Economic Crises and Public Health in Historical Perspective: Health System Responses
Saltmarsh Room, King's College, Cambridge
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Participants

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Modern Problems and Historical Perspectives

ER opened the conference by discussing the importance of studying economic crises and public health from a historical perspective. While she recognized the reluctance of some historians to interrogate the past in order to illuminate the future, ER emphasized the need for such research because the present situation raises many interesting questions about the past and vice versa.

While this topic engages with an expansive set of issues, ER stressed that this conference should try to limit its scope where possible by focusing on health systems defined as "the organization of public health and private health." Such an approach would take as its object of study the complex of hospitals, nurses, and public health institutions as well as methods of paying for healthcare services. ER described how changes in these systems lead to the sort of chain transformation in the movements of people both within and across countries, people as patients and people as providers, which will leave a lasting impact on society even once the economy has recovered.

She pointed out that current events are markedly different from what we might have expected at the beginning of the economic crises in 2008. Alongside the ongoing economic turmoil, historic efforts at reform in the US and China—which are home to the world's largest healthcare market and to the world's largest group of patients, respectively—have fueled debates on how best to ensure a widely available, high level of public health. This confluence of factors has meant that the current status quo is particularly sensitive to change and worthy of investigation.

Lessons from the Historiography: Inconsistency and Continuum

KW drew attention to the inconsistency of academic interest in the relationship between economic crises and health systems. The topic has been ignored during boom times and investigated more

thoroughly during periods of recession. SA believed the variable interest paid to the connection between economic crisis and public health implied a dynamic relationship between history and policy. He wondered if the convergence of periods of interest and periods of crises could be related to how policy makers want new kinds of historical narratives to support policy at any given moment. Thinking more broadly, SA called for attention to the differing historiographical approaches to the topic. The focus on political economy of public health during the 1970s led to research on health systems and their relationship to economic history, while a more social and cultural history of medicine of the 1980s and 1990s produced more internal history of medicine. Each phase offered different insights into the effects of economic crisis on health. ER wondered whether and, if so, how external circumstances urge historians to reframe their projects.

The discussion shifted from historiographical trends to demographic trends. KW discussed how the available research is itself inconclusive on the question of what effect, if any, economic crises have on public health. For example, research into mortality rates and demographic trends by the League of Nations came to the unexpected conclusion that the Great Depression had little effect on these health indicators, while more recent research finds a less optimistic picture. Specifically Charles Webster's work on the same period in England has found evidence of a notable rise in maternal mortality, caused by inadequate welfare provision aimed at pregnant and nursing mothers, and in the United States, Natalia Molina's work found additional variations among certain regions or racial groups. Such differences in health trends by gender, age, race, or location can be hidden by aggregation of population statistics.

SA stressed the importance of the 1930s as a topic of focus in studying demography and discourse in public health. First, research into the 1930s highlights the problematic-but-essential notion of the 'region,' since during that time discourse on global public health divided the world into 'regions' in which public health should be managed. This issue of regions carried over quite tangibly into the way that the WHO operates. Second, looking at global migrations from 1850-1950, the 1930s are, in his view, a watershed where we see a reversal of the peak migration of the 1920s. He suggested that further research into migration flows during the current economic crisis would be fruitful. ER discussed the need to pay attention to migration within countries as well, as intra-country movements have been quantitatively much larger in some recent periods than movements across national borders. SS stressed that migrations raise serious questions about changes in health status over time. Research indicates that large pockets of migrants can have very different health aspects from native populations.

RH sought a more micro perspective on changes in behavior during times of economic crisis. He asked the group to think about how individuals, families, and communities alter their actions, the way they see the world, and the way they understand themselves in response to crisis. He also wondered what connections might be uncovered between scientific revolution and political/social/economic change. On this topic of micro histories, ER drew the group's attention to Charles Rosenberg's research on the Philadelphia General Hospital. By looking at the records of a single institution over an extended period of time, Rosenberg achieved a history that was not macro but larger than micro. Such a history, she said, would provide a valuable starting point to find more individual stories in a historicized context.

SS said that research on certain policies and their effects should be carried out cautiously. He discussed the potential of a chronological gap between the development of certain ideas about public health and their implementation. Crises can provide opportunities for preexisting ideas, which

were unviable in times of stability, to influence change. In this respect, crises are only one component in a larger historical context and continuum. Similarly, demographic historians must not assume a coterminus between economic stability or the implementation of policy and the expectation of improved health outcomes. He pointed to a number of studies, which suggest that economic growth does not necessarily produce rising health for the population.

Before moving on, the group considered the competing ideas of economic crisis as a single event and crisis as part of a larger continuum. LC wondered how research could disentangle the effects of cyclical or seasonal crises and more dramatic events. TH pointed out how in the Southeast Asian case, the Great Depression is one component of a longer series of events; the Depression was followed by famine and then world war, yet the literature treats these events in a fragmentary way.

