

Political economy *for* health: Key Terms in Political Economy and their Implications for Population Health and for Health Care

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Contents

Political economy for health: Introduction to the Key Terms Resource.....	2
Class.....	4
Financialisation.....	10
Imperialism.....	14
Intersectionality.....	26
Neoliberalism.....	39
Overproduction.....	44
Annex. Key terms in political economy with important implications for health care and population health.....	46
References.....	48
Index.....	52

About the Key Terms Project

This document is a pilot for a proposed annotated glossary of key terms in the political economy of health.

We have identified a number of key terms which could be covered in the proposed glossary (see [Annex](#)). We have draft entries for a few of these. The list of terms in the Annex is indicative only.

The outcome of the project would be an accessible, browsable resource which would support health practitioners in exploring the relevance of political economy to their work. Critical aspects of the design would be extensive cross referencing (between the key terms) and a full index focused on the health implications of the various key terms. These two features would support browsability and repeated dipping into and skimming across the document.

The implementation of the project could also provide a useful opportunity for existing members of the PEH SIG to work together in identifying key terms, reviewing contemporary usage, and considering the implications of the terms (and the underlying phenomena) to health.

The final form that the resource might take (online, hard copy, or journal publication) is open for further consideration.

Readers are begged to keep in mind that the pilot entries included in this document are first drafts designed to illustrate the concept. They will benefit from feedback and more work.

Political economy for health: Introduction to the Key Terms Resource

This booklet / website is prepared as a resource for people who worry about population health, health care and / or public health. The worriers we have in mind will include health science students (undergraduate and postgraduate), health policy analysts (however labelled or located), and health activists.

Underlying the design of this resource is a judgement that political economy as a broad discipline has an important contribution to make to understanding, policy development and activism around population health and health systems. However, political economy is rarely broached in health science education and is generally relegated to the underground in established health policy discourse.

A further assumption is that some of the terminology which carries the insights of political economy can be something of a barrier to accessing those insights. Accordingly, a resource focusing on key terms in political economy and their implications for health might facilitate wider access to the disciplines of political economy as they can be applied in relation to health.

The term 'political economy' is generally used to refer to a science of economics where the stocks and flows of 'the economy' are explicitly mapped against the social institutions and power relations which shape where those stocks are held and how those flows are mediated.

However, the term also carries normative implications which have their roots in the history of economics.

Prior to the emergence of 'neoclassical economics' the established discipline of economics was political. Neoclassical economics (with Jevons and Walras as significant figures) was characterised by a growing emphasis on modelling (based on the supply and demand relationship) commonly at the cost of neglecting institutions and power relations.

Contemporary usage of the term 'political economy' carries connotations of economic heterodoxy and critique, including various Marxist streams. However, Marx's own writing on economics (whilst highly political) was commonly cast in polemic against the economic establishment, referred to as 'political economy', as in his Contribution to the Critique of Political Economy (1859).

Neoclassical economics relies heavily on the use of economic models and in recent decades has taken economic modelling to new levels of complexity and in doing so has transformed conventional economics from an inductive science to a deductive dogma. Induction develops generalisations from specific experience; deduction applies generalisations, derived from theory, to the interpretation of experience. In this case, complex models of 'the economy' are created, based on mathematical equations selected for their elegance rather than their real-world relevance. (This elegance depends in large degree upon assumptions about economic relations tending to equilibrium as opposed to the dynamic complexity which is observed in the real-world.)

The appropriation of the term 'political economy' by various schools of heterodox economics (defined by their critique of orthodox (neoclassical) economics) serves to reaffirm the importance of institutional structures and power relations in shaping the stocks and flows of the economy and in setting the context for market relations.

In my discussion of key terms in this resource I avoid definitions; rather my focus is on usage and the political and intellectual context which shapes usage.

In my discussion of [class](#) as a term in political economy I recognise one common usage of the term purely as a descriptor. Thus, disparities in mortality rates which correspond to different levels of household income may be reported in terms of social class (with household income data used as a surrogate for 'social class' or more commonly 'socio-economic status'). However, social class also offers an analytic framework for making sense of wage and profit levels and the power relations which shape the distribution of the economic surplus generated in production. In Marxist usage social class also provides strategic guidance for political activism. These different usages (descriptive, explanatory and strategic) all draw on particular narratives regarding the wider context in which the term 'class' is found useful and the subjectivities of those who find the term useful.

The purpose of this resource centres around the use of the language of political economy for making sense of population health and health systems (includes the institutions of health care and public health), where 'making sense' encompasses description, explanation and strategy. Thus, each entry includes first a discussion of usage and second a reflection on ways in which some of those usages may contribute to more useful descriptions, explanations and strategies in relation to population health and health systems.

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Class

Usage

The term 'class' is used for widely different purposes.

Researchers whose purpose is primarily descriptive (eg demographers or statisticians) tend to treat 'class' as a descriptive variable, often closely linked to household income or wealth. A spectrum from very rich to very poor is defined and the numbers and circumstances of households at different points on the spectrum are described. A vast body of research in epidemiology has documented the links between burden of disease and income or wealth and other indicators of 'socio-economic status' (eg, Demakakos et al. 2016; Kokkinen et al. 2019).

The Marxist use of 'class' arises from an analysis of the structures and dynamics of social and economic power. The Marxist starts with a revulsion regarding the suffering of poverty and the unfairness of gross inequality. (See Engels 1845 (1845/1969) report on the condition of the working class in England.) From this revulsion stems a need to understand how poverty and inequality are reproduced and how they might be remedied. Marxist answers to these questions centre around institutional systems of production, distribution and exchange and the power relations which shape how such systems operate. In their analysis of such institutional systems and power relations the classical Marxists drew upon an analytic framework structured around different relationships to the means of production (ownership, management, wage labour). Marxist use of class analysis is closely linked to their analysis of the stocks and flows of the capitalist economy, including conflict over the distribution of the economic surplus and the dynamics of crisis and development.

Class analysis provides powerful insights into understanding the capitalist economy but its significance for Marxists also turns upon its implications for political strategy, including its identification of the working class (actually, 'the proletariat') as the principal agent of progressive political change (including revolution).

Capitalism operates differently in different countries, corresponding to their historical context and to their locus in the global capitalist economy. Reflecting in some degree these different experiences, different schools of thought contend within the Marxist tradition regarding both their analysis of contemporary capitalism and their preferred trajectories of political engagement. These different analyses and strategies also shape their approach to class relations and their usage of the term 'class'.

Capitalism also develops across time which calls forth evolving economic explanations and changing foci of socialist strategy and necessarily the associated connotations of 'class'. One dimension of capitalist evolution has been towards increasing economic integration across national borders. This started with pre-capitalist trading relations and conquests, through the period of colonial conquest and exploitation, to state-centric [imperialism](#) (Lenin 1973 [1916]), through to contemporary transnational capitalism. Nevertheless, a class analysis centred on the national economy has continued to characterise discourses of political strategy in many settings even while economic analysts have highlighted the changing social relations of capitalism associated with colonialism, imperialism and contemporary globalisation.

As a consequence, a divergence is sometimes evident in the discursive implications of 'class' when used in settings where the focus is primarily on explaining contemporary global capitalism in contrast to settings where the focus is on political organising.

In the national economy where class is defined by people's relationship to the means of production a national proletariat is envisaged as confronting a national bourgeoisie. In the classical Marxist accounts of European capitalism there is a clear recognition of the role (and brutality) of colonial conquest and contribution of colonial exploitation to capital accumulation in the metropolis. Lenin's

theory of [imperialism](#) developed this picture with his recognition of the separate roles of finance capital and industrial capital in the colonial/imperial structures.

However, while the focus was on political engagement in Europe, a construction of class was deployed which still focused on the social relations of the means of production in the metropolis.

The transformations of the late 20th century included political independence for the erstwhile colonies, the global reach of huge transnational corporations sitting astride [global supply chains](#) and the integration of the global economy, in part a consequence of the trade liberalisation associated with the [neoliberal](#) ascendancy.

With globalisation came some retheorising of 'class' with increasing use of the concept of a 'transnational capitalist class' (Sklair 2012; Robinson and Sprague 2018). It is not so clear what axis of analysis (to define the fundamental confrontation) is being used here, nor how the oppositional forces are being constructed.

By some accounts (eg, Madi 2018; Bello 2009) the most critical axis of analysis would be the control over global finance capital rather than the 'means of production'. In such a framework the transnational capitalist class would be defined by its control over global investment (including speculation) and the oppositional force a global mélange of middle classes, working classes and marginalised peoples.

This provides for a plausible explanation of the power relations which control the global capitalist economy but as the basis for political strategy it leads to further questions. These include questions about the prospects for a [convergence](#) of political movements reflecting these different oppositional forces; the possible processes which might lead to a stronger sense of shared subjectivity and [solidarity](#) across the mélange; and the forms of political engagement which might yield people's control over global finance and investment.

Convergence and solidarity are by no means inevitable. The recurring emergence of various forms of [neofascism](#) (Roberto 2018) points to various scenarios in which 'fear of the other' overcomes any rational case for building solidarity. Such scenarios also point to the limitations of a one dimensional – class based - analysis of society which ignores or discounts axes of analysis centred on gender, nationality, ethnicity, or religion. See [intersectionality](#).

Implications

These different meanings of 'class' are evident in useful descriptions, explanations and strategies in relation to both population health and health systems.

Health inequalities in countries

There is a huge literature describing the disproportionate disease burden carried by poorer as compared with richer people within countries and societies. (See Virchow (2006[1848]) as a reminder that this literature has a rich history.)

Much of this literature is commonly categorised as dealing with the 'social determinants of health'. Theories on offer for making sense of the relationships between health and class include:

- absolute material insufficiency;
- greater exposure to material hazard;
- alienation, lack of social support, lack of social capital (Kawachi and Kennedy 1997);
- perceived subordinate status (Marmot 2005);
- high pressure and low control at work (Karasek and Theorell 1990)
- relative powerlessness.

Much of this literature uses social class as a descriptor, as a metric for documenting health inequality. However, defining class in relation to the means of production, rather than treating it as

a continuous variable, suggests that, under capitalism, opportunities for good health are in some degree the outcome of class struggle.

This idea of a 'struggle for health' (Sanders 1985) is illustrated in the debate over 'social determinants' versus 'social determination'. The case for 'social determination' as a more useful term (Breilh 2008) is based on its explicating the production of health inequality is an active political process while the use of 'social determinants' may be taken as suggesting a set of disembodied 'factors' each of which has to be explained and addressed separately (housing, education, social security, etc). Breilh characterises his 2008 paper as "an invitation to confront the menacing forces producing our unhealthy societies and an opportunity to form fraternal partnerships on the intercultural road to a better world".

Health inequalities between countries

A comparable research literature on health inequalities between countries reflects some of these same contradictions between disembodied factors versus the active production of health inequalities through institutional and political processes shaped by the global distribution of power.

The descriptive side is not open to debate. The relationship between population health indicators and country level GDP per capita is stark.

The political processes underlying the 'development of under-development' (Frank 2019 [1986]) are only partly hidden. The covert subversion and economic and military coercion by the [imperialist](#) powers of resource-rich states which do not provide access for transnational corporations to their resources is well documented, Iraq and Iran being contemporary cases. Less blatant is the network of trade agreements which have been used to drive the [neoliberal](#) program globally. The asymmetrical rights and obligations associated with this trade regime have reproduced the barriers to economic development previously associated with colonialism while enriching the elites of the global North. However, the combination of imperial power and the market forces of neoliberalism has also contributed to the emergence of elites in the global South who are just as invested in the neoliberal program, notwithstanding its contribution to widening inequality.

The neoliberal regime depends in part on its ideological ascendancy, promoting the benefits of trade liberalisation, creating evidence to justify invasions, selling 'there is no alternative'. This regime is sensitive to the need for legitimacy and is vulnerable to the threat of delegitimation. The World Bank and the Gates Foundation illustrate the significant investment directed to promoting the legitimacy of the regime while recognising inequality, poverty, malnutrition and avoidable mortality as problems to be solved.

