

Health *and* Health Care Inequities

A Critical Political Economy Perspective

Arnel M. Borras



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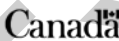
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Introduction

Health inequities — preventable differences in health among different social classes and groups — persist despite efforts to understand and address them. Attempts to narrow these health gaps through research and policies have not been successful. Poor working and living conditions contribute to higher rates of illness, disease, and death, which are significant public health concerns. Tackling these inequities is crucial to achieving better health for all.

This book discusses how social factors like class, race, gender, age, and where people live affect their health differently. It demonstrates that improving health for all requires looking beyond capitalist-focused policies. The book concentrates on Canada's health care system, often considered fair. Using a critical political economy approach, I examine how capitalist power, worker and community movements, and government decisions shape health policies. My arguments are supported by evidence from various sources, including existing literature and insights from in-depth interviews I performed with leading Canadian scholars and activists.

This study shows that the unequal distribution of societal wealth and resources, influenced by Big Capital and state policies, creates and maintains health inequities. The findings challenge the idea that research and evidence mainly drive policies affecting social and health issues such as housing, health care, and work conditions. Capitalism, infused with colonialism, racism, sexism, patriarchy, gender discrimination, and unfair resource allocation by governments, is the root cause of health inequities.

A stark contrast in life expectancy reveals the depth of health inequities. Japan has an average life span of 84 years, surpassing Canada's 82 years. Lesotho stands at a mere 51 years (WHO 2023, 51), lagging by over three decades compared to Canada. Class, race, gender, and other social locations shape health outcomes. For example, from 1996 to 2011, Canada's life expectancy gap between the richest and poorest widened by a year for men and two years for women (Bushnik, Tjepkema, and Martel 2020, 8). Residents of Nunavut live an average of ten fewer years than the national

average (Statistics Canada 2018, 1). These figures challenge the notion of a uniformly prosperous Canadian health care system.

Chapter 1 deeply examines health inequities, going beyond mere description. It combines theoretical discussions with rich statistical data to show how social and economic inequalities impact health. It explores how differences in class, race, and gender create health inequities through the unequal distribution of the social determinants of health. The facts and figures clearly show that class is the primary driver of socioeconomic and health inequities, but race and gender, intertwined with class, exacerbate these inequities, particularly in the Canadian context.

Chapter 2 introduces three contending economic theories and practices, highlighting the emergence of neoliberalism. It historicizes Canada's housing policies from the early 1900s to the National Housing Strategy Act of 2019, demonstrating how housing insecurity and homelessness disproportionately harm certain groups' health. The chapter underscores the shift from Keynesian to neoliberal policy approaches, which led to housing support cuts and the end of federal housing programs, exacerbating housing problems for many. It advocates for socialized housing as a solution.

Chapter 3 examines Canada's transformation from a predominantly private to a publicly funded health care system. It discusses how the system initially had robust support from workers, communities, and governments but deteriorated over time, leading to a health care crisis. The chapter highlights the influence of Big Capital and the state in shaping policies that make health services more privatized, which is the main factor driving this crisis. It advocates for expanding public health care to prevent ongoing erosion of the health care system.

In Chapter 4, I combine existing literature and insights from my interviewees to investigate how different groups, such as businesses, community organizations, and governments, vie to shape policies that are to their benefit. Looking at the United States, United Kingdom, Australia, and Canada, the chapter shows that some groups have more wealth and power than others, leading to unfair health policies. It demonstrates that the rich and powerful have too much influence over state decisions, worsening health inequities.

Chapter 5 assesses how research and evidence influence policies on health inequities. The chapter discusses pioneering studies by Katherine Smith (2007, 2013a, 2013b, 2014) that examine how ideas are integrated into policies addressing health inequities. I include excerpts from my interviewees to add depth to the discussion and compare literature and interview data findings to provide perspectives that support and fill gaps in health research.

Chapter 6 shows that capitalism — integrally intertwined with racism and sexism — is the fundamental cause of health inequities. It criticizes capitalist state policies that help rich people get richer, exacerbating class, race, and gender inequalities. The chapter encourages workers' and people's movements to fight against these injustices, confronting capitalism, racism, and sexism altogether to help prevent and reduce health inequities.

In Chapter 7, I compare welfare state health care systems leaning towards socialism with those in Christian, democratic, liberal, and former fascist countries, showing how these systems affect socioeconomic inequalities and health. The aim is to determine if socialist ideas and policies can effectively address health inequities. Highlighting Erik Olin Wright's (2015, 2018) thoughts on modern movements against capitalism, which combine various types of struggles within and outside the government, the chapter posits that a socialist approach to health equity is achievable.

The last chapter focuses on health activism, urging health care workers to tackle health inequities. It argues that health activism promoting socialism will help meet urgent health needs and is an intelligent way to improve society. It suggests policy changes like improving working conditions, increasing social support, providing socialized housing, and expanding health services to reduce health inequities. Socialist principles influence these health-related public policy ideas.

The changes we want in policies are not capitalist; they are socialist. Even though these policies may seem like small steps within the current system, they are socialist practices and ideas. This approach serves two purposes: it makes immediate improvements under capitalism and paves the way for a socialist system that focuses on meeting people's needs, not making profits. The chapter supports a platform from the Socialist Project Labour Movement promoting solidarity among workers, making labour movements more democratic, and forming a socialist political party. To achieve health for all, we need to replace capitalism with socialism.

This book aims to spark thoughtful conversation and collaboration by moving away from capitalism to improve society and health. Health is not just about nursing and medicine; it is integrally connected to economic, political, cultural, and institutional systems. Moreover, it encompasses philosophy and ethics. Capitalism's focus on individualism and competition harms people and the environment, making it all but impossible to achieve health equity. We must work together to envision and create a new world that ensures fairer and better health for all.