviously both models are too simple, "naive" as stated above. And yet they are not so simple that one does not recognize in them certain key ways of thinking in the field of health today - obviously linked to certain political ideologies -- let us say blue or pink/rose or red in the case of the hard line approach and green for the soft line. The level of polarization is considerable and is at the level of the general social paradigm: the hard line is based on the core of the Western social formation, with a distributive element represented by the pink/rose social democrats, and the soft line contests the whole validity of that formation. Western civilization as a whole, however, is rich and in a sesne capable of accommodating them both - like a Christianity capable of hosting both the Inquisition and Francisco d'Assissi [with no further parallels intended. Both lines, after all, have sprung from that civilization, the diabgue is within that civilization [although the soft line draws on non-Western sources]. How come?

Because all the variables and clusters of variables are part of our social reality, and quite strongly interrelated. This is felt by the actors, also on the health scene - and their positions in questions of health will be reflections of their positions on socio-political matters in general. What passes for a health policy is <u>also</u> a strategic move to protect or impede general policies. Hence, it makes a lot of difference whether one believes more in (1) or more in (2) above - it relates to one's entire socio-political profile.

However, there are many ways of breaking up the polarization between (1) and (2), and the first approach might be by breaking up the unity of the undifferentiated health concept "H" made use of. One argument, expressed on p. 6 above, would be that the"hard line" is adequate for H_1, for the diseases of the first cluster. A relatively centralized state may be good at disciplining its citizens into the type of activity needed or held to be necessary fordecreased exposure to microbes, such as collective and individual hygiene, sanitation and quarantine, and for building increased resistance through compulsory immunization. A contagious disease attacks the individual yet is a social phenomenon communicated through channels also used for other types of social communication. Some type of social control of contagion is called for. A ministery of health is sufficient forthis control, and may attract personality types in need of legitimation for exercise of power over others, including power at a fairly intimate level, related to exposure-reduction and resistance-building. But is it a necessary condition?

Since one major finding of sociao medicine (McKeown) seems to be that much more important than the formal health sector was the improvement of the level of living, covering both working conditions and conditions of daily life in general, one might feel

that a rise in the level of living so as to provide adequate nutrition and protection against excessive heat and cold and moisture would be more important. More particularly, if great improvements in the level of H_1 of the population is needed D, distribution, is possibly the key factor, $\Delta H_1/\Delta D$ being high for a considerable range of D. More precisely, the best way of improving H_1 might be to raise the material level of living of those at the bottom - obviously the kind of policy associated with socialism, Buddhism and some types of Christianity. But the problem with this position is that although it may be very helpful, even fundamental, for some contagious diseases it may be insufficient for the most lethal types and for the sudden attack. Consequently, one is led to the typically eclectic conclusion of counterposing [1] and [2], in the sense of saying that they are both correct.

But then it starts becoming problematic for the variables are obviously interrelated. One cannot have both expliloitation and self-reliance. A growth in the formal [health] sector will tend to lead to a decline in the informal [health] sector. The bourgeois way of life seems easily to lead to the chemical/circous way of lifeof stimulants and tranquilizers and observerism; both of them are the negation of the "alternative way of life" as spelt out on p. 9 as "green policies". Production/growth, however, is compatible both with distribution and non-distribution -- that is precisely the difference between socialist/social democratic regimes and conservative/liberal regimes and the key reason why the hard line softened by distribution nevertheless can show up as highly health productive. But the health-building potential of other aspects of the soft line , meaning through a strong informal health sector, are not made use of; nor of alternative ways of life in general.

This becomes more clear the moment other clusters of health are brought into the picture. The basic position taken here

is that they are mainly a function of the E-PG-B/CWL-FS-FHS syndrome, in short a creation of the hard line. This is spelt out on p. 6. To believe in this it is necessary to believe such things as the following:

that exploitation of nature leads to an artificial environment with a high level of pollution that may be harmful

that increasing formalization of social relations leads to increasingly high stress on individuals at all levels in the structure

that the bourgeois/chemical way of life weakens the resistance of the individual to the combined impact of pollution/stress

that the decline of the informal sector of social relations leads to less resistance of the individual to stress, particularly in the key events of life, such as "serious illness, unemployment, and the loss of a significant other - - work overload, personal conflicts with one's boss and co-workers, chronic problems with spouse and family, disappointed career expectations, etc. the transitions from childhood into adulthood, from school into work role, from the work role into retirement" (Badura, p. 19).