The explanations of inequalities between countries and strategies for reducing such inequalities are highly contested. The Bank focuses on particular institutional sectors (agriculture, urban development, or health care financing) and produces policy packages which focus solely on particular sectors while accepting as fundamentally beneficial the structures and dynamics of the global economy.

Among those critics who do recognise the ways in which the reproduction of inequality is embedded in the governance of the global economy a range of explanatory systems are evident, ranging from a focus on transnational corporations, to the international financial institutions, to US imperialism.

The theory of a transnational capitalist class, which brings together the ultra-wealthy, the managers of the big corporations and banks and the political elites of North and South; which envisages this class as having common interests, similar lifestyles, and a shared consciousness; and which deploys its political and economic power to maintain and protect the existing regime. This narrative provides significant explanatory power, although largely ignored by public health academia and by the policy gurus of global health governance.

However, the implications of transnational class theory, for political strategy, are not widely appreciated, and are barely acknowledged in the 'development and health' literature and policy discourse.

The People's Charter for Health (PHM 2000), the founding document of the People's Health Movement, is an exception. While not using the language of transnational class theory, the Charter structures its political program around the task of building a global social movement around the struggle for health (Sanders 1985); working to build solidarity and a shared understanding across numerous constituencies across all countries. Clearly a global social movement for health is not a sufficient driver of change but the program clearly envisages the building of solidarity across those social and political movements who do not accept the reproduction of inequality and who see the taming and replacement of neoliberal capitalism as necessary for human and planetary health.

Medical hegemony and class (and gender and race and ...)

The social class lens can also sharpen our understanding of the role of the medical profession in shaping political priorities regarding risks to public health and equitable, affordable access to health care. In many countries access to medical training is restricted to those families who can afford the quality of education and the cost of university training. In countries where access to medical care is associated with large out of pocket costs (medical fees or private insurance premiums) a certain ideological affinity may be evident between medical practitioners and their upper-class customers.

The class and ideological connections between the medical profession and the upper-class serves both sides; political support for medical privilege and medical hegemony in return for medical support for an individualised and personal choice view of illness and access to care.

This relationship is clearly evident in the professional support for individualist and behavioural approaches to health promotion linked to the neglect or discounting of the structural dynamics behind health inequalities.

One of the core elements of the primary health care model, celebrated at Alma-Ata in 1978 and elaborated since then, is the concept of 'community involvement' which is seen as encouraging health care practitioners to recognise the forces shaping the health of 'their' community and to build partnerships between practitioners and community which can work to address those forces.

By contrast, fee for service medicine, fiercely defended by the medical profession in many countries, promotes a more individualised approach to health care and entails an institutional framework much less able to work with communities to engage in the social determination of health.

The theory of a transnational capitalist class can be usefully applied here to a range of transnational industries including pharmaceuticals, junk food, and big oil, all of which benefit in different ways from a cooperative and well aligned medical profession.

Health care financing: universality versus safety nets

The social class lens can also bring into focus the class in the politics of health care financing. Assuming a progressive income tax scale the upper class has a strong incentive to restrict public funding of health care (and aged care, education, urban infrastructure, etc). However, the upper class is comfortable in buying private health insurance cover and managing gap fees. However, working class people vote and a need to shore up the perceived legitimacy of the governance regime resurfaces periodically.

These dynamics work out in different ways in different countries and times. However, a common pattern involves private health insurance and private health care for the rich sitting side by side with publicly funded safety net programs providing 'essential' health care services albeit with limited range of services and less comfortable amenity.

The theory of a transnational capitalist class is also useful here given the support provided by the World Bank, USAID and the Rockefeller and Gates foundations for 'universal health cover'. Despite the reference to universality, the model of health care financing being promoted under this slogan envisages a multi-tiered health system with a minimal safety net for the poor and privately funded private practice care for the rich. The support of the transnational capitalist class for multi-tiered health care is consistent with its palliative approach to inequality and the co-dependence of global finance for investment opportunities and national politics to attract such investment, including through low tax and deregulation.

Class struggle, population health and access to affordable health care

It would be incorrect to picture the working class as passive recipients of health policies (addressing population health and health care) which are determined by upper class (and transnational capitalist class) dominated political institutions.

The processes of political determination of health policy can be usefully pictured in terms of class struggle (including anti-colonial struggles and resistance to imperialism). This is particularly clear through an historical lens including for example:

- the classical narratives of population health in England during the Industrial Revolution (Szreter 2004; McKeown 1979);
- long-standing and ongoing struggles around occupational health (Berman 1978);
- the many stories of revolutionary doctors including Virchow (Ackerknecht 1957), Bethune (Allan and Gordon 1973 [1952]), Che Guevara (Anderson 1997) and Allende (Waitzkin et al. 2001);
- the prominence of health as a rallying focus in anti-colonial struggles, in China (Sidel, Sidel, and Sidel 1982), Guatemala (Behrhorst 1975), Brazil, Thailand and in the struggles of indigenous peoples for self-determination in settler colonised countries (see Foley 1991, from Australia, for example).

These struggles are ongoing but the application of class theory to explaining and strategizing has necessarily changed over time. While the struggles around occupational health which Berman describes in the US are usefully understood in terms of traditional class struggle between capital and labour, the contemporary struggles of fisher communities in India involve both the domestic ruling class and the transnational capitalist class which has allowed the industrial fishing fleets of ocean fishing countries to exhaust global fishing stocks.

Limitations of class analysis

The limitations of class analysis are not unique to health care but health related instances are significant.

Many important struggles around occupational health have been driven by women who have seen **patriarchy** as a critical way of framing their struggles around occupational health. The gender axis cannot be simply reduced to class as if patriarchy plays no role in the labour movement.

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Financialisation

Usages of financialisation

Financialisation refers to:

- structural changes in the global economy (in particular, the growing size of the financial sector);
- functional changes in the dynamics of capital flows (from investment to speculation); and
- a redistribution of commercial power (from industrial capital/ists to financial capital/ists).

The term assumes a distinction between the 'real economy' and the 'financial sector'. In the real economy goods and services are made and sold, profits are made, and capital is invested in productive capacity. In the financial sector financial 'assets' are created, traded, and sold; funds are loaned to households, businesses and government; 'wealth' is created (or destroyed) through speculation on asset values.

The distinction between industry and finance is not new (Lenin 1973 [1916]) but the growth of the financial sector (in absolute and relative terms) over the last 50 years has dramatically reshaped the relationships between the two domains.

The growth of the financial sector has been driven by the slowing of growth in the real economy and the redirection of profit from the real economy into the financial sector. This is commonly treated as 'investment' in financial (as distinct from productive) assets. It might be better referred to as speculation in asset values to distinguish it from investment in building productive capacity. Stagnation in the real economy (see [overproduction](#)) drives capital into speculative investment in the financial sector (Bello 2009).

Financial 'assets' (promises and bets) take many different forms, including bank deposits, shares, bonds, mortgages, and derivatives.

The growth of the financial sector has been accompanied by increasing debt; households, governments and corporations borrowing from financial institutions via the financial markets. These financial institutions (the lenders) include banks, wealth funds, managed funds, pension funds, insurance companies. These institutions mediate the lending of individual wealth as well as lending from the reserves of pension funds and insurance companies. The financial institutions profit from fees and charges levied for these transactions as well as the speculative opportunities they provide.

The ideological ascendancy of [neoliberalism](#) over the last 40 years has contributed to increasing pressure on households and government to borrow. Stagnant wages and unemployment drive borrowing for living expenses; speculation in housing drives up housing prices and indebtedness; the cutting back of the welfare state forces borrowing for education. A parallel set of pressures force industrial corporations to borrow for their operational needs and for new investment (in productive capacity). These pressures include the demands of investors for rising stock prices and for the payment of dividends.

Increasing debt gives power to the lender in individual cases, in particular, for low-income households, vulnerable governments and small businesses. However, of comparable importance is the commercial and political power of finance capital as a sector of the economy.

The commercial and political power of finance capital stems in large part from disruptive impact of sudden shifts in 'market sentiment'. In the case of individual companies who incur the displeasure of the market, a sell off of shares will reduce market capitalisation and for companies who have borrowed heavily (against their market value) may precipitate demands from their lenders for repayment of some of their debt (Kalaitzake 2015).

Likewise, government decisions which incur the displeasure of the markets may face a sudden outflow of private capital with an impact on exchange rates, increased export competition and increased domestic prices (for increasingly expensive imports). Market sentiment is largely an expression of fear and greed and as such can be powerfully influenced by mass media coverage and social media campaigning.

It is important to note that increasing debt may help to sustain economic activity (notwithstanding the trend towards stagnation) through debt funded consumer demand and debt-funded government expenditure. However, the price which is paid for such economic activity is a progressive transfer of title to the national estate from households and governments to the financial institutions and their wealthy constituencies (literally, entitlement).

The increasing power of the financial sector has other consequences.

Financial institutions sitting astride incoming financial flows need to find new markets both for debt and for real goods and services. Replacing publicly (tax) funded education with debt funded privatised education illustrates the kind of market opportunities which the financial sector is looking for. Likewise, the replacement of tax funded pensions with contributory pension schemes and the replacement of public (tax funded) health care with private health insurance.

These forms of market shaping take place within the domestic polity and internationally through the liberalisation of trade and investment. The financial sector is also keen to promote new markets for goods and services, for industries in which they have financial interests (as investors or lenders). Here again the use of political power to encourage the liberalisation of trade and investment plays an important role.

The financial institutions also have a powerful influence over the shape of the economy through their role in the buying and selling of companies. In the pharmaceutical sector, commercial opportunities which emerge in academic research lead to local start-ups with various forms of venture capital support. When one of these start-ups shows promise the global pharma giants, with their partners in the financial sector, will buy them up with a view to exploiting new markets (or possibly closing down such opportunities). Over the last 30 years the large pharmaceutical companies have moved from being integrated innovators and producers of a range of product to being the mothership of a portfolio of companies.

The financial institutions have a strong incentive to promote monopoly control of the sectors of the real economy where they have an interest (as investors or lenders) in the corporations who gain such status. Monopoly status in particular markets provides greater pricing power and protects profits from market competition.

Implications for health care and population health

The role of the financial sector in shaping the development of the pharmaceutical sector (including promoting pharmaceutical monopolies) has been noted above. These dynamics impact on the prices of medicines, vaccines and other medical products. They impact also on the pharma market more generally through directing investment funds into products with high profit expectations rather than high priorities with respect to needs. The political support provided by the financial sector to the pharmaceutical industry has contributed to the high standards of intellectual property protection provided to the industry and to its power to refuse to share its technologies, even in the context of a global pandemic.

These patterns of influence are also evident in relation to other health care supply industries including various branches of the electronics industries.

The financial sector has a direct interest in promoting competitive private health insurance markets and privatised health care provision. The World Bank and IMF have been promoting such

arrangements for decades, joined by WHO in the campaign for 'universal health cover' over the last two decades.

The pathways which mediate the influence of the financial sector on population health include:

- barriers to economic development facing L&MICs (Musthaq 2021)
- the drive to liberalise trade and investment in order to access new markets for transnational corporations and financial institutions and extend the reach of their global value chains (driving the global dynamic of [overproduction](#));
- the continuing global crisis of overproduction with wage stagnation and unemployment (Gouzoulis and Galanis 2021);
- policies of [austerity](#) and the wind back of the welfare state (where it had been established) with consequences for health care and education;
- the widening of economic inequality with increasing numbers of wage earners reduced to precarious employment while billionaires proliferate, followed and protected by the coupon clippers from the wealthy suburbs.

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Imperialism

Usages¹

Imperialism, in contemporary political economy, refers to an economic and political regime characterised by a hegemonic nation state imposing an exploitative economic relationship and oppressive political relationship upon one or more subaltern nation states, the metropole versus the periphery. The hegemon may be dominant globally (unipolar) or part of a competition with other imperial states (bipolar, multipolar). In the present period the US is the dominant hegemon.

Imperialism provides a theoretical framework for describing and explaining how the global economy works and the political relations between nation states. More importantly, it informs the strategies of political and social movements which are struggling to achieve a more equitable, convivial, and sustainable civilisation.

The structures and operations of imperialism have been reconfigured with the emergence of transnational capitalism or globalisation. In the Marxist tradition, there different views about the usefulness of the concept of 'imperialism' in the face of globalisation.