The Current Healthcare Market: Aspirations and Uncertainties

MA discussed the circumstances of Filipino health workers in Singapore and how they have been affected by the recent economic crises. Through her research between 2008 and 2009, she sought to understand the aspirations and insecurities of this subset of migrant laborers.

Filipino nurses go to Singapore because of attractive compensation and because they can build up credentials to take them on further to Europe or North America. MA found constant discussion of the necessary examinations, visas, and policies. Stories, rumors, and informal networks of information via the internet have become key sources of information about such new job opportunities. MA suggested further research on how such 'transit cities' might take on a greater importance and be places where migrants take on greater importance. Also, she raised the question of how sociality, community, and bonding might change in these transit cities.

MA described what types of adjustment have been necessary because of the crisis. Reductions in new hires have placed more responsibilities on those employed; however, as an employment sector, nurses, caregivers, and technicians are held in high esteem and have faced few direct staffing cuts in Singapore. (On this note, SS told the group that healthcare is likely countercyclical and unlikely to be affected directly in the way other industries currently are.) Such appealing job prospects for nurses abroad have had complex effects in the Philippines. Even with migration, the country faces a surfeit of nurses, and many health workers have to volunteer or go into other industries for a considerable period before working in their chosen field. This frustrating domestic situation and the appeal of working internationally have led to the loss of the most skilled nurses in the Philippines. The government has responded with the Nurses Assigned in Rural Service (NARSE) program to address the oversupply and to provide services to the poorest municipalities. Joining this socially conscious program is not, however, without its personal benefit, as potential participants are told that this experience will give them an edge overseas. MA concluded that for these migrant nurses, the economic crisis compounded existing uncertainties rather than marking a new period of drastic change.

TH suggested that further investigation into individuals working in private homes, where job security is based on flexible spending by a family, might be a worthwhile and relevant stream of research to pursue. Looking historically, TH discussed the interwar depression when nurses were 'exported' internationally for the first time through programs that connected the Royal College of Nursing to certain colonies. These employment arrangements were one of the earliest situations where Europeans worked alongside Asians. This raised further questions about migration,

community, and human movement. ER asked how these nurses keep in touch with their families and what records, if any, might be available for future research. MA pointed out that text, voice, and video chat via the internet are the main sources of communication, which, unfortunately, may not leave a lasting archival trail.

SS suggested that the export of healthcare workers from the Philippines might have been facilitated by the country's comprehensive identity registration system, which allows for better tracking and bureaucratic processing of individuals abroad. He wondered how economic crises might introduce perturbations in registration systems.

Population Health: Economic Problems and Social Solutions

DS discussed two emerging views in the literature on the effect of economic crisis on health. First is the perception of crisis as a disaster because of the uncertainty, malnutrition, and alcoholism it can cause. Second, and in some ways contradictory, is the view of crisis as a blessing where fewer working hours allow people more free time to exercise and where financial limitations cause a reduction in driving, smoking, and drinking.

DS analyzed three economic crises, the Great Depression, post-Communist depressions, and the East Asian financial crisis, in further detail. During the Great Depression, unemployment rose to 25% and suicide rates grew by about 40% while GDP dropped by 30%. Overall mortality rates, however, fell by about 10%. DS believed the source of this drop to be the provision of New Deal welfare programs and Prohibition, which forcibly curbed drinking. The post-Communist experience was much more difficult. Alongside a 33% collapse in GDP, the disbanding of the Soviet welfare state and the provision of cheap alcohol on the nascent market led to an increase in all cause death rates by about 20% and a rise in suicide rates by about 40%. The effects were even more dramatic in countries with weak social protections and low social capital; however, Cuba and Finland stand out as counterexamples where incomes fell but health remained stable. During the East Asian Crisis, those countries that borrowed from the IMF and devalued their currency more had greater increases in suicide rates. Singapore stayed on the fiscal path and mortality trend on which it had previously been, whereas South Korea had a sudden upshot in suicide rates.

DS believed that forms of social protection and social cohesion would be part of an effective response to these risks during times of crisis. Policy implications of these lessons are that greater spending on labor market protections could mitigate the effect of the economic shock; whereas, spending on healthcare or cash benefits for the unemployed did not really effect populations in the same way. DS viewed crisis as an opportunity, and he recognized that somebody will take advantage of it. In health so far, fast food chains and tobacco manufacturers already have offered goods and services at reduced prices, and the temptation of quick fix social programs could lead to unsustainable and ineffective policies. DS stressed that the challenge for historians, anthropologists, and social scientists is to make sure that short term political fixes do not compromise long term universally shared social goals.