That the growth of the formal health sector leads to an increase in diseases caused by that sector itself (iatrogenic diseases, hospitalitis) and general dependency

that the decline of the infomal health sector leads to decreasing resilience in the total health system, less to fall back upon

that the prodution crisis in general leads to increasingly aggressive forms of international behavior, possibly to belligerent behavior in order to fight competitors and in order to generate new demand through patterns of arms production and destruction of property (war)

To the present author it seems considerably more difficult not to believe in these prospositions than to believe in them.

And that leads straight to the problem. A certain social formation has been compatible with the production of H_1 - may be because H_1 came about largely for other reasons during the same period. At the same time it produces the negations of H_2 and H_3 - cardio-vascular diseases/cancer on the one hand and the diseases of loneliness on the other. The social formation is so strong that alternative social formations will lead a marginal existence: a social policy of distribution, for instance, will tend to be sacrificed

very quickly when the formation is in crisis as can be seen today in a number of Western European countries. At the same time those aspects of the Western social formation that are seen here as producing ill health will probably be on the increase.

And that leads all together to a rather pessimistic type of prediction, more pessimistic today (1982) than only a couple of years ago. The prediction is based on the following key ideas:

I. With less money available because of decreasing production/growth the type of health produced by the formal health sector will decrease or at least no increase.

II. The aspects of the Western social formation that produce ill health (pollution, stress, artificial forms of life, declining informal sectors and informal health sectors will become more, not less pronoinced as the system will tend to fight for its own survival and reproduction more than for "health".

Thus, it may well be that several European countries will now get the worst of both worlds, neither the money needed to make the formal system work, nor a sufficiently strong alternative structure that is very inexpensive to make that one work. Exceptions would be the countries in the region where the informal sectors are still so strong that people can fall back on them (a health countryside, for instance, nature as a health resource, strong informal relations) Other exceptions would be the countries in the regions not suffering from economic decline - either because they are rich and invulnerable (I doubt there are examples, though - may be Switzerland), or because they are poor and in a relatively invulnerable process of growth (some of the Southern European countries). For the rest I would by and large assume the above to hold true. Unless, that is, sufficient wisdom and political force are mobilized to produce more eclectic solutions - as in the following example.

Let us try to make a little analogy between the struggle for health and the struggle for security. Health has been seen above as a question of positive balance between the resistance built into the human body and the exposure coming from the outside . In a similar vein security can be seen as a positive balance between the level of invulnerability built into the society and the destruction coming from the outside. A high level R-E is what one should strive for in health policies; a high level I-D in security policies. However, in either case there is a problem: there is a limit to how high levels of resistance can be built into the human body and how high levels of invulnerability into the human society without them becoming not only artificial beyond the acceptable but totally anti-human. A human being with as many organs as at all possible changed into artificial counterparts on which parasites cannot feed may not be an acceptable solution to the problem of contagious diseases, nor a human society placed permanently underground, or even under the ocean floor.

In the theory of security the point has been made that to obtain a high level of security there are two things to do: build a high level of invulnerability, and a high level of defensive defense meaning by that a system capable of destroying as much as possible of the other side's destructive capacity so that the D level thay reaches one's system can be handled by the level of invulnerability of that system. It has been pointed out that all of this calls for a wide range of activity and expertise, and that the best system for defensive defense may be a package containing conventional military, para-military and nommilitary elements together. But they would also be concerned with how to make the society less vulnerable by making it more self-reliant, more stable ecologically, more autonomous politically, less unjust, unequal and inequitable - all this at the national as well as local levels. And similarly one could think of a health force consisting of a mix of conventional medical, para-medical and nonmedical elements - the latter meaning people themselves.