Robinson (2007) argues that "The class relations of global capitalism are now so deeply internalized within every nation-state that the classical image of imperialism as a relation of external domination is outdated". In Robinson (2011) he argues that,

the system of nation-states as discrete interacting units, the inter-state system, is no longer the fundamental organizing principle of world capitalism and the principal institutional framework that shapes global social forces or that explains world political dynamics. The nation-state/inter-state centric perspective bound up with world-system theory – and for that matter with many other approaches to world capitalism and world order – has become a blinder that limits and increasingly distorts our understanding of contemporary global capitalism and its crisis.

On the other hand, Petras and Veltmayer (2001) argue that 'the term **globalization** obscures much more than it reveals'.

In practice, globalization provides a cover for a new form of imperialist exploitation and the institution of US hegemony over a global process of capital accumulation. In the last decade, capitalists in Europe and the United States have created favourable conditions for the takeover and recolonization of economies across the developing world. International capital has managed to restore highly profitable returns on investments and operations as never before, creating islands of opulent prosperity within a sea of growing poverty and misery. [...] Globalization and imperialism are widely used as alternative frameworks for understanding the dynamics of the same worldwide developments and trends. Employing an imperialist analytical framework over that of globalization not only provides a better understanding but also points towards forces of resistance and opposition that through political action may bring about necessary change.

I take the view that both frameworks are useful although for somewhat different purposes. Globalisation, depending on how it is conceived, can usefully trace global value chains, cycles of

1. My focus on *usage* in these Key Terms, rather than *definitions*, reflects an understanding of the relationship between words and *reality* as contingent (dependent on who is speaking and where, when and why). The *meaning* which the user intends to convey in their *usage* arises from a network of related concepts, values, causalities and distinctions, ultimately their *world view*. A person's world view reflects their experience (what is) and aspirations (what do I need to know). Different usages can be debated in terms of which is correct. Alternatively different usages may be honoured by further dialogue directed to locating usage within world view.

accumulation, and changing [class](#) relations. However, imperialism brings power and control into focus in ways that most accounts of globalisation fail to do (Legge 2018).

It is a complex field; millions of words have been published, and there are thousands of different variations on the theme. I structure my account of imperialism in the early decades of the 21st century around six trends:

- the changing role of the military industrial complex;
- the liberalisation of trade and investment (but not knowledge or migration);
- the organisation of production within global value chains controlled by transnational corporations
- the outsourcing of lower skill, labour intensive production functions to low wage low rights jurisdictions;
- [financialisation](#), of the national and global economies; and
- the reconfiguration of class structures.

This itemisation is somewhat arbitrary; first because these ‘trends’ are all mutually constitutive and interdependent; and second, because there are useful debates among the contemporary theorists of imperialism and presenting a coherent account of the general idea may involve leaving out some of the nuance of these debates.

The changing role of the military industrial complex

Imperialism does not require the exercise of formal political rule, as under colonialism, although it may involve direct rule in some cases and times. Colonialism was alive and well in 1916 when Lenin wrote his pamphlet about imperialism, but he was writing in the context of fierce competition between European imperialisms. Colonialism was still the dominant mode of relation between metropolis and periphery (and mediated the transfer of value from periphery to metropole, see Patnaik and Patnaik 2021) but Lenin’s project was to understand the dynamics of metropolitan capitalism which drove colonialism.

The de-colonisation which followed the second world war was in part a consequence of national liberation movements, but it was also part of the ascendancy of US imperialism which needed full access to the European [ex]colonies. Changes were taking place in the global economy which enabled the imperial state to impose economic hegemony without always needing formal political control.

Significant changes in the role of the military in imperialism have taken place across the century following 1916. A new mode of imperial domination involving covert destabilisation, surrogate conquest through sponsored militaries, and economic sanctions have largely replaced overt armed force colonisation. Invasion has remained an option as in Vietnam following the Second World War and Iraq and Afghanistan 50 years later. However, while the direct role of military conquest in imperial policing may have receded somewhat, the need to build a strong military to support (or resist) encroachment across the boundaries of competing empires has remained paramount (Taiwan, Ukraine). Overshadowing these different scenarios regarding the use of military force is the significance of public expenditure on the arms industry; first, as an investment in technological innovation (gifted to private ownership); and second, as an expression of ‘military Keynesianism’. The burden of military expenditure is vitiated to some extent through arms sales to client states.

The liberalisation of trade and investment (but not agriculture, knowledge or migration)

‘Free trade’ has historically been the policy slogan of the dominant imperialism, and commonly advanced through military as well as diplomatic means (as in the destruction of the Indian textile industry by the British and the Opium Wars in China).

Free trade in manufactured goods was promoted through the General Agreement on Tariffs and Trade (GATT) adopted after the Second World War and was extended further with the creation of the World Trade Organisation in 1994 and the forest of bilateral trade and investment agreements negotiated from that period. The liberalisation of trade in goods and services is also promoted through imperial war (as in Vietnam) and through economic sanctions (as in Iran), and through US trade sanctions linked to Special 301 provisions of the US Trade Act (as in Thailand).

The progressive liberalisation of trade in goods and services has been strongly advocated by transnational corporations (from across the capitalist world), not just the TNCs of US imperialism. This is a significant change from earlier imperialisms when free trade within the empire was a tool against competing empires.

The liberalisation of trade in goods, services and investment stands in sharp contrast to the continuing protection of rich world agriculture (against imports from the global South); the escalating protections of corporate intellectual property (while enabling corporate access to traditional knowledges and resources); and the brutal constraints on migration from the global South to North (including economic, climatic and humanitarian migration).

This combination of liberalisation (with respect to goods, services, and investment) and protection (of agriculture, intellectual property, and migration) has played a critical role in opening the world economy to the transnational corporations of the imperial North and reconfiguring production (into thin global supply chains controlled by the TNCs, see below) and reconfiguring class relationships (and the emergence of the new transnational capitalist class, see [below](#)).

Economic globalisation has created space for TNCs from Europe, Japan, China, South Korea, etc as well as new institutions which serve the transnational capitalist class without regard to nationality. This has led commentators such as Robinson to argue that the concept of imperialism, defined in terms of relations between nation states (hegemonic relations between metropolis and periphery, and competing relations between different imperialisms) is no longer useful in understanding the global polity and economy. This position is only tenable if one ignores the global policing role played by the US military, including its huge military budget, thousands of military bases on foreign soils, and frequent military adventures.

The organisation of production within global value chains controlled by transnational corporations

Contemporary economic globalisation is characterised by the organisation of investment, innovation, production, marketing, and sales through global value chains controlled in each case by an oligopoly of huge transnational corporations. The shape of these global value chains and the modalities of control, vary across different industries (consumer technologies, supermarkets, convenience foods, entertainment, digital services, financial services, pharmaceuticals, health care and health insurance, and fossil fuels). The oligopolists managing these global value chains are able to use their market power, access to technology, and access to investment funding to drive hard bargains with their suppliers (competing to supply the TNCs) and their distributors or franchisees (competing to maintain their involvements).

The power of the TNCs, and their position astride these global value chains, is not the consequence of the invisible hand of market forces but has been carefully constructed through a combination of imperial and market power.

The role of the imperial powers in enabling and sustaining this globalisation on behalf of the transnational capitalist class is most clearly evident in the economic reforms driven by the IMF and World Bank as part of their structural adjustment policies, brought into play when countries (particular LMICs) have faced various debt crises. These reforms typically involve cutting government expenditure on urban infrastructure and human services (to free up tax revenues to service foreign

debt), devaluing the currency to make exports cheaper to earn foreign currency for debt repayment (notwithstanding the impact on the prices of imported goods), and tax concessions and infrastructure projects to attract foreign investment.

Further restructuring of the global economy was effected through the adoption of new global trade rules through the WTO agreements (from 1986) followed by regional and bilateral trade and investment agreements. The aggregate effect of these agreements has been the combination of liberalisation and protection described above.

Imperial discipline has played a central role in this global restructuring including covert destabilisation (Chile), and surrogate warfare (Iran) as well as the use of economic sanctions (based on the power of the US over banks all over the world to block dollar transactions) and the use of trade sanctions (under Special 301 provisions of the US Trade Act), denying or restricting access to the US market through tariffs and quotas to punish countries seen to be defying globalisation.

However, it is not just the imperial states which are driving globalisation. It is also the financial markets through which the managers of capital are able to exact punishment for such defiance. The threat of selling off a country's currency or precipitating a collapse in share prices or increasing the interest costs of borrowing are all powerful expressions of 'market sentiment' as a modality of control. The threat of such sanctions is generally communicated (and initiated) by the international financial institutions, the development banks and the financial media.

Another expression of 'market sentiment' is manifest in the negotiations between TNCs and countries over the prospect of large investments, with the corporations demanding tax concessions and exemptions from environmental and labour regulation as conditions for such investment. Such tax and regulatory extortion is commonly supported by the development banks through promises of linked lending.

The outsourcing of lower skill, labour intensive production to low wage, low labour rights jurisdictions

Outsourcing is one of the central means through which workers on LMICs are exploited through global value chains (or what Suwandi (2019) calls 'labour value chains').

The archetypal examples are the iPhone, the T shirt, and coffee beans. In each case the TNC is able to force its suppliers / contractors in LMICs to extract maximum value for minimum wages from their employees while adding huge markups (accruing to the parent corporation) when the product is sold in the metropolis.

According to conventional national accounting the low prices which the TNCs pay their suppliers for the iPhone, the T shirt or the unroasted beans simply reflects market conditions. As the price paid by the parent corporation is kept low (through low wages, long hours and tight supervision) then the value added in China or Bangladesh or Brazil is recorded in national accounts as relatively small. Because of the arm's length relation between the parent corporation and the supplier the price paid by the parent for the finished product is recorded in official statistics as the cost of an import. The massive mark up is then recorded as value added in distribution, marketing, and sales which reduces nominal profit in the metropolis. The imperial state accrues tax revenues and benefits from foreign exchange when the product is exported (from the metropolis).

Smith (2016) cites a study by Linden and colleagues of iPod production (in China) and sales (in the US) 2006.

Linden et al. found that "the iPod and its components accounted for about 41,000 jobs worldwide in 2006, of which about 27,000 were outside the U.S. and 14,000 in the U.S. The offshore jobs are mostly in low- wage manufacturing, while the jobs in the U.S. are more evenly divided between high-wage engineers and managers and lower-wage retail and non-

professional workers". Just under 8,000 US workers were "retail and other non-professional" workers (average wages, \$25,580 per year), and 6,000 were "professional" workers, that is, managers and engineers involved in research and development (receiving, on average, \$85,000 per annum). Meanwhile, 12,250 Chinese production workers received \$1,540 per annum, or \$30 per week-just 6 percent of the average wages of U.S. workers in retail, ... and 1.8 percent of the salaries of U.S. professional workers. The number of workers employed in iPod-related activities was similar in the United States and China, yet the total U.S. wage bill was \$719m and the total Chinese wage bill was \$19m.

Smith also quotes from a study published by the Asian Development Bank (ADB) in 2010 which reported on the first version of Apple's iPhone, revealing an even more spectacular markup:

iPhones were introduced to the U.S. market in 2007 to large fanfare, selling an estimated 3 million units in the U.S. in 2007, 5.3 million in 2008, and 11.3 million in 2009. The total manufacturing cost of each iPhone was \$178.96 and sold for \$500, yielding a gross profit of 64 percent to be shared between Apple, its North American suppliers and distributors, and the U.S. government, all appearing as value-added generated within the United States.

The main focus of the ADB study was the effect of iPhone production on the U.S. trade deficit in its China trade, finding that

most of the export value and the deficit due to the iPhone are attributed to imported parts and components from third countries Chinese workers ... contribute only US\$6.50 to each iPhone, about 3.6 percent of the total manufacturing cost.

It is evident that the Chinese workers are being exploited in that, because of their relative powerlessness in the labour value chain, they are being paid a very small proportion of the realised value of their labour power. However, the Chinese people more generally are also being exploited, first, because the Chinese share of the total tax levied across the labour value chain is extremely small and because the Chinese share of the aggregate profit is also very small (with implications for capital accumulation and economic development in China).