Following on DS's point about the need for social cohesion, PP discussed Richard Wilkinson and Kate Pickett's work on inequality. He emphasized that addressing the challenges of crisis was not just a question of having programs, but also a matter of the type of programs, how people relate to them, and how they are perceived. In that respect, he saw an important psychological pathway between economic crisis and health. LC wanted to clarify how exactly the group was defining health,

and he inquired about the possibility of moving beyond mortality to include mental health and other forms of distress. DS pointed out that for many periods, little to no data exists beyond mortality statistics.

PP also reiterated the uneven effects of crises as, for example, in the current crisis which has had greater impact on employment among men versus women and the young versus the old, and he also discussed the potential for delayed influence through the impact of stress on children or, perhaps, even intrauterine stress during pregnancy.

Historical Perspectives: Disruption and Demography

SS began a discussion of population health during periods of dramatic economic change in the 18th and 19th centuries. In the same vein as DS's comments, SS described how the impact of a primarily economic crisis on the health of the population depends on the extant mechanisms in place to protect them from the effects of economic instability. Rarely does health impact depend on the form of the economic crisis itself. SS believed the major determinant is whether the society had or had not already provided itself with social security for the vulnerable, and he observed that health impact during an economic crisis indicates that something is actually amiss from *before* the crisis.

Drawing from his research in the nineteenth century, SS explained that the corollary to the observation that crisis is not necessarily harmful to public health is that prosperity is not necessarily beneficial to it. By the 1830s the governing class had become so confident that their economic science had ensured prosperity that they dismantled the previous social welfare provision, the Poor Law, and set up a deterrent system through the New Poor Law. The contemporary understanding had been that if government looked after economic prosperity, then other social benefits such as public health would follow; however, the health of the nation did not improve even while trade and imperial possessions grew. SS described how economic growth, which can be turbulent even if it is sustained—produces a state of perpetual crisis. He believes that attendant to rapid economic change are four D's: disruptions, deprivation, diseases, and deaths.

In order to illustrate his point about the critical role of social security in times of crisis, SS described the circumstances of the Irish Famine of the 1840s and the subsequent actions of government. The initial government response to the Irish famine was to create a board of public works in March 1846; however, governmental fear of creating dependency and crowding out private activity led them to offer less than a subsistence wage for public workers through the program. Soup kitchens which had been established are believed to have distributed more than 3 million meals per day at their peak in 1847; however, a sudden fall in cotton prices and subsequent financial disruption in London motivated Whitehall to cut back its involvement in Ireland. Public works programs were replaced by the Irish Poor Law Extension Act in June 1847, which created work houses and effectively ended significant involvement by central government in relief efforts. By July 1849 200,000 individuals were in workhouses with another 800,000 receiving outdoor relief, but the Irish Poor Law could not meet all demands. SS quoted the nineteenth century Registrar General of England and Wales, George Graham, who described the plight of Irish immigrants to Britain. He wrote, "the depressing aspect of this overflow of pauperism from a third part of the United Kingdom, left for centuries without an efficient poor-law…[is] in one sense a natural calamity—in another...a national crime." Overall, the famine is believed to be related to approximately 1 to 1.5 million deaths and the migration of 2 to 2.5 million individuals.

LC zoomed out and considered more abstractly the circumstances SS had described. He emphasized the potential disconnect and, sometimes, inverse relationship between economic growth and public health, and he stressed that it was not famine or crisis alone that caused disruption but also the responding policies and state structures. He described government policies as political constructs, which were based on the underlying ideological ferment in society. He asked the group to consider how ideological conditions are formed and created, how current ideologies mirror or differ from SS's historical context, and whether current events suggest the creation of a global international ideology. He cited protests, movements, and the attitudes of elites as potential influences on such ideology. ER noted an apparent typology of effects. Policy mediates the way economic circumstances can effect health, and ideology effects how policy develops. She believed economic crises could be on both sides of the equation where crisis can change policy in the short term and ideology in the long term.

ER wondered how we might describe current ideology and how it compares to historical experiences, and she also asked whether there was a modern parallel to the budget limitations facing Parliament in 1847 that led to cutbacks in relief to Ireland. SS pointed out that in the 1970s under Labour and 1990s under the Conservatives, policies involved an effective combination of both judicious cuts and rises in taxation. Current political rhetoric, however, focuses entirely on cuts.

Both SS and ER reiterated the importance of studies of migration in response to past and present economic crises and their relationship to health. RH inquired about the lack of mass protest amid the crisis of the Irish Famine of the 1840s. WO discussed migration as a critical component in shaping the course of events in the nineteenth century United Kingdom. Before the 1780s, North America provided an output for migration. While the population increase that resulted after the closure of that output led to social unrest, social elites who might have led protests were drawn into the Indian Civil Service. Major protest would have been tied to issues of fair terms, fixity of tenure, etc.; however, the absence of an urban vernacular domestic elite left any discontent that existed without appropriate leadership and focus. Frustrations did not translate into an 1848 movement in Ireland because of the famine and because there was no class that spoke to such pressing issues. WO suggested that SS should add a fifth D to his list, that of 'distancing' as a way to capture the element of migration in his framework. Before concluding, WO pointed out the lack of any discussion on religion as a player in politics, ideology, and charity during times of crisis. On this topic, he urged the group to consider the work of Cormac Ó Gráda.

