Medicine and Public Health at the End of Empire:

Lessons for PNHP from Cuba, Other Latin American Countries, and Asia

Howard Waitzkin

(Thanks to Rebeca Jasso-Aguilar, Mira Lee, and Sofía Borges)

Physicians for a National Health Program
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WHERE WE ARE HEADING

- Health and the rise of empire
  - The connections among empire, public health, and health services have operated through several key mediating institutions.

- Health and the fall of empire: building an alternative future in medicine and public health
  - Conditions during the 21st century have changed to such an extent that a vision of a world without empire has become part of an imaginable future.
  - We analyze several popular struggles in which we have been involved during the past decade as researchers and activists.
  - The current economic crisis, worldwide, is a tremendous positive opportunity for progressive change.
WHERE WE ARE HEADING

- We are living in a critical moment of history.
- Significance of:
  - the debt crisis
  - failed policies of the International Monetary Fund, World Bank, and other international financial institutions
  - worldwide struggle of resistance and construction of alternative ways to organize society
  - worldwide consciousness of the 1%/99% pattern of fundamental inequality
• More on this point of view:
  
    • (including chapters with Rebeca)
“A critical and timely book that illuminates the realities and consequences of treating health and health care as commodities. Waitzkin powerfully reveals the global political and economic forces shaping even the most private of patient-provider encounters. He offers an invaluable reminder that alternatives are possible—and can be achieved through collective efforts linking social justice, public health, and medicine.”
—NANCY KRIEGER, Harvard School of Public Health

“Health reform is a lively and contentious topic, but, as Waitzkin shows in this informative study, our debates on reform are too narrowly framed. His thoughtful analysis raises important questions about conventional assumptions of doctrine and practice, scrutinizing alternatives—among them notably the record of social medicine in Latin America.”
—NOAM CHOMSKY, MIT

“This book is a thoughtful addition to the social medicine canon. Dr. Waitzkin makes an elegant and fascinating argument for the importance of recognizing politics as a determinant of health.”
—SANDRO GALEA, Columbia University

“Waitzkin offers a comprehensive overview of the political economy of health with revealing examples from the U.S. and Latin America. He shows the fundamental logic of progressive and of commercial health policies and their bearing on human flourishing.”
—ASA CRISTINA LAURELL, former Secretary of Health, Mexico City

“Waitzkin’s analysis of the ways in which capitalist development has produced and reproduced huge global inequalities is original and thought-provoking. His involvement as social medicine in the U.S. and in Latin America provides a fertile perspective for comprehending the rise and demise of neoliberalism and a hopeful basis for organizing a more humane and democratic global society.”
—CHRIS CHASE-DUNN, University of California–Riverside

“A welcome contribution to the thorny debate on health care reform. When national leaders overcome complacency, catalyze genuine social participation, and apply ethics to undermine inequities, the public good is rewarded, and revitalized health systems are the inevitable and natural consequence.”
—MIRTA ROSES, Director of the Pan American Health Organization

“Medicine and Public Health at the End of Empire presents a vision for a healthier and more just future.”
—CHARLES BRIGGS, University of California–Berkeley

HOWARD WAITZKIN is Distinguished Professor at the University of New Mexico and a primary care practitioner in rural northern New Mexico. His work focuses on social conditions that lead to illness, unnecessary suffering, and early death. Dr. Waitzkin’s books include *The Second Sickness*, *The Politics of Medical Encounters*, and *At the Front Lines of Medicine*. 
GOOD NEWS

- Capitalism, as we have known it, has ended.
- A new era has begun: socialism? (corporate socialism so far)
- Imperialism, “the highest [final] stage of capitalism,” as we have known it, also has ended.
- Crucial moment in history:
  - How to act as part of worldwide movement toward a more humane society.
Definition of empire (simple):

- Expansion of economic activities - especially investment, sales, extraction of raw materials, and use of labor to produce commodities and services - beyond national boundaries,

- as well as the social, political, and economic effects of this expansion.
THEORY