The exploitation FoxConn workers in China, garment workers in Bangladesh and coffee pickers in Brazil; and of the peoples of China, Bangladesh, and Brazil, is not due to the inevitable workings of the 'invisible hand' of market forces. Rather it is the consequence of a carefully engineered system, the management of global production and trade within global value chains controlled by huge TNCs. It is a system which has been forged by the combined efforts of transnational capital and the imperialist powers, including through structural adjustment, neoliberal reform, a bespoke trade regime, corporate extortion and the brutality of 'market sentiment'.

By uprooting hundreds of millions of workers and farmers in Southern nations from their ties to the land and their jobs in protected national industries, neoliberal capitalism has accelerated the expansion of a vast pool of super-exploitable labor. Suppression of its free movement across borders has interacted with this hugely increased supply to produce a dramatic widening of international wage differentials between industrialized and developing nations, vastly exceeding price differences in all other global markets. (Smith 2016)

Financialisation

[Financialisation](#), understood as the disproportionate growth of the financial sector in comparison with industrial sector (producing real goods and services) was identified by Lenin as a core feature of imperialism in his 1916 pamphlet although he recognised industrial capital as a driver of imperial expansion, with an eye to new sources of raw materials and wider markets. He highlighted finance capital as a critical driver of imperial expansion (and inter-imperial conflict) because of the need to find outlets for investment. Profits from industrial capital, flowing to the banks and other financial

institutions, were in excess of the investment needs of the industrial sector, limited to producing for the domestic market and such foreign markets as it could access.

Since that time the financial sector has grown hugely relative to the industrial sector. Sweezy in 1994 commented that,

Financial capital, once cut loose from its original role as a modest helper of a real economy of production to meet human needs, inevitably becomes speculative capital geared solely to its own self-expansion. In earlier times no one ever dreamed that speculative capital, a phenomenon as old as capitalism itself, could grow to dominate a national economy, let alone the whole world. But it has. [...]

What I am talking about is the development in the last twenty years or so of a relatively independent—relative, that is, to what went before—financial superstructure sitting on top of the world economy and most of its national units. It is made up of banks—central, regional, and local—and a host of dealers in a bewildering variety of financial assets and services, all interconnected by a network of markets, some of which are structured and regulated, others informal and unregulated. [...]

It has long been taken for granted, especially among radicals, that the seat of power in capitalist society was in the boardrooms of a few hundred giant multinational corporations. While there is no doubt about the role of these entities in the allocation of resources and other significant matters as well, I think there is an added consideration that needs to be stressed. The occupants of these boardrooms are themselves to an increasing extent constrained and controlled by financial capital as it operates through the global network of financial markets. In other words, real power is not so much in corporate boardrooms as in the financial markets. Here a footnote: the giant corporations are also major players in these markets and help to give them their importance. It looks as though Adam Smith's invisible hand is staging a comeback in a new form and with increased muscle.

The reach of the financial sector was largely restricted to the nation state when Lenin wrote, but it has now globalised with transnational banks, insurance companies, pension funds, wealth funds and other financial institutions sitting astride the global stocks and flows of capital. While the banks retain their relationships with their home imperial state, they also prowl the world looking for rent. As a consequence, the logic of inter-imperial encroachment is somewhat blunted.

The structural imbalance between productive capacity and aggregate demand remains a core weakness of capitalism but is aggravated by sharply rising productive capacity facing stagnant demand globally. The sluggish growth in demand is in part a consequence of the constraints on wages in both the metropolis and periphery.

The combination of debt funded consumption and financial speculation help to manage the financial bloat, and to defer the crisis of overproduction.

Debt funded consumption by households, corporations, and governments has the effect of sustaining demand albeit at the cost of progressively transferring title to the banks. Household borrowing (for housing, education, and health care) helps to sustain demand in those sectors. However, the discounted assets left following each default are absorbed by the lender. Likewise, corporations are encouraged by their shareholders to meet their investment needs through borrowing rather than corporate savings. Shareholders would generally prefer to pocket their profits as dividends and share buy backs.

The second mechanism to manage the financial bloat is to direct profit flows into financial speculation. The bulk of transactions in housing, share, bond and currency markets are speculative aiming to profit from ups and downs through buys and sells. While asset values inflate, participants gain from each engagement and their wealth flows through the economy more generally. When the

bubbles bursts, the players who were last to leave are left holding assets of much reduced value. Again, the losses will find their way through the economy more broadly. However, capitalism prospers from creative destruction. Thousands of derelict homes left after the 2007 sub-prime crash create new prospects for investment and growth in housing construction.

Clearly financialisation is feature of contemporary capitalism; but is it relevant to imperialism? As I discuss below, contemporary imperialism is a joint project of transnational capitalism and the imperial states. The transnational capitalist class has its roots in the top management and ownership of the transnational corporations and banks and in the corridors of power of the imperial states.

I examine this partnership by looking at some of the policy demands that the owners and managers of capital may address to the imperial state; looking for domestic and international action to look after the interests of the financial sector. I review three specific cases:

- The stagflation of the 1970s, the interest rate hike of 1980 and structural adjustment;
- The US trade deficit; and
- The 'containment' of China.

Stagflation refers to the combination of stagnation and inflation which bedevilled capitalist economies from the mid 1970s. The stagnation of this period reflected emerging 'overproduction', a structural imbalance between productive capacity and aggregate demand. Keynesian policies were ineffective in boosting growth but did contribute to inflation. Owners of wealth (in particular, lenders of money) hate inflation because it reduces the real value of their wealth and of debts owing. Workers were also impacted by the loss of buying power of their wages.

The interest rate hike of 1980 was directed by Reagan and Thatcher with a view to controlling the inflation side of stagflation, by deepening the stagnation into a recession. The 'fight inflation first' slogan was directed at breaking the unions of the metropolis as their demands for wage increases were seen to be the principal cause of the inflation. In fact, the inflation was at least partly due to price increases following US expenditures on military supplies required to support the US invasion of Vietnam.

The global recession which followed, not only weakened the unions but also wrought economic devastation on developing countries who had borrowed when oil money was cheap but faced rapidly increasing servicing costs because of increased interest rates. The debt crisis which followed was managed by the IMF and WB through the imposition of structural adjustment which launched the neoliberal revolution and the transformation of imperialism that I am reviewing here.

A second example of the interplay of the power of transnational capital and imperial power centres around the US dollar exchange rate. The US has a long-standing trade deficit (imports exceeding exports) which for any other country would lead to a decline in the value of the US dollar. (If the US is buying more stuff than it is selling, US dollars should be easier to obtain and hence cheaper.) However, many countries have sought to build up foreign currency reserves (which they store in US dollars) to have some defence against speculative currency attacks by financial raiders. The high value of the dollar enables US consumers to buy foreign made imports (iPhones, T shirts, coffee beans) more cheaply. It also helps to support the total demand for such products.

The 1997 Asian financial crisis was precipitated by a speculative attack on the Thai baht: slow quiet buying gradually pushes up the exchange rate and then a sudden sell off yields fat profits for the raiders. Smaller LMICs are particularly exposed to this kind of raid where they have succumbed to the combined pressure of the imperial hegemon and market sentiment to remove controls on the flow of capital. In the absence of capital controls, they are obliged to insure against speculative attacks by buying US Treasury bonds. The opportunity cost of this defence can be measured in terms of the economic resources not being directed to social and economic development.

Our third example of the interplay of imperial and corporate power is the increasingly desperate attempt to 'contain' China with a view to protecting the US dollar as the premium currency in global

trade and as a value store for sovereign savings. US laws regulating banks who deal in dollars are critical for imposing economic sanctions on countries and organisations who defy the imperial authority, including North Korea, Iran, Afghanistan and Wikileaks. The US can threaten to destroy foreign banks by denying them the right to deal in dollars, if they accept transactions involving the objects of such sanctions. China makes no secret of its long-range plans to elevate the yuan to compete with the dollar as a trading currency and a value store. While the US has other reasons for seeking to contain China's rise, the hegemonic power of the dollar is an important one. Transnational capital has benefited greatly from the imperial restructuring of the global economy. It is not clear how much of this edifice a new Chinese empire would wish to dismantle but some of the key props of the regime could be destabilised with serious consequences for western based TNCs. These could include the TRIPS regime, and the reach of the IMF and WB. The protection of European and US agricultural corporates could also be at risk. US provocations regarding the status of Taiwan take on ominous significance in this light.

A further feature of contemporary financialisation which should be noted is the role of the financial sector in cultivating 'shareholder capitalism'. Partly as a consequence of neoliberal policies of privatisation many people in the imperial homelands are deeply invested in the health of the financial system: through their savings in pension funds and wealth funds; and through the terms of their loans (for housing and education in particular); and also as citizens through national sovereign wealth funds. This creates a significant swathe of the population who are following interest rates, exchange rates and share prices closely and who can be mobilised by the finance industry to apply political pressure as needed on the imperial state or on subaltern states. These constituencies identify with prevailing capitalist ideologies which render logical and appropriate government policies which are directed to shoring up the structures of imperialism including the exploitation of workers and LMICs. Thus, if a developing country decides to impose controls on capital flight to guard against speculative currency attacks, it makes perfect sense for the citizen shareholders that their financial agents should sell off shares or currencies or urge their politicians to put pressure on the errant government.

The reconfiguration of class

My sixth defining characteristic of contemporary imperialism is the reconfiguration of class, globally. I have reviewed this trend in a separate entry (see [Class](#)).

In brief, the most critical change from 1916 is the emergence of the transnational capitalist class (TCC) incorporating the industrial, financial, political and military elites of the capitalist world. A division has emerged between the nationally oriented fraction of the capitalist class (who may be somewhat ambivalent about economic globalisation) and the globally oriented fraction, broadly associated with the industrial and financial behemoths girdling the globe.

Patnaik and Patnaik (2021) describe the emergence of this division of the national capitalist class in the context of decolonisation and political independence in the countries of the periphery.

The bourgeoisie in these countries, including the big bourgeoisie, which had been thwarted in its ambitions in the colonial period, had demanded and obtained from the new post-colonial state protection against metropolitan capital. Not only were these economies cordoned off from free capital flows, but they were protected against the free flows of goods and services, so that the big bourgeoisie could carve out for itself a space where it could fulfill its ambition without worrying about any encroachment by metropolitan capital. Third world dirigisme [extensive state involvement in the economy] had been a weapon used by the local big bourgeoisie against metropolitan capital. But the use of this weapon had also benefited a host of petty producers, peasants, and craftsmen who had also been protected from encroachment by metropolitan capital.

The dirigiste regime had thus been a carryover of the anti-colonial struggle. And the big bourgeoisie engaged in manufacturing (called the "national bourgeoisie" in contrast to the "comprador bourgeoisie" engaged in colonial trade), which had been a part of the anti-colonial struggle and in leadership of it in countries where the Communists or similar left formations were not leading it, continued even after decolonization to remain in the camp of the working people against metropolitan capital, though with its own motivations and ambitions.

What we find under neoliberalism is a shift in its position. It now makes common cause with metropolitan capital to "open up" the world for free flows of capital and of goods and services, to the detriment of vast sections of peasants and petty producers, and even small capitalists. The hiatus that existed earlier between the "national economy" and metropolitan capital now shifts its location to within the country, between international finance capital with which the domestic big bourgeoisie gets integrated and the rest of the economy, which suffers in terms of output and employment because of the "opening up" to free flows of capital and goods and services. The second change that occurs is the change in the nature of state intervention. Since the nation-state cannot afford to offend international finance capital (for fear of creating a financial crisis through capital out-flows in the event of its doing so), the state intervenes almost exclusively at the behest of such globalized capital. Instead of appearing to stand above classes and playing the role of a detached and benevolent umpire, which the bourgeois state had traditionally tried to do, it now intervenes in the interests of globalized capital in general and its local counterpart, the domestic corporate-financial oligarchy, under the pretense that the interests of this oligarchy is coterminous with the interests of the nation. A notion of "development" is adopted for this purpose, so that anyone opposed to such intervention in favor of the corporate-financial oligarchy is branded as "anti-development" and hence ipsofacto "anti-national."