Conclusions

LC began closing remarks by pointing out a gap in the preceding discussion that should be considered in future seminars. The group had not discussed the reverse effect of health on economic growth even though the two share a cyclical and bidirectional relationship, and apart from MA's work, they focused more on health outcomes and conditions than on health and medical systems themselves. Addressing these topics would yield a fuller understanding of the multidimensional nature of the current crisis with all of its social, institutional, and medical determinants.

RH saw crisis as an opportunity for new approaches to medicine and healthcare, just as political and economic upheaval at the first half of the twentieth century had facilitated the creation and rise of social medicine after a long period of stasis in British public health. RH then laid out a set of

questions for the group related to public health as it is affected by international aid, civil society, and diplomacy.

- Aid flows have decreased in the year following the crisis, and skepticism about the effectiveness of direct aid has been rising. What can we learn historically from aid flows?
- UNICEF and WHO are going through major budget changes. What is the future of multilateral action on health? What is that going to do to multilateralism and bilateralism? What has been the impact of economic crisis on diplomacy?
- It's very important to understand the trajectory of civil society movements. At moments of crisis, what has been the role of foundations and organizations like foundations? Gates Foundation has constantly walked away from health and health systems foundations. What was the contribution of the Rockefeller Foundation? What was their impact? How can we use that in our present day?
- To this list, ER added questions about the role of private funding and private subcontractors. What is the role of the private sector? What are the ethical and economic implications of their involvement?

Finally, RH addressed the role of academia in the global response to economic crisis. He discussed the ineffective responses of certain policy makers and international health organizations. Many conferences of international organizations have yielded few answers on valuable next steps, and he believed that this inertia resulted from the lack of a strong evidence base on how to respond. RH believed that the seminar's research and discussions were effectively creating such a necessary scientific/economic/historical health base that had previous been lacking. Thinking historically, ER pointed out that universities suffered greatly in the 1930s, and while the current crisis might provide an opportunity for important research, it also creates considerable uncertainty. She pointed out that Harvard Medical School has had to cut back on its current international public health activities.

Looking forward, RH saw three sources of optimism and further research and three more pessimistic potentialities to watch out for. Of his optimistic views, he first wondered how different political systems might influence different health outcomes through their mediation of economic crises, and he noted Vicente Navarro's work on this topic. Second, he saw crisis as a potential catalyst for greater global thinking, and he sought an opportunity to use this crisis to change the way people think about the interrelationships of trade, foreign direct investment, institutions like the WTO in the health sector, etc. Third, he saw crisis as an opportunity for innovation in schemes of social protection.

RH's less hopeful thoughts centered first on the as yet undefined relationship between economic activity and health. What is the relationship if not linear? Second, he worried that current circumstances in which health systems face cost-containment pressures may not be politically sensitized or radicalized enough to enact ambitious, lasting change. Finally, he wondered whether communities had the necessary resilience to respond to insecurity and, where they did, whether that adaptation was recognized and encouraged.

Relating back to LC's point about ideologies, RH encouraged the group to think of the crisis as not only an economic crisis but also a political, social, cultural, and an almost psychological crisis. He wondered whether the current seminar series could do something transformational in the form of a realignment or rearrangement of some of the concepts that we assume to be correct about our meaning of health, individualism, rights, communities. In closing, he asked, "Are we writing a new

anthropology?" ER drew upon this notion of anthropology and discussed the intricate connections between a possible microhistory of health systems, such as MA's nurses, that is simultaneously a sort of cosmohistory in terms of people's imaginative lives and where they dream of going. TH made the case that some of the best new research involves pursuing further research into strategies of change, adaptation, resilience, and how the challenges of health have been experienced from within.

PP reassessed the terms of the conference themselves. Drawing on the work of J.B. Shank, he discussed the origins of the word 'crisis.' The term originated in Greek medical practice to describe when disease hits a point where a person is going to get better or die. He explained that the term was not picked up for popular use until the 17th century when people began to think of societies as organisms. These etymological routes have meant that the word has come to us from medical scientists as over-determined phenomena that play themselves out beyond human agency. He urged the group to rethink how these moments of uncertainty and anxiety are made by and addressed by human agency.

In closing, SA left the group with the suggestion to investigate the imagination that certain societies have of such disaster and to look at such community responses in comparative perspective, just as the seminar was looking at the past and present.

Selected Readings Referenced During the Seminar

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