- Lenin (Imperialism, the Highest [Last] Stage of Capitalism):
  - Growth of empire related to extraction of raw materials and need to expand into new markets due to falling rate of profit
  - “Moribund” capitalism in the late stage of empire, mostly related to failures of banking system and costly militarism
- Robinson: transnational capitalist class
- Harvey: neoliberalism in uneven development
- Galtung: militarism in exhaustion
- Klein: disaster capitalism
- Bourdieu: new social movements against neoliberalism and for a strengthened public sector
The connections among empire, public health, and health services have operated through several institutions:

- Philanthropic foundations
- International financial institutions and trade agreements
- International health organizations
EMPIRE’S HISTORICAL HEALTH COMPONENT -

*Philanthropic foundations*

- Contributing to the needs of society was consistent with good business practices
- Partly to achieve favorable popular opinion about capitalist enterprises and individual entrepreneurs
• Andrew Carnegie, *The Gospel of Wealth*, 1901

• By contributing intelligently to address social needs rather than squandering one’s wealth, the business person also could assure personal entry into the heavenly realm (thus, the framework of “gospel”).

• [Compare religious faith in private market mechanisms for neoliberal economists]
EMPIRE’S HISTORICAL HEALTH COMPONENT -
*Philanthropic foundations*

• Andrew Carnegie, *The Gospel of Wealth*, 1901
  • “Imperialism” versus the more virtuous “Americanism”:

  “Imperialism implies naval and military force behind. Moral force, education, civilization are not the backbone of Imperialism. These are the moral forces which make for the higher civilization, for Americanism.”
EMPIRE’S HISTORICAL HEALTH COMPONENT -
Philanthropic foundations

- Rockefeller Foundation: international campaigns against infectious diseases
  - hookworm
  - malaria
  - yellow fever
EMPIRE’S HISTORICAL HEALTH COMPONENT -

*Philanthropic foundations*

- Infectious diseases proved inconvenient for expanding capitalist enterprises due to several reasons:
  - Reduced the productivity of labor.
  - Made areas with endemic infections unattractive for investors and for managerial personnel in mining, oil extraction, agriculture, and opening new markets to sell commodities.
  - Costs of care escalated when infectious diseases could not be prevented or easily treated.
EMPIRE’S HISTORICAL HEALTH COMPONENT -

*Philanthropic foundations*

- Characteristics (Rockefeller, replicated recently in Gates Foundation and others):
  - “Vertical” programs focusing on specific disease entities
    - Rather than “horizontal” programs to provide a full spectrum of preventive and curative health services
  - Development of vaccines and medications (the “magic bullet”)
    - Rather than broad public health initiatives to improve economic and health conditions of disadvantaged populations
EMPIRE’S HISTORICAL HEALTH COMPONENT -

*International financial institutions and trade agreements*

- Framework for current international trade agreements: “Bretton Woods” accords after World War II

- Bretton Woods negotiations led to the creation of:
  - International Monetary Fund
  - World Bank
  - General Agreement on Tariffs and Trade (GATT)
EMPIRE’S HISTORICAL HEALTH COMPONENT -

*International financial institutions and trade agreements*

- 1980s and 1990s: “The Washington consensus” = economic policies advocating deregulation and privatization
- 1994: World Trade Organization (WTO) replaced the loose collection of agreements subsumed under GATT.
- WTO and regional trade agreements have sought to remove both tariff and non-tariff barriers to trade.
Trade agreements have sought to remove both tariff and non-tariff barriers to trade.

- **Tariff barriers:**
  - Financial methods of protecting national industries from competition by foreign corporations, such as taxes on imports.
EMPIRE’S HISTORICAL HEALTH COMPONENT -

*International financial institutions and trade agreements*

- **Non-tariff barriers**: laws and regulations affecting trade, including those that governments use to protect safety and health
- WTO sets criteria for permissible or impermissible non-tariff barriers, such as:
  - environmental protection
  - food safety
  - intellectual property: patented medications and equipment
  - health services themselves
EMPIRE’S HISTORICAL HEALTH COMPONENT -