The transnational capitalist class has a clear self-awareness. The members of this class live similar lifestyles, have rich networks and opportunities for communicating with each other, and are conscious of their shared interests which generally align with those of the imperial hegemon. (The owners and managers of Chinese and Russian TNCs may be exceptions.)

In contrast to its own coherence, the TCC confronts a dispersed and heterogeneous melee of working classes, petty bourgeois and marginalised dispossessed classes, fractured in various degrees across gender, ethnicity, religion, nationality as well as economic interests (see Intersectionality).

US imperialism and transnational globalised capitalism are destroying the human habitat and creating a deepening divide between rich and poor. It is most unlikely that the forces which are accelerating these trends would be able to change direction (or would even want to). Accordingly, the most promising strategy for the countries and peoples who are being exploited and dispossessed by this regime must involve a convergence of analysis and strategies across these heterogeneous constituencies. Such a convergence must involve confronting the forces and dynamics of both imperialism and transnational capitalism (see Convergence).

‘Imperialism’ is a necessary theoretical resource for public health

The usefulness of the term ‘imperialism’ for public health is self-evident, including the network of ideas summarised above. Some of the important applications of these ideas in public health include the following.

Global warming

The threats to human health associated with global warming include extreme heat, floods, and wildfires. Most devastating are the threats to food supplies associated with drought and the humanitarian costs of the huge migrations and associated conflicts.

Theories of imperialism as summarised above contribute to understanding the drivers of global warming, the forces behind climate denialism, and the barriers to mitigating and adapting in a just manner. They underline the importance of responding to global warming in ways which also roll back imperialism and transnational capitalism.

Ecocide

Global warming is just one contemporary destabilisations of the human habitat and the earth's biosphere more broadly. The threats to health associated with loss of biodiversity include food insecurity and pandemic risk. Industrial farming touted as the solution to food insecurity is contributing to both the loss of biodiversity and pandemic risk as well as the displacement of millions of small farmers from sustainable farming.

Theories of imperialism throw light on the drivers of extractivism, and the loss of biodiversity. Capitalism depends on stoking consumption and waste which are normalised in a culture of materialism, defended and promoted through imperialism. Rolling back imperialism and transnational capitalism must be as part of a cultural and economic transformation towards an equitable, inclusive and sustainable civilisation.

Unequal exchange

The health consequences of a global regime based on unequal exchange (between metropolis and periphery) are huge, including lack of infrastructure (housing, health care), workforce limitations (including health care), and limited educational opportunities. The consequences of unequal exchange are mediated in part by the poverty of governments and of households in the global South.

Theories of imperialism provide ways of understanding how social and economic development (equitable, inclusive and sustainable) is blocked by the demands of transnational capitalism, defended and promoted by imperialism. They also highlight how overcoming these barriers (to installing urban infrastructure, providing universal education and health care, and ensuring access to decent work for all) must involve rolling back transnational capitalism and its imperial support structures.

Deepening inequality

The increasing wealth of the transnational capitalist class (in the global North and South) starkly confronts huge numbers of families in relative and absolute poverty.

Theories of imperialism explain how economic inequality is being deepened, within and between countries, by an interplay of financialisation (and the bloated incomes of the gated 1%) and the neoliberal transformation of investment and production (and the immiseration of the excluded and exploited, including through outsourcing). Such theories also point out how the cultivation of misogyny, ethnic bigotry, and neofascism helps to obscure the role of transnational capitalism and imperialism in the deepening of such inequality and divides the political and social movements which are needed to forge a different future.

Food systems

The food systems engineered by transnational capitalism contribute to NCDs from junk food pressures and (in many countries) from excessive meat consumption (also contributing to global warming, loss of biodiversity and pandemic risk, see Wallace 2016). Industrial agriculture displaces and impoverishes small farmers contributing to rural to urban migration and urban poverty and unemployment.

Theories of imperialism demonstrate how contemporary food systems, serving the interests of transnational food companies, have been engineered, partly through the power of the corporations but also the deliberate projection of imperial power in relation to finance, trade, and investment and where necessary through political destabilisation.

Migration and asylum-seeking

Migration and asylum-seeking are both consequences of various threats to health but also carry significant risks including violence, drowning, poverty and lack of housing.

Theories of imperialism point to drivers of economic migration (deepening inequality, rural to urban migration from industrial farming), climate migration (especially from drought and food insecurity), and humanitarian displacement (escaping from war, communal violence, and political oppression). Such theories underline the need to address migration crises in ways which also address such drivers.

Dangerous work

Economic exploitation across the various global value chains through which production is organised is associated with a wide range of work-related health risks. These include unsafe factories (Rana Plaza), physical injuries, toxic exposures of farm workers, unsafe mining, and psychological harm.

These harms reflect managerial pressures for productivity; the organisation of work in ways which prioritise profit over dignity, autonomy and collaboration, self-esteem and social appreciation; and the neoliberal drive for low paid precarious employment. These drivers reflect the profit pressures of capitalism, whether locally, nationally or globally organised. However, imperial power as well as the demands of financial markets, play a powerful role in creating and defending the conditions in which such profit pressures are prioritised.

Medicines and vaccines

Pharmaceutical industry spokespeople commonly celebrate the technical advances in medical science in recent decades, including the widening range of effective treatments and vaccines. Pharma spokespeople commonly attribute the successes of the modern pharmaceutical industry to intellectual property protection and the associated incentives to invest in research and development.

However, there are significant downsides to the way the transnational pharmaceutical industry operates.

- **Profit, rather than needs driven investment in R&D.** This is reflected in the investment which goes into expensive treatments for rare conditions as opposed to cheaper treatments for common conditions. The lack of investment in the 'neglected tropical diseases', in new TB treatments and new antibiotics illustrate this bias.
- **Huge expenditures on marketing.** Pharma defends its IP protected monopoly profits with reference to its investment in innovation. However, the big corporations spend more on marketing than on innovation with dire consequences such as the Oxycontin epidemic in the US (Van Zee 2009) and the spread of antibiotic resistance.

- **Unaffordable prices.** In the late 1990s pharma was offering anti-retrovirals for AIDS treatment in South Africa and other affected countries at prices which knowingly excluded access to almost all patients. Thirty nine pharmaceutical companies joined in a suit against the South African government as part of their defense of this kind of unaffordable pricing (Heywood 2009). They were defeated, largely through popular mobilisation and protest, and over the next few months the prices dropped from \$1000 to \$300 per treatment year. This disregard of population health need was in evidence again in the Covid pandemic where pharma refused to participate in WHO's Covid Technology Access Pool (for sharing technology and enabling wider production), and bypassed the Covax facility by continuing to give preference to bilateral vaccine contracts on the part of the rich countries; and organised against the waiver of certain TRIPS obligations, proposed in order to facilitate wider production.

Notwithstanding its involvement in innovation, the transnational pharmaceutical industry has repeatedly prioritised profit over people's health with serious and ongoing consequences measured in mortality and morbidity. Such prioritisation is entirely compatible with the logics and practices of capitalism. However, the concept of imperialism throws light on why and how the global regulatory environment has been engineered so as to maximise the freedom of pharma to behave in this way.

Privatisation

The privatisation of publicly administered health services in high income countries and the encouragement of privately delivered services in LMICs have been prominent expressions of the neoliberal package over the last forty years, led in particular by the World Bank and more recently the Rockefeller Foundation (Birn 2014). Likewise, the neoliberal movement has sought to create more space for private health insurance in both HICs and LMICs. 'Universal health coverage', the contemporary slogan de jour in global health, is a rhetorical compromise between WHO where there is strong support for publicly funded, publicly delivered health care and the World Bank which is a long standing supporter of private funding and delivery.

The evidence is clear that in a privatised health system, the practitioners and facilities will cluster in the cities and where people can afford their services and universal health insurance coverage is restricted to the wealthy but rationed for the poor. In the context of widening economic inequality the consequences of these tendencies include denial of access as well as inequity and inefficiency.

The immediate beneficiaries of privatisation of health care and health care financing are the hospital and health insurance companies (as well as the urban elites around whom such services cluster). However, the regulatory context within which this movement is taking place has been deliberately designed and engineered. It is designed by the neoliberal strategists (World Bank, OECD, financial press, etc) who are determined to limit public expenditure on health care and by the finance industry looking for new investment opportunities. It has been engineered through trade agreements, including the General Agreement on Trade in Services (GATS) and the inclusion of investor state dispute settlement provisions in various bilateral agreements. It has also been engineered by the deliberate marginalisation of WHO which, reduced to mendicant status, has been forced to promote the slogan of UHC even while recognising that it is a Trojan horse for privatisation.

Clearly the pressures of privatisation reflect the appetite of transnational health care and health insurance corporations. However, the imperial hegemon has played a key role, in harmony with market sentiment, in the creation of the environment in which their appetite can be fed.

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Intersectionality

Usages

'Intersectionality' is a theoretical framework for thinking about identity, oppression, power, and strategy.

The term builds on the concept of identity (including both subjective consciousness and assigned identity) as a way of describing people (both as individuals and as groups) and helping to explain their experiences and aspirations. The metaphor ('intersectionality') highlights the way in which various axes of analysis ([class](#), gender, race, ability, sexual orientation, and others) intersect in shaping consciousness, structuring social description, modulating power relations, and framing strategy.

Intersectionality is used to describe and explain the oppressions, discriminations and exploitations operating across these various axes of analysis and to relate the consequences of such oppressions (injustice, denial of rights, suffering) to the society-wide power relations reproducing such oppressions.

These power relations are conceived as operating across these same axes of analysis (class, gender, race, etc), and are commonly described in terms of various isms, such as racism, sexism, classism, and ableism, as well as homophobia, transphobia, xenophobia and belief-based bigotry. These isms refer to the ideologies which naturalise such oppressions and the institutions, forms of practice and ways of speaking which reflect and reproduce these ideologies. Some accounts locate the power relations which shape the various oppressions in relation to the wider structures of production and reproduction, capitalism, colonialism and [imperialism](#).

The 'intersection' of these different structures of oppression is commonly treated as a burden of oppression which accumulates and transforms with each additional disadvantage (as for a disabled, working class, black, woman). In some commentaries the intersections of power are seen as synergistic as when oppressions across gender or race are seen as dividing the working class and preventing the solidarity needed to transform capitalism. Likewise, the divisions across race may attenuate the solidarity needed to transform patriarchy.

Some accounts of intersectionality emphasise its contingency in terms of circumstances and agency. In particular circumstances, certain configurations of oppression may dominate, as in pogroms or communal violence. Narratives of intersectional discrimination will also vary according to who is telling the story and to whom and for what purpose.

A range of different communities are currently using the term 'intersectionality' in their discourse, including the organic intellectuals (particularly feminists) of various social and political movements (in the global South as well as North) who find the framework useful in political strategizing, organising, and mobilising; as well as the feminists in the neoliberal academy (Salem 2018).

In the public health field, the framework has been found useful by researchers addressing access to health care, inequalities in health, and the social determinants of health. Much of this work is directed to incremental policy reform (gender mainstreaming, improved targeting, etc) rather than structural change through political mobilisation.

History

Kimberle Crenshaw (1989) is widely credited with having coined the term 'intersectionality'. Foley (2018) explains:

Concerned with overcoming the discriminatory situation faced by African American women workers at General Motors, Crenshaw demonstrated the inadequacy of existing categories denoting gender and race as grounds for legal action, since these could not be mobilized simultaneously in the case of a given individual: you had to be either a woman or nonwhite, but not both at the same time (Foley 2018).

Venkatachalam et al (2020) clarify:

However, as Crenshaw has also acknowledged, the understanding of intersectionality can be traced much earlier, to nineteenth-century black feminist activism and writings of activists as well as to indigenous women's activism. A black lesbian collective, for instance, argued in 1977 that women like themselves needed an identity politics precisely because they were getting lost within the simultaneous workings of race, patriarchy and heterosexuality within systems of imperialism and capitalism. Although the term intersectionality features more recently in Indian academic discourse, insights into diverse social identities and marginalization have existed much longer; for example, the anti-Brahmin struggles of Tamil Nadu state or the Dalit literary campaigns in Maharashtra state in the 1960s. However, the intersectionality discourse, several scholars opine, has remained largely US and Euro centric.

Vogel (2018) describes the 'standard account' of the emergence of intersectionality as 'somewhat mythological':

According to this account, second-wave feminism emerged in the 1960s and 70s as a monolithic white middle-class phenomenon that ignored race and class. Only in the 1980s, the myth continues, when black women entered the academy and forcefully challenged white-dominated feminism, did things change. African American feminist scholars — for example, Kimberlé Crenshaw, Patricia Hill Collins, bell hooks, and many others— took the lead in this introduction of race into feminist analysis. In some cases, they tackled class as well. Their hard-fought leadership under the banner of "intersectionality" was at last able to break with the errors of so-called white feminism.

In the 1980s and after, this chronologically confused account became hegemonic among white as well as black feminists, even those who should know better. But it is deeply problematic. First, it simplifies the history of the very complex evolution of second-wave feminism, which developed in multiple strands and not entirely from within academia. As a matter of fact ... socialist—and Marxist—feminists always paid attention to class; how could they not! And race usually played a role in their analyses as well.

Vogel quotes historian Kate Weigand as recalling that Communist publications in the 1930s and 40s in the US regularly used the terms 'triple burden' and 'triple oppression' to describe the status and lived experience of black women.

Eisenstein (2018) traces an earlier phase of this history in which second wave feminism is seen as arising out of women's rejection of the sexism of the New Left in the 1960s. Further back in time, she traces the emergence of the New Left as a rejection of the Old Left.

Similarly, we can see the rise of the New Left and the student movement as a turn away from the class politics of the Communist and socialist traditions. ... Is the new radicalism of the 1960s and 1970s, which self-consciously distanced itself from the so-called Old Left, part of the turn to identity politics?

According to Eisenstein the decline of the Old Left was driven by McCarthyism (in the US) and by Cold War anti-communism more generally from the 1950s. It is also likely that the failures of the Soviet Union and Stalinism in some communist parties in the West may have also contributed to the decline of the Old Left, the emergence of the New Left and the subsequent rise of identity politics.

Debates

Identity politics

Notwithstanding Vogel's corrections to the 'standard account' it is likely that the popularity of the term reflects at least in part a discomfort with usages of 'class' which were seen as discounting gender, and a discomfort with usages of 'feminism' which were seen as discounting race, gender identity and sexual orientation, and disability. As noted above these discomforts were associated with a move, in academic circles, away from a structural analysis of capitalism, colonialism, and patriarchy, eclipsed in academic discourse by a focus on various facets of 'identity' and the associated 'isms'.

Gimenez (2018) comments that 'from the standpoint of Marxist theory, intersectionality is a powerful ideology that obscures the meaning and significance of class and class relations, even among those who should know better'. In her view intersectionality reinforces the divisions within the working class, pitting workers against each other, exacerbating sexism, racism, xenophobia, and nationalism. For Foley (2018) also 'intersectionality is less valuable as an explanatory framework than as an ideological reflection of the times in which it has moved into prominence'.

Gimenez regrets the reduction of class to an individual identity and she is joined by Vogel (2018) who sees the term "classism" - frequently grouped with sexism, racism, ageism, etc - is a deeply flawed concept. She suggests that the attacks on Marxism as a class-reductionist "master narrative", in need of supplementation by a range of alternative methodologies, reflects an active "retreat from class" and perhaps a retreat from any structural critique of capitalism.

Gimenez cites the election of Donald Trump as showing the dangerous side of identity politics, and what happens when racial, gender and other divisions supplant class in mainstream political discourse, and people are encouraged to find their worth not in the work they do but, in their nationality, their European ancestry, their religion, the consumer goods they can afford, and the color of their skin.

Patrick Anderson (2021) who is a powerful proponent of critical race theory, has denounced 'Crenshaw's intersectionality' as reflecting a racist and colonialist logic. He alleges that Crenshaw's use of intersectionality is focused on legal reforms which achieve symbolic improvement but do not touch the structural drivers of racism. He argues that this use of intersectionality actually serves to obscure those structural drivers and legitimise the regime they sustain.

Structural analysis

Structuralism is a very broad church but what its various applications have in common is a recognition of certain underlying structures which help to explain observed society and lived experience. This postulation of underlying (explanatory) structures is a feature of theorising in

linguistics, anthropology, sociology, and politics. Narratives regarding the underlying 'structures' of society also inform political strategy and social practice.

Structuralism in the Marxist tradition is centred on the control of the means of production and involves three interlinked concepts: class, ideology and consciousness. In this narrative the capitalist class confronts the working class in a struggle over how production is organised, including the distribution of surplus value. Ideology refers to the prevailing 'common sense' which naturalises the prevailing arrangements including the machinery of economic exploitation and the consequent social inequalities. In some streams of Marxist thought ideology is assumed to be false and somehow opposed to truth. More relativist streams would be more cautious about claiming privileged access to truth. Consciousness is about how we see ourselves in relation to these structural contradictions (including, in some accounts, the possibility of 'false consciousness').

Foley (2018) argues that 'an effective critique of the limitations of intersectionality hinges upon the formulation of a more robust and materialist understanding of social class than is usually allowed: not class as an identity or an experiential category, but class analysis as a mode of structural explanation'. She argues that 'the ways in which "race" and gender—as modes of oppression—have historically been shaped by the division of labour can and should be understood within the explanatory framework supplied by class analysis, which foregrounds the issue of exploitation, that is, of the profits gained from the extraction of what Marx called "surplus value" from the labour of those who produce the things that society needs.

A critical aspect of this kind of structural analysis is that the agency of the capitalist class or the working class is only loosely identified with the individuals who may be defined (by themselves or someone else) as belonging to that class. Marxist analysis sees the capitalist class as a political force not simply the aggregate of the individuals who identify as (or who are defined as) members of that class.

Second wave feminism identified the control of reproduction as the underlying structural principle of patriarchy. Patriarchy was seen as including the power relations of gender, the modalities of control (institutions, practices, ways of speaking) and the ideology (which naturalises oppressive gender relations). Feminist consciousness involves understanding how we stand in relation to patriarchy and affirming the agency and solidarity of sisterhood. Socialist feminism asserted that the roots of patriarchal oppression were independent of class, but that patriarchy and capitalism reciprocate in sustaining each other.

The primacy of class

Eisenstein (2018) is clear in her view about the primacy of class:

I want to point to one of my hesitations with the notion of intersectionality, which is that it undermines the primacy of class. Whether we are talking about the industrial proletariat of the 19th and 20th centuries (and the 21st century in traditional industries such as mining, steel, automobiles, so-called heavy industry), or the complicated precariat which includes so-called informal workers — in some analyses around 95% of workers in a giant country such as India — we are still talking about the relationship of people to the means of production.

It is a core principle of intersectionality that most women and blacks are also workers who are subject to the exploitations of capitalism; more sharply (in most cases) than white men. While the discriminations and injustices across race and gender may be sharp, the exploitations of capital are deep and ever-present.

To conceive of the achievement of equality and respect across gender without confronting the exploitations of capital might make sense for elite women. However, it would involve disregarding the economic injustices faced by working class women in both the global North and South. To conceive of the achievement of equality and respect across "race" and ethnicity without confronting

the exploitations of capital might make sense for elite people of colour. However, it would involve disregarding the economic injustices faced by most people of colour in both the global North and the global South. It would involve ignoring the deepening global inequalities driven by transnational capitalism, imperialism and the continuing dynamics of colonisation.

It is necessary to distinguish between what Eisenstein refers to as the 'primacy of class' from 'blindness to sexism, racism and ableism'. The primacy of class stems from a recognition of capitalism as a mode of economic organisation which is destroying the human habitat and deepening poverty and inequality globally (and disproportionately affecting women and people of colour). If the struggle against capitalism is seen as a strategic priority, then class analysis is of critical importance as it points directly towards the kind of social and political mobilisation that will be needed to transform capitalism.

The hegemony of the capitalist class over the working class benefits from the divisions across gender, race, and ethnicity and the capitalist class has a vested interest in perpetuating such divisions. Similar mutual reinforcements operate across patriarchy and racism, and across patriarchy and heteronormativity. Laying bare such reciprocating reinforcements is strategically important in terms of political strategy and social practice. Building unity and solidarity across a broad front is necessary for any effective movement against capitalism, patriarchy and colonialism.

Fundamental to such a convergence is a recognition of the pain associated with the oppressions and discriminations across gender, race/ethnicity, and ability and a recognition of the ideologies and institutions which perpetuate such oppressions. Confronting capitalism (and imperialism and colonialism) as the central challenge does not mean that the pain mediated by sexism, racism and ableism is somehow less important than the pain mediated directly by the power of capital.

The reason that the pain mediated by sexism, racism and ableism matters is not primarily because it fragments the forces against capitalism. Human pain matters because it is humans in pain. Confronting racism and sexism, as sources of division among the forces confronting transnational capitalism cannot be addressed without honouring the grievances, recognising the suffering mediated by the power relations of sexism, racism and ableism. A global people's movement against transnational neoliberal capitalism must address these as a core part of its program.

Intersectionality as used in the People's Health Movement

Intersectionality is a framework for thinking about identity, oppression, power, and strategy. It is a framework which can fully incorporate a structural analysis of capitalism, patriarchy and colonialism. This kind of integration characterises the use of the term in the People's Health Movement.

The core logic of PHM is the convergence of social and political movements in the struggle for an equitable and sustainable civilisation. Such a convergence must demonstrate solidarity with the needs and demands of those different social and political movements while maintaining a clear strategic focus on transforming capitalism.

The Savar Declaration (PHA4 2018), adopted following the Fourth People's Health Assembly in Bangladesh, insists that: 'the crisis of health is a crisis of the capitalist model':

High income countries, working closely with transnational corporations, are promoting neo-liberal policies to manage the contemporary crisis of globalised capitalism in the interests of the transnational capitalist class. With help from a network of one-sided 'trade and investment' agreements, these policies are either being accepted by or being forced on the governments of low and middle income countries. The resulting national policies are having far reaching consequences for the social conditions that shape people's health, and also for the approach and funding of comprehensive health care. Such policies are worsening the fundamental determinants of health, and progressively crippling healthcare infrastructure and

delivery of services. Such policies are encouraging national governments to abdicate their responsibilities to public health, while ushering in privatisation and insurance regimes.

The declaration affirms PHM's alternative vision: equity, ecological sustainability and health for all: Our vision is of a world in which equity between and within countries is achieved and health for all is a reality. We reaffirm that health results from social, economic and environmental justice. We visualise a world where empathy, solidarity and respect for people and the environment are at the core of global, national and local communities; a world free of discrimination and oppression based on gender, race, caste, ethnicity, disability, sexuality, religion, occupation, citizenship; a world where human rights and the empowerment and health of all communities, together with the dignity and rights of all natural beings, are respected and promoted.

Contingency

It is critical to recognise the contingent nature of analysis and strategy. The agent of struggle (individual and collective) addresses a particular set of needs, confronts a particular regime of oppression, and works in a particular configuration of power and solidarity. The narratives of explanation and strategy which best suit those circumstances are themselves questions of strategy and contingency.

However, even in struggles where the 'principal contradiction' is clearly the oppressions of gender or race/ethnicity, such struggles can be conducted in ways that also contribute to the transformation of capitalism – or not.

Applications of intersectionality in health

It is useful to reflect on the ways intersectionality is used in relation to population health and access to health care. I structure this reflection in terms of description (where intersectionality is used primarily to describe and measure health inequalities across the main axes of identity); explanation (where intersecting power relations are traced as part of explaining health inequalities); and strategy (where intersectionality is drawn upon in responding to health inequalities, including policy responses and popular mobilisation).

Descriptive

The use of the intersectionality in health research is common. The concept points to the importance of stratification in data collection, and disaggregation in addressing inequalities in access to services, quality of care, and population health.

Bastos and colleagues (2018) drew data from an Australian national social survey to explore associations between perceived discrimination and indigeneity, gender, sexual minority status, and socioeconomic status. They conclude that perceived racism and other forms of discrimination combine to predict perceived barriers to accessing health care. Racism for the purposes of this research was defined in terms of an unequal distribution of power across populations defined according to their racial identity.