*International financial institutions and trade agreements*

- Non-tariff barriers: laws and regulations affecting trade, including those that governments use to protect safety and health
  - **Examples**
    - environmental protection: Metalclad, Methanex cases
    - food safety: hormone-treated beef
    - intellectual property: patented medications and equipment; implications for AIDS, cancer
    - health services themselves: privatization of national health programs
EMPIRE’S HISTORICAL HEALTH COMPONENT -

*International financial institutions and trade agreements*

- This perspective in the free trade agreements has transformed the sovereignty of governments to regulate public health and to deliver medical services.
EMPIRE’S HISTORICAL HEALTH COMPONENT - *International health organizations*

- Motivation for international cooperation in public health:
  - Concerns about infectious diseases as detrimental to trade
- 1902: International Sanitary Bureau
  - Panama Canal
  - Agriculture: banana republics
  - Extraction of minerals: Mexico, Venezuela, Colombia, Brazil
- 1958: Evolved into Pan American Health Organization
  - Still with major focus on trade
EMPIRE’S HISTORICAL HEALTH COMPONENT -

*International health organizations*

- World Health Organization
  - Part of United Nations
  - 1978: Alma Ata - ambitious vision of primary health care for all
  - 1980s: scaled back with neoliberalism
  - 1990s-present: financial crisis of United Nations
- Role of World Bank in WHO budget
- Collaboration with World Trade Organization
A dynamic, young, newly elected president makes health reform one of his highest priorities.

His proposal aims to improve access for the uninsured and underinsured.

To achieve that goal, he decides to collaborate with the private, for-profit insurance industry.

Public hospitals and other public-sector institutions would compete with the private insurance sector for public, tax-generated revenues.
César Gaviria

HISTORY
HISTORY

• César Gaviria Trujillo
  • President of Colombia, 1990-1994
  • Health reform enacted by Law 100, 1994
  • Reform mandated and partly financed by loans from World Bank
  • World Economic Forum: financial elites
  • Model for health reform around the world and now in the United States
“Neoliberalism comes home to roost.”
Healthcare Insurers (Empresas Promotoras de Salud - EPS) were introduced for managing the Contributory Regime, as well as Subsidized Regimen (Empresas Promotoras de Salud Subsidiadas - EPS'). They were to compete for the enrolment of population and received a capitation payment to cover different benefit packages in each regime (Plan Obligatorio de Salud - POS and Plan Obligatorio de Salud Subsidiado - POS-S).

Currently, the contributory market is characterized by the predominance of private insurers - 86.1% of the affiliation - and the concentration in 5 private insurers that hold 50% of markets share [5]. The largest public insurer has been transformed into a mixed company with private capital and 5.8% of membership [5].

Competition for contracts with the insurers was also introduced among public and private healthcare providers (Instituciones Prestadoras de Salud - IPS). Healthcare for the uninsured (vinculados) and services excluded from the POS-S are provided by public hospitals funded by local and regional authorities [6], that represent 31.3% of total healthcare providers [7]. The uninsured have to pay for services and the insured make a co-payment according to their income [8].

The reform of the Colombian healthcare system has been, and still is, presented as a successful experiment in improving access to care [9,10]. However, it has been a long, complicated process, and the results are controversial [11,12]. In spite of the significant increase in public health expenditure from 3% to 6.6% of GDP, over the 1993 to 2007 period [13], around 15.3% to 19.3% of the population remains uninsured [14,15]; and 38.7% are insured under the subsidized regime [15] that covers a range of services (POS-S) greatly inferior to that provided by the contributory one [16,17]. Approximately 17% of health expenditure is devoted to administrative costs [18], of which more than 50% is spent on supporting daily operations (financial, personnel, and information management) and enrollment processes [19].

Furthermore, several studies seem to indicate a decrease in realized access to services [20,21], and point to significant barriers related to characteristics of population, such as insurance enrolment [22-28], income [22,25,26,28], education [22-27,29] and, characteristics of services, such as geographic accessibility and quality of care [26,30]. In 2005, the maternal mortality rate, an indicator that is sensitive to the overall healthcare system, was 130/100.000 in Colombia, compared to 30/100.000 in Costa Rica, while per capita 2004 health expenditure were similar (USD 549 and USD 598, respectively) but a GNP per capita lower in the former (USD 6130 and USD 9220) [31].

Figure 1 The model of managed competition in the Colombian healthcare system. Figure legend text: FOSYGA: Fondo de Solidaridad y Garantía (Solidarity and Guarantee Fund); EPS: Empresa Promotora de Salud (Insurance Company for the Contributory Regime); EPS’S: (Insurance Company for the Subsidized Regime); IPS: Instituciones Prestadoras de Servicios de Salud (Healthcare Provider); ESE: Empresa Social del Estado (Public Health Provider). → Monetary flows. Source: authors.

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NEOLIBERALISM

• Since early 1980s
• Argued that:
  • Market exchange maximizes the social good.
  • Human well-being could advance best by enhancing individual entrepreneurial activities within the framework of strong property rights, a free market, and free trade (Harvey 2005).
  • Economic growth is beneficial for everyone, at least in the long term.
• Promoted by international financial institutions (World Bank, International Monetary Fund, Inter-American Development Bank).
NEOLIBERALISM

• Neoliberalism also became a social, political, and cultural project:
  • Favored the role of the state as protecting market practices
  • Opposed the state’s roles in central planning and in the provision of public services, including medicine and public health.
  • Favored privatization of public services, with use of public tax revenues for private, for-profit insurance corporations.
Neoliberalism also became a social, political, and cultural project:

- Favored drastic cutbacks in public sector services and expenditures: “structural adjustment.”
- Free market principles displaced those of the classical economic liberals, who favored a relatively but not completely unregulated market, such as Adam Smith and David Ricardo.
- Hence the term “neoliberal.”
EVALUATIONS OF COLOMBIA’S REFORM

- International financial institutions: overall positive
  - World Bank, Inter-American Development Bank
- Model for World Bank/IDB proposals in Mexico, Brazil, Chile, etc.
EVALUATIONS OF COLOMBIA’S REFORM

MarketWatch

Colombia’s Universal Health Insurance System

The results of providing health insurance for all in a middle-income country.

by Ursula Giedion and Manuela Villar Uribe

ABSTRACT: By insuring more than 80 percent of its population, Colombia provides a valuable opportunity to gather evidence on a hotly debated health policy issue. Results from three studies evaluating the impact of universal health insurance in Colombia show that it has greatly increased access to and use of health services, even those that are free for all, and has reduced the incidence of catastrophic health spending. The impact has been more dramatic among those most vulnerable to health shocks: those living in rural areas, the poorest, and the self-employed. [Health Affairs 28, no. 3 (2009): 853–863; 10.1377/hlthaff.28.3.853]
EVALUATIONS OF COLOMBIA’S REFORM

• Acknowledged weaknesses of IDB-Brookings methods
  • “No randomized trial data were available to evaluate the impact of health insurance in Colombia, so the analysts had to rely on retrospective, already available household survey data...”
  • “Only a cross-section analysis ... was available to evaluate the impact of health insurance on financial protection in both the CR and the SR.”
  • Could not determine causal impact of health insurance on health outcomes.

From Few to Many

Ten Years of Health Insurance Expansion in Colombia

Amanda L. Glassman
María-Luisa Escobar
Antonio Giuffrida
Ursula Giedion

Editors

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For more information visit our website: www.iadb.org/pub
EVALUATIONS OF COLOMBIA’S REFORM

• “Achieving universal coverage faces several hurdles, not only because of financial considerations in the economy as a whole, but also because of the existence of safety-net providers that act as substitutes for insurance and provide incentives to ride the system for free.

• “The resistance of public hospitals to forgoing supply-side subsidies cannot be underestimated, owing to the political visibility of hospitals and the challenges posed by decisions made in the past.”

Source: Inter-American Development Bank. From Few to Many; Ten Years of Health Insurance Expansion in Colombia, 2009.
Second chance for health reform in Colombia

Colombia has hit some hurdles in its initial attempts at health reform, as it struggles to deal with soaring costs, technical issues, and public participation. Thomas C Tsai reports.

"But even though universal coverage seems a beneficial policy for Colombians, it has raised substantial criticisms...”

- In 2008 alone: approximately 143,000 lawsuits (tutelas) due to denial of treatment by private insurance companies.
- Costs outstripping public funds available.
- Inadequate “citizen consultation” in improving the program.

EVALUATIONS OF COLOMBIA’S REFORM

- Independent assessments much more critical
- Recent studies found major barriers to access:
  - segmented insurance design with insufficient services covered
  - insurers’ managed care and purchasing mechanisms
  - provider networks’ structural and organizational limitations
  - poor living conditions
  - “Insurers’ and providers’ values based on economic profit permeate all factors.”

RESISTING EMPIRE, BUILDING AN ALTERNATIVE FUTURE IN MEDICINE AND PUBLIC HEALTH

- Struggles against neoliberalism and privatization
- Struggles for alternative models in public health and health services
- Moving beyond historical patterns fostered by capitalism and empire
- Visions of a world post-empire

- (not consider very positive example of Cuba... Lillian will)
RESISTING EMPIRE, BUILDING AN ALTERNATIVE FUTURE IN MEDICINE AND PUBLIC HEALTH

- The struggle against privatization of health services in El Salvador
- **Theme:** maintenance of strong public sector in health and public health to provide access to services
- World Bank’s structural adjustment program proposal
- Coalition of professional and non-professional unions
- Reversal of privatization process
- Election of Mauricio Funes (FMLN)
RESISTING EMPIRE, BUILDING AN ALTERNATIVE FUTURE IN MEDICINE AND PUBLIC HEALTH

- Resistance to privatization of water in Bolivia
  - **Theme**: availability of clean water supplies as a fundamental goal of public health; resistance to privatization of water
  - *Regantes* ("irrigators"); *usos y costumbres* (uses and customs)
  - World Bank’s privatization proposal
  - Multinational corporation (subsidiary of Bechtel)
  - "War of water" - Cochabamba, then national
  - Election of Evo Morales
RESISTING EMPIRE, BUILDING AN ALTERNATIVE FUTURE IN MEDICINE AND PUBLIC HEALTH

- Social medicine’s coming to power in Mexico City
- Theme: vision of health services and public health from progressive perspective of Latin American social medicine
- Party of the Democratic Revolution; Andrés Manuel López Obrador (AMLO)
- Versus neoliberal orientation of Party for National Action (PAN), Vicente Fox, Felipe Calderón
RESISTING EMPIRE, BUILDING AN ALTERNATIVE FUTURE IN MEDICINE AND PUBLIC HEALTH

- Social medicine’s coming to power in Mexico City
- Cristina Laurell as Secretary of Health
- Major expansion of public services and institutions, medications, pensions
- Financing: reduced administration, corruption (“the government isn’t robbing you anymore”)
- Continuing dialectic; “Legitimate Government of Mexico”
RESISTING EMPIRE, BUILDING AN ALTERNATIVE FUTURE IN MEDICINE AND PUBLIC HEALTH

- Other examples of a new vision: Venezuela, Uruguay, and Brazil
  - Venezuela
    - *Barrio adentro*: Parallel, community-based health system, organized at grass roots
  - Uruguay
    - Election of Tabaré Vázquez 2004
    - Social medicine’s inspiration of integrated health services in municipalities
  - Brazil
    - “Collective health” in Ministry of Health
    - Community-determined budgets, public sector expansion in municipalities
RESISTING EMPIRE, BUILDING AN ALTERNATIVE FUTURE IN MEDICINE AND PUBLIC HEALTH

• Asia/ South Korea
  • Ongoing struggles to strengthen the country’s single-payer but under-funded national health program
  • Struggle to protect the rights and health of workers in the electronics industry,
    • Especially Samsung, the world’s largest information technology corporation
RESISTING EMPIRE, BUILDING AN ALTERNATIVE FUTURE IN MEDICINE AND PUBLIC HEALTH

• Asia/ South Korea
A heroic struggle to understand the risk of cancers among workers in the electronics industry: the case of Samsung

Mira Lee¹, Howard Waitzkin²

¹Physicians for Humanism, South Korea, ²University of New Mexico, USA
Special Contribution

Leukemia and non-Hodgkin lymphoma in semiconductor industry workers in Korea

Inah Kim¹, Hyun J. Kim², Sin Y. Lim³, Jungok Kongyoo⁴
Confronting Occupational Health Problems in the Electronics Industry: Samsung & Credomobile, Their Partnership?

Howard Waitzkin, M.D., PhD., Departments of Sociology and Robert Wood Johnson Foundation Center for Health Policy, University of New Mexico, Albuquerque
Mira Lee, M.D., Physicians for Humanism, Busan, South Korea
Jeong-ok Kong, M.D., M.P.H., Korea Institute of Labor Safety and Health, Seoul, South Korea

Abstract

The Samsung Group has emerged as one of the world’s largest and most powerful multinational corporations. In 2010, its total assets amounted to more than USD 340 billion, with annual revenues of about USD 220 billion and annual income of USD 21 billion.

Samsung focuses on electronics, but it also owns subsidiaries that deal with shipbuilding, telecommunications, construction projects, insurance and financial services, chemicals, retail stores, entertainment, clothing, and medical services.

Samsung has received wide criticism from organizations concerned about public health, labor rights, the environment, and fair trade. In particular, the company’s long-standing policy that prohibits union organizing has attracted critical attention. Another major struggle has focused on Samsung’s record in workers’ health. For instance, occupational health researchers and activists have called attention to clusters of leukemia and other cancers among Samsung’s South Korean electronics workers. In 2012, Samsung ranked third in a major report on the world’s most dangerous corporations.

To improve Samsung’s practices, one effort targets organizations that purchase Samsung products. Such an organization, Credomobile, buys Samsung cellphones that it provides “free” or sells to its subscribers. This collaboration with Samsung appears to contradict Credomobile’s “progressive” corporate policies that support labor rights, public health, and environmental justice.

This presentation will review systematically the results of several research projects that demonstrate deleterious occupational health consequences of Samsung’s policies. In addition, the session will explore strategies to change those policies, including international efforts to influence U.S.-based organizations that buy Samsung’s products.

Samsung

In 2010,
• Total assets USD 340 billion
• Annual revenues USD 220 billion
• Annual income USD 21 billion
33 subsidiary companies, including
• Electronics
• Semiconductors
• Telecommunications
• Construction projects
• Financial services
• Life insurance
• Medical services

In 2011, market share of
• Semiconductor - Dynamic Random Access Memory (DRAM) 42.2% (1st)
• Semiconductor - Mobile Access Point (AP) 73.0% (1st)
• Visual display - TV 22.5% (1st)
• Visual display - monitor 15.1% (1st)
• Mobile communications - mobile phone 21.2% (2nd)
• mobile communications - smart phone 19.9% (1st)

Criticism of Samsung

Samsung was ranked third in the 2012 Public Eye Award which identifies the world’s most unscrupulous corporations; coordinated by Greenpeace and Berne Declaration.

33 subsidiary companies, including
• Electronics
• Semiconductors
• Telecommunications
• Construction projects
• Financial services
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• mobile communications - smart phone 19.9% (1st)

Credomobile describes itself as “America’s only progressive phone company.”

From their homepage (www.credomobile.com):

“We’ve pursued two ambitious goals: working for progressive social change and running a successful business. We strive to make it easy for progressive individuals and we raise millions of dollars for nonprofit groups that do the same. Our social change work has always been the heart of our enterprise.”

Activism in 2011:
• 16,056,843 petitions, emails, faxes, and comments
• 161,997 phone calls to decision-makers
• 250 activists arrested at the White House

Donations in 2011 - total USD 2,789,612

Credomobile’s role?

Despite its progressive vision and Samsung’s unjust practices, Credomobile actively promotes and sells Samsung mobile phones.

In response to requests that Credomobile influence Samsung to improve its unscrupulous policies, Credomobile has shown lukewarm responses.

We believe that Credomobile is sincere in its vision and that it will take a leadership role for meaningful change in Samsung’s policies.
RESISTING EMPIRE, BUILDING AN ALTERNATIVE FUTURE IN MEDICINE AND PUBLIC HEALTH

- The decline of empire
  - Trade agreements
    - Defeat of Free Trade Area of America
    - Weakening of WTO after Cancún 2005
    - Binational, regional agreements with US - currently, Korea, Colombia, Panama
  - Alternative trade agreements: MERCOSUR, ALBA (Alianza Bolivariana para los Pueblos de Nuestra América)
  - Electoral victories, especially Latin America
  - Very few countries continue to accept policies of neoliberalism
RESISTING EMPIRE, BUILDING AN ALTERNATIVE FUTURE IN MEDICINE AND PUBLIC HEALTH

- The decline of empire
  - Weakness of capitalist economic system system
    - Socialization of banks and large private industries such as auto industry
    - Endless war
    - Disaster capitalism
    - Lenin: vulnerability and deterioration of empire in late capitalism
    - Galtung: end of U.S. empire by 2020

- Empire’s deterioration: reduced capacity to destroy democratically elected governments that do not defer to imperial expectations.
GOOD NEWS
RESISTING EMPIRE, BUILDING AN ALTERNATIVE FUTURE IN MEDICINE AND PUBLIC HEALTH

- The debt crisis
  - Weakness of capitalist economic system system
  - Social construction of crisis
  - Previously: debt encouraged, not a problem
  - “Debt peonage”
  - Debt crisis of Greece: creature of Goldman-Sachs
  - Fox guarding the chicken coop
  - People who created the process entrusted to solve it.
  - Persistent (religious?) faith in failed ideas and ideologies
RESISTING EMPIRE, BUILDING AN ALTERNATIVE FUTURE IN MEDICINE AND PUBLIC HEALTH

• The debt crisis
  • Weakness of capitalist economic system system
  • Pretext for expanding inequality;
    • Private access to public trust funds
    • Privatization of public resources
  • Examples:
    • United States
    • South Korea
    • Argentina
RESISTING EMPIRE, BUILDING AN ALTERNATIVE FUTURE IN MEDICINE AND PUBLIC HEALTH

• The debt crisis

• What country has the highest debt as a % of GDP?
<table>
<thead>
<tr>
<th>Rank</th>
<th>Country</th>
<th>% of GDP (CIA and Eurostat)</th>
<th>Date</th>
<th>% of GDP (IMF)</th>
<th>Date</th>
<th>Region</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Japan</td>
<td>197.5</td>
<td>2010 est.</td>
<td>225.9</td>
<td>2010</td>
<td>Asia</td>
</tr>
<tr>
<td>2</td>
<td>Saint Kitts and Nevis</td>
<td>185.0</td>
<td>2009 est.</td>
<td>196.3</td>
<td>2010</td>
<td>North America</td>
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<tr>
<td>3</td>
<td>Lebanon</td>
<td>133.8</td>
<td>2010 est.</td>
<td>138.9</td>
<td>2010</td>
<td>Asia</td>
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Note: The figures represent the percentage of annual ceilings; although of similar magnitude for the US (2010), it is different from government borrowings.
Source: U.S. Department of the Treasury/Federal Reserve Board

Estimated foreign holdings of U.S. Treasury marketable and non-marketable bills, bonds, and notes reported under the Treasury International Capital (TIC) reporting system are based on annual Surveys of Foreign Holdings of U.S. Securities and on monthly data.
South Korea Pays Off Debt to IMF

South Korea paid off the last of its debt to the International Monetary Fund on Thursday, closing a chapter in the 1997-98 Asian crash that forced one of the world's biggest economies to appeal for a foreign bailout.

The $140 million payment closed out the $19.5 billion loan two years and 10 months ahead of schedule, said Yoon Dae-hee, a spokesman for the Ministry of Finance and Economy.

"We've retaken our economic sovereignty," Yoon said. "From now on, we no longer need prior consultations with the IMF in planning and executing our economic policies."
The GDP per Capita at constant prices in South Korea was reported at 20107697.29 South Korean Won in 2009, according to the International Monetary Fund (IMF). In 2015, South Korea's GDP per Capita at constant prices is expected to be 25407482.81 South Korean Won. GDP is expressed in constant national currency per person. Data are derived by dividing constant price GDP by total population. In 2009, South Korea's economy share of world total GDP, adjusted by Purchasing Power Parity, was 1.94 percent. In 2015, South Korea's share of world total GDP is forecasted to be 1.98 percent. This page includes a chart, historical data and forecast for South Korea's GDP per Capita at constant prices.
ARGENTINA: DEBT DEFAULT 2002; FULL PAYMENT TO IMF 2005

- Argentina’s people resisted IMF’s conditions for public sector cutbacks and privatization.
- Massive protests
- Takeovers of factories, hospitals, clinics
- Workers’ self-management
- Economic effects were positive.
ARGENTINA: DEBT DEFAULT 2002; FULL PAYMENT TO IMF 2005

Argentina GDP Per Capita stands at 9894 US dollars, according to the World Bank. The GDP per capita is obtained by dividing the country's gross domestic product, adjusted by inflation, by the total population. Historically, from 1960 until 2008, Argentina's average GDP Per Capita was 6861.08 dollars reaching a historical high of 9894.00 dollars in December of 2008 and a record low of 4959.00 dollars in December of 1963.

The GDP dollar estimates given on this page are adjusted for inflation. The term Constant Prices refers to a metric for valuing the price of something over time, without that metric changing due to inflation or deflation.

The gross domestic product per capita is the value of all final goods and services produced within a nation in a given year divided by the average (or mid-year) population for the same year. The gross domestic product (GDP) is one of the measures of national income and output for a given country's economy. GDP can be defined in three ways, all of which are conceptually identical. First, it is equal to the total expenditures for all final goods and services produced within the country in a stipulated period of time (usually a 365-day year). Second, it is equal to the sum of the value added at every stage of production (the intermediate stages) by all the industries within a country, plus taxes less subsidies on products, in the period. Third, it is equal to the sum of the income generated by production in the country in the period—that is, compensation of employees, taxes on production and imports less subsidies, and gross operating surplus (or profits).


The euro area (EA17) seasonally-adjusted unemployment rate was 10.0% in August 2011, unchanged compared with July. It was 10.2% in December of 2008.

Inflation, government debt, current account, GDP, GDP growth rate, GDP per capita, and other indicators are available on the TradingEconomics.com website.
RESISTING EMPIRE, BUILDING AN ALTERNATIVE FUTURE IN MEDICINE AND PUBLIC HEALTH

- *Socio-medical activism in the post-empire era*
  - Confirm **core principles**:
    - right to health care
    - right to water and other components of a safe environment
    - reduction of illness-generating conditions such as inequality and related social determinants of ill health and early death
RESISTING EMPIRE, BUILDING AN ALTERNATIVE FUTURE IN MEDICINE AND PUBLIC HEALTH

- Socio-medical activism in the post-empire era
  - Bourdieu
    - Emphasize struggles seeking alternatives to neoliberalism and privatization, as the state and civil society transform
RESISTING EMPIRE, BUILDING AN ALTERNATIVE FUTURE IN MEDICINE AND PUBLIC HEALTH

- Socio-medical activism in the post-empire era
  - Robinson
  - Counter-hegemonic spaces, in which the given wisdoms that foster empire become demystified and unacceptable
  - All examples in Latin America include parallel community-based “workers” or “community” schools
RESISTING EMPIRE, BUILDING AN ALTERNATIVE FUTURE IN MEDICINE AND PUBLIC HEALTH

• *Socio-medical activism in the post-empire era*

  • Strategies for activism that can extend these counter-hegemonic spaces to broader social change

  • As the era of empire passes, no other path will resolve our most fundamental aspirations for healing.

• Thanks.