Green and colleagues (2017) declare that 'intersectionality theory is emerging as a cornerstone of sociological thought'. They then proceed to review the challenges of deploying epidemiological methodologies to explore the macro as well as the micro levels of intersectionality. They suggest integrating intersectionality within multilevel analyses of the contexts within which intersectional identities exist (e.g. schools, neighbourhoods, states) or using structural equation modelling to detect the underlying power structures. SEMs would allow issues such as racism or sexism to be specified as unobservable latent variables. The data which might be analysed using such methods would be derived from individual level data collection.

Bauer (2014) notes that most health research using the intersectionality framework has deployed qualitative methods and sets out to explore the possible use of quantitative method to explore the intersecting roles of gender, race and class in population health. One of the challenges which she identifies is that of distinguishing between intersecting identities, social positions, processes, and policies or other structural factors. She comments that 'many research studies using intersectional approaches, as well as many papers discussing intersectionality theory, have considered primarily intersecting identities or intersecting categories of social position, whereas others have extended an intersectional framework to processes'. She highlights the distinction between social identities or social positions that are related to potential privilege or oppression and the social processes or policies that may generate, amplify or temper inequalities between groups, both of which can be studied intersectionally.

Seng and colleagues (2012) have also sought to study intersectionality using quantitative methods.

Our objective was to extend these methodological efforts by modeling intersectionality across three levels: structural, contextual, and interpersonal, consistent with a social–ecological framework. We conducted a secondary analysis of a database that included two components of a widely used survey instrument, the Everyday Discrimination Scale. We operationalized a meso- or interpersonal-level of intersectionality using two variables, the frequency score of discrimination experiences and the sum of characteristics listed as reasons for these (i.e., the person's race, ethnicity, gender, sexual orientation, nationality, religion, disability or pregnancy status, or physical appearance).

We controlled for two structural inequality factors (low education, poverty) and three contextual factors (high crime neighborhood, racial minority status, and trauma exposures). The outcome variables we modeled were posttraumatic stress disorder symptoms and a quality of life index score. We used data from 619 women who completed the Everyday Discrimination Scale for a perinatal study in the U.S. state of Michigan. Statistical results indicated that the two interpersonal-level variables (i.e., number of marginalized identities, frequency of discrimination) explained 15% of variance in posttraumatic stress symptoms and 13% of variance in quality of life scores, improving the predictive value of the models over those using structural inequality and contextual factors alone. Seng et al identify possible improvements in the measures which might be used to capture both marginalized and privileged intersecting identities.

It appears that epidemiological modelling of the discrimination burdens and 'structural' and contextual factors involves a significant reduction in the theoretical insights of intersectionality theory (in this case, the summing of the number of categories wherein each woman was disadvantaged).

It is evident that quantitative research, structured around an intersectional framework but based on data from individuals can be useful for descriptive purposes but has limited reach in terms of explanation and strategy.

Explanatory

There is broad agreement that the various isms (understood as the power disparities across the axes of class, gender, race, etc) contribute to 'explaining' the associated oppressions and discriminations. Such explanations are generally cast in terms of ideology (the narratives that naturalise) and institutions (including social practices and ways of speaking). The restorative strategies which are informed by such explanations are largely limited to suggesting, asking or demanding that those who have power subscribe to a different story, reform their institutions and behave differently. This returns us to the attack by Anderson on Crenshaw, referred to above, which was about the need to address the underlying structural forces which sustain those power differentials.

Gkiouleka and colleagues (2018) seek to bridge the micro and the macro by integrating intersectionality (understood in terms of identity) and institutional approaches that study how institutions impact on the production of social privilege and disadvantage. They call for health research which reframes health inequalities in the light of power relations and interrogate the processes that produce them instead of individual 'labels'.

We argue that such an innovative synthesis allows us to interrogate the fundamental causes of health inequality in light of power relations and to shift our focus from individual attributes to processes of health inequality (re)production.

... the interconnectedness between institutions and power is crucial for the elaboration of a situated intersectional analysis focused on categories and intersections that matter and not on an endless list of interactions. As we stressed earlier, the question 'which categories should be integrated in an intersectional analysis of health inequalities in a particular context?' is answered through the context itself. Here, institutions as vectors of power struggles have a significant role. They bear crucial information (for example within institutional or policy documents) about the way health and health promoting goods are defined (e.g. citizenship right or as a market commodity), which groups have control over that definition (like doctors, patients, unemployed, capital owners, women) and how their needs are met, which groups have been excluded in that process (like mentally ill patients, prisoners), what is the impact of this exclusion on their health and what are the available pathways for reforms (for example, if immigrants suffer poorer health than the rest of the population, what are the formal and informal channels available to them to pursue an improvement of their situation?).

In times of massive socio-economic changes and political upheaval, a synthesis of intersectional and institutional insights on health inequalities research highlights how certain groups are excluded from health-inequalities discourses and enables the simultaneous analysis of the health effects of both vertical (e.g institutional factors) and horizontal (e.g. individual/community factors) social stratifications.

Bowleg (2012) describes intersectionality as a theoretical framework that posits that multiple social categories (e.g., race, ethnicity, gender, sexual orientation, socioeconomic status) intersecting at the micro level of individual experience reflecting multiple interlocking systems of privilege and oppression at the macro, social-structural level (e.g., racism, sexism, heterosexism).

I consider the core tenets of intersectionality most relevant to public health to be as follows: (1) social identities are not independent and unidimensional but multiple and intersecting, (2) people from multiple historically oppressed and marginalized groups are the focal or starting point, and (3) multiple social identities at the micro level (i.e., intersections of race, gender, and SES) intersect with macrolevel structural factors (i.e., poverty, racism, and sexism) to illustrate or produce disparate health outcomes. ..

Moreover, a central consideration of intersectionality is how multiple social identities at the individual level of experience (i.e., the micro level) intersect with multiple-level social inequalities at the macro structural level. From an intersectionality perspective, a middleclass Latina lesbian's negative experiences at her physician's office are linked to multiple and interlocking sexism, heterosexism, and racism at the macro level. Her microlevel experiences at the intersection of her race/ethnicity, sexual orientation, and gender correspond with empirically documented evidence of the heterosexism that lesbian and bisexual women often encounter when they seek health care services and the intersection of racism and sexism well documented

Hankivsky (2012) argues that the full implications of intersectionality for research, policy, and practice in public health have not yet been interrogated. One of those benefits would be the de-centering of gender in public health research through the application of an intersectional analysis.

Hankivsky illustrates her argument through reference to a report of the experiences of inner-city Latina women with severe mental illness living in New York. The study illustrates the complex interconnections between gender, race/ethnicity, class, and the stigma of mental illness and its implications for HIV risk. The study shows how bipolar women's sexual relationships and behaviours are closely intertwined with immigration, poverty, gender, and race/ethnicity leading to contradictory outcomes. On one hand, women often experience conflict with gender norms in their ethnic communities in ways that lower their social status and power. This leads to vulnerability within intimate relationships and engagement in sexual behaviours (e.g. lack of condom use) that increases the risk of HIV. On the other hand, the effects of these same intersections are not always negative as the mental illness experienced by these Latina women allows them to free themselves from abusive male partners by accessing government entitlements and supports. The findings highlight why HIV prevention activities can only be effective if they acknowledge multiple layers of vulnerability and resources both at individual and structural levels, without erasing gendering effects.

In addressing the macro level intersections she also looks at violence against women which 'is not only a matter of gendered power relationships but is co-constructed with racial and class stratification, heterosexism, ageism, and other systems of oppression'.

Health research using intersectionality commonly recognises the power relations across the axes of class, gender, race, etc (commonly expressed in terms of the various 'isms') as well as the cumulative oppressions and injustices arising from such intersections and their manifestations in relation to health. However, understanding how the isms are reproduced needs to go beyond the intersecting narratives and institutions of racism, sexism, etc. More structural accounts call for closer attention to the systemic dynamics of capitalism, patriarchy and colonialism which sustain the narratives and institutions of the isms.

Strategic

Policy reform

While some intersectionality research in health has been confined to describing the intersecting burdens of discrimination, most reports make at least a gesture towards action. In many cases these reports focus on policy responses such as promoting inclusivity and improved targeting in policies and programs.

Iyer and colleagues (2008) undertook a review of the literature on gender and class in the context of health and health care in high- and low-income countries which they discuss in relation to inequalities in health status and inequalities in access to health care. They comment that much of the health inequalities research (up to that time) had focused on economic class without sufficient consideration of the ways in which oppressions across gender, cast and ethnicity add to and transform the burden of discrimination.

Iyer's report is of interest because of the restricted range of responses to the documented inequalities (largely restricted to policy responses) which they discuss.

Insufficient attention to intersectionality, in much of the health literature, has had, we believe, significant human costs, because those affected most negatively tend to be those who are poorest and most oppressed by gender and other forms of social inequality. The programme and policy costs are also likely to be high, in terms of poorly functioning programmes, and ineffective poverty alleviation and social and health policies that often target along a single dimension, such as income. In particular, anti-poverty programmes, intended to counter rising health care costs, must, specifically, support women's access. This can be done through a combination of universal systems (of provisioning or health insurance), coupled with forms of targeting or other mechanisms to ensure that they actually reach women and girls within households.

It is perplexing that these authors have not included in their review responses to inequities which are directed to transforming the intersecting power relationships. There is a nexus here, between a purely descriptive approach to inequalities research and an approach to responding to inequities which is restricted to policy responses such as targeting. There is virtually no consideration of the nature of the power relations associated with the observed discriminations.

Iyer's review may be contrasted with the commentary by Kapilashramy and Hankivsky (2018) who explore the application of intersectorality to two case studies, cardiovascular disease and migration. As with many of the papers reviewed here, Kapilashramy and Hankivsky demonstrate the intersection of disadvantage associated with sex, gender, race, and socioeconomic status. However, they also emphasise the intersection of macro level factors.

An intersectional lens also highlights the limits of health-care responses to migration that overemphasise cultural and ethnic differences of migrants, or that focus primarily on addressing linguistic and cultural barriers; i.e., by trying to improve cultural competencies among providers. Steps such as these are necessary but inadequate to address the multilevel factors shaping health-care provision and use among various migrant groups, including fear of deportation, xenophobic and discriminatory attitudes, exclusion or marginalisation in national health systems, and the experience of restrictive laws and institutional barriers. In addressing these factors, an intersectional lens demands turning away from siloed to more coordinated, multisectoral strategies across health, immigration, humanitarian aid, security, and labour, as well as attention to its structural roots (such as unemployment, poverty, and conflict) and sources of protection or advantage in contexts of transit and destination.

Again, the response of these authors appears to focus on policy reform without explicit reference to social mobilisation but perhaps this reflects the norms of academic publishing rather than a limited perspective.

Mandelbaum (2020) explores the integration of intersectionality into epidemiological research. She presents strongly the two-level construction of intersectionality including the intersecting burdens on individuals and the intersecting systems of power and oppression, 'including, but not limited to, capitalism, structural racism, heterosexism, and ableism' rather than attributing health outcomes solely to individual-level factors.

She concludes that intersectionality theory can play a critical role in advancing health equity by expanding our understanding of health disparities beyond the single structural forces shaping them. However, the kinds of response to such disparities appears to be limited to policy reform (perhaps again out of deference to the norms of academic publishing).

McGibbon and McPherson (2011) explore the intersections between the isms (classism, racism, sexism, etc), the social determinants of health (income, education, employment, housing, etc) and the geographies which shape exposure to the social determinants of health. Their approach differs from many because of the way they draw upon the political economy of health and complexity theory. Their main focus is on the structural intersections of power rather than the cumulative discriminations incurred by individuals although this is illustrated in a detailed case study. However, despite their references to political economy and to Marx, Engles and Navarro, their approach to overcoming these cumulative burdens is restricted to policy intervention.

Policy intervention to address SDH inequities have been very challenging due to the complex genesis of material and social deprivation that leads to ill health. One of the greatest impediments to moving to policy action on the social determinants of health is the near absence of a structural approach to inequity.

Despite their references to political economy and the need for a structural approach, the notions of class struggle (which arises from Marx's analysis of the structures of capitalism) or of feminist consciousness raising (from second wave feminism) do not appear to have a place in their analysis.

Hill (2015) also presents the case for the wider use of intersectional approaches to health inequalities research, demonstrating how the inclusion of ethnicity and gender adds value to traditional focus on socioeconomic status in health inequalities research in the UK. Hill also calls for closer attention to the upstream drivers of disadvantage with a view to a deeper understanding of fundamental causes through a political analysis of power relations. While Hill defaults to policy reform in terms of addressing health inequalities her final paragraph hints at a more radical response with her reference to 'bringing the agency of the disadvantaged into focus'.

Social mobilisation

However, relatively few health researchers theorise intersectionality at the structural level, what I have described above in terms of the mutually reinforcing dynamics, of capitalism and patriarchy, of patriarchy and racism, of racism and capitalism, etc.

Tolhurst and her colleagues (2012) cast light on the policy approach to gendered disadvantage through a critical examination of *gender mainstreaming* (integrating a gender perspective into analysis, procedures, and policy). Their report is based on participant deliberations in a series of four seminars involving women from the global South and North, conducted in accordance with feminist participatory action research principles and bringing intersectionality theory to the critique of gender mainstreaming. In the final seminar the participants developed a research and action agenda to take forward strategic directions for gender mainstreaming in health internationally. The seminar methodology clearly helped to bring out a wide range of experiences and perspectives but it was not intended to formulate consensus determinations and commitments and the report is largely focused on reporting broad directions and describing the issues discussed.

Most participants most agreed on the need for change, but views on appropriate directions ranged from rejecting gender mainstreaming as a failed strategy and focussing on revitalising grass-roots feminist politics, to re-envisaging gender mainstreaming as an appropriate context for feminist transversal politics.

The authors of this report draw on Yuval-Davis (1999) in their use of the idea of transversal politics.

Transversal politics is based on first, standpoint epistemology, which holds that "the only way to approach 'the truth' is by a dialogue between people of differential positionings" (Yuval-Davis, 1999, p.95). Second, on the recognition that differences are important, but that notions of difference should encompass, rather than replace notions of equality (Yuval-Davis, 1999), Third, on a differentiation between positioning, identity and values. Similar, compatible values can cut across differences in positionings and identity to form 'epistemological communities', which share common value systems, and can exist across difference (ibid). Struggles against oppression and discrimination might, and mostly do, have a specific categorical focus but are never confined just to that category.

Participants also discussed the need to look at the points of convergence with political struggles with other categorical foci. This included identifying aspects of the identities of men and boys where intersections of interests in terms of shared values of social justice may be identified and coalitions consequently formed at strategic points in time. There are no references in the report to convergence with struggles around racial/ethnic discrimination, or struggles against capitalism, imperialism or colonialism.

The report is clear that, '... the feminist theories underpinning this paper would preclude coalitions based on "essentialised notions of identity and difference which may be used to naturalise forms of social, political and economic exclusion" (Yuval-Davis, 1999, p.97)'. However, they also quote Spivak (1987) 'who used the concept of 'strategic essentialism', to refer to the ways in which subordinate or marginalised social groups may temporarily put aside local differences in order to forge a sense of collective identity as the basis for a political movement. Whilst this may result in problematic and

unstable groupings, nonetheless these acts of temporary identity formation support important political ends’.

There was clearly some support for continuing the policy approach of gender mainstreaming albeit in a revitalised form. However, this report stands out among the various discussions of intersectionality in health for its (muted) recognition of the role of political mobilisation. However, the reference to “the full and equal participation of practitioners and policy makers working alongside their academic partners” is a less than ringing endorsement of a grass roots political movement.

Venkatachalam and colleagues

The presentation of Venkatachalam and her colleagues (2020) stands out from all of the other reports reviewed for this entry: in their use of intersectionality to focus attention on priorities in the struggle for health; in their seamless integration of intersectionality and political economy; and in the priority they give to the need for political mobilisation in the struggle for health. The focus on political mobilisation does not detract from the importance of policy reform but reflects an understanding that without political mobilisation, policy reform will not be achieved or if achieved will be ineffective.

Any tool of analysis of health must be premised on principles of social justice, which necessitates deeper analysis of prevailing inequities and the diverse factors that determine them. Intersectionality offers the possibility of an analytical tool that may be able to surpass this, delve deeper and nuance the understanding of inequities. It allows the centering of the perspectives of groups facing multiple oppressions and invisibilization, and for health to be viewed in the context of communities and societies, and not merely as diseases and deficiencies in an individual’s body. It thus calls attention to the broader social, political, economic and cultural processes and structures that produce and sustain health disparities. Changing health outcomes then demands a restructuring and changing of other socio-political structures.

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Neoliberalism

Usages

The term, 'neoliberalism', is required to carry a wide range of meanings; variously an ideological project, a political program, or an institutional configuration of governance (England and Ward 2007)

Bell and Green (2016) comment that "When a concept can be used to describe such an extraordinary – and even downright contradictory – array of phenomena, questions can clearly be asked about how useful it actually is".

For Bell and Green, neoliberalism refers to the capitalist restructuring that has occurred around the globe since the 1970s, based on the proposition that unhindered markets are the most effective means of achieving economic growth and public welfare.

This definition is insufficient.

It doesn't seek to identify the agents who propose that unhindered markets are 'the most effective means'. It does not speak of the transnational capitalist class who are the beneficiaries and the propagandists of the myth of 'unhindered markets'.

It doesn't acknowledge the possibility that the 'effectiveness of unhindered markets' is a rhetorical claim which obscures more instrumental purposes directed to securing the economic and political interests of the global transnational capitalist class. It doesn't consider the institutional forces which mediate the interests of imperialism and the transnational capitalist class in propagating this neoliberal spin.

It doesn't consider the changing dynamics within global capitalism which call for this restructuring. It does not consider the crisis of overproduction facing transnational capitalism and the urgency of the neoliberal transformation required to protect the interests of the transnational capitalist class in the face of this crisis.

It doesn't distinguish between neoliberal policies as they operate at the national level (the contract state, marketisation, privatisation, austerity, etc) as opposed to neoliberal policies at the global level (trade and investment agreements, labour arbitrage, structural adjustment, etc).

A network of assumptions

Critical to making sense of the different usages of 'neoliberalism' is the network of assumptions behind its use, including assumptions about: the sponsors of the neoliberal narratives; the instrumental purposes as opposed to the rhetorical claims of neoliberalism; the changing dynamics of global capitalism which called forth this 'restructuring'; and the institutional mediations of the neoliberal transformation at the national and international levels.

In this section I set out a 'default account' of the emergence of neoliberalism drawing largely on the political economy literature. Following this account I note how various departures from this account, including its network of assumptions, underly the different usages.

A 'default' account of the neoliberal program

The term 'neoliberalism' (the 'new liberalism') is a direct reference to older debates about trade policy, essentially, trade liberalisation versus protection of domestic industry (particularly through tariffs and quotas).

In 1974 the UN adopted the [Declaration on the Establishment of a New International Economic Order](#). The NIEO proposed to authorise developing countries to control transnational corporations;

and to put in place 'preferential and non-reciprocal treatment' of developing countries in international trade (authorising the use tariffs to protect infant industries) among a range of other provisions directed to facilitating economic development of developing countries.

The NIEO came at the end of the long boom following the Second World War and reflected the voting power of (decolonised) developing countries in the UN system and the high point of developing country confidence.

Six years later, as part of addressing the stagflation crisis of the late 1970s, the US Reserve Bank jacked up US interest rates to around 20% which had a flow on effect to the rest of the global economy. The increase in interest rates was intended to break the 'wage price spiral' by creating a recession and crushing the unions, in the UK and US in particular. However, the interest rate hike dealt a devastating blow to developing countries who had borrowed cheap oil money in the early 1970s and who now were forced to turn to the IMF for debt bail outs.

The structural adjustment policies imposed by the IMF reversed most of the policy settings associated with the NIEO. In particular, developing countries were obliged to remove import tariffs (killing off high value added domestic manufacturing) and devalue their currencies (to make their commodity exports cheaper) in addition to providing tax breaks for foreign investors and cutting social expenditures. The implementation of structural adjustment facilitated corporate access to raw materials of the developing countries and to the middle class consumer markets.

Over the next decade a complementary set of policies were applied to the domestic economies of the developed capitalist countries, including the privatisation of publicly owned services and utilities, the restriction of trade unions and the reshaping of the incidence of taxation (reducing the tax burden on corporations and the wealthy).

At the same time a major change to trade regulation was in train. The Uruguay Round of trade negotiations was launched in 1986 and concluded in 2004 with the launch of the World Trade Organisation and its package of new (and renewed) trade agreements. The aggregate effect of these agreements has been to entrench and drive the liberalisation of trade relations, although with important exceptions (the movement of labour and the increased protection of the monopoly privileges of intellectual property).

The neoliberal program has been driven by the IMF in relation to highly indebted countries, by the WTO agreements (and the legions of bilateral and plurilateral agreements), and by the national capitalist class in terms of domestic policy formation. Where necessary the program has been reinforced by the military power of the US and its allies.

The outcomes of the neoliberal program include the familiar features of the contemporary global economy with huge transnational corporations sitting astride global value chains (facilitating labour arbitrage) and exercising the privileges of market dominance. Less obvious (but equally significant) has been the exponential growth of the 'financial sector', disconnected from production but yielding massive profits from asset speculation (see [Financialisation](#)).

The neoliberal program was a necessary response, on behalf of the transnational capitalist class, to the emerging crisis of overproduction from the late 1970s (see [Overproduction](#)). However, neoliberal policies do not address the fundamental global imbalance between increasing productive capacity and stagnant buying power. However, these policies do protect the transnational capitalist class (see [Class](#)) from the costs of this crisis. The costs of the crisis - and the costs of protecting the TCC from the crisis - are borne by the working classes and by the excluded and marginalised classes of both rich and poor countries and are being transferred to future generations through global warming and the degradation of the human environment.

Variations on a theme

The above account provides reasonably clear guidance for the use of the term 'neoliberalism' based in political economy. The meaning assigned to the term in this account depend on the network of assumptions about sponsorship and beneficiaries, about instrumental purposes, and about the wider economic context. In this narrative it is primarily a political program albeit with ideological, distributive and institutional dimensions.

However, users of the term who do not follow the political economy narrative might imbue the term with different meanings, variously centred around an ideological movement or an institutional configuration.

Implications for health care and population health

Neoliberalism as used in the default narrative above has powerful implications for population health, for health services, for social policy formation generally, for political practice, and for the institutions and conduct of public health.

Implications for population health

Neoliberalism, as a policy program, promotes inequality within and between countries. Poverty and inequality lead to a heavier burden of disease.

Neoliberalism has reshaped the distribution and experience of paid work around the globe. Global value chains controlled by TNCs make space for populations to access highly pressured assembly work, dangerous mining, and precarious service industry jobs. The payment for such labour is a fraction of the value which is realised in the marketing of the final product. In the event of workers organising there is always a reserve army of unemployed elsewhere around the globe ready to be mobilised.

Cheap highly processed junk food supported by saturation marketing and precarious low wage retail provides opportunities for massive profits at the cost of degraded diets.

Emergency prevention, preparedness, and response is shaped by neoliberal policies, including those directed at protecting the interests of pharma. The Covid experience, in particular, around access to vaccines illustrates the priority the neoliberal regime assigns to corporate profit as opposed to effective and equitable emergency response.

Implications for health services development

The development of health services has been powerfully shaped by the demands of the neoliberal regime.

The privatisation of publicly owned and operated services has been driven by the neoliberal need to create new markets for foreign and domestic capital. Likewise the drive to prevent or dismantle public funding of health care and replace it with competitive private health insurance. The World Bank and the Rockefeller Foundation have played key roles in driving privatisation and supporting the development of private health care and private health care financing.

The long struggle over affordable access to medicines has likewise confronted the monopoly status of pharma protected by extreme intellectual property rights. With the inclusion of the TRIPS Agreement under the newly founded WTO in 1995 the scene was set for a new round of bullying to force countries to adopt the new standards of intellectual property protection.

The benefits of comprehensive primary health care include bringing health care closer to where people live. However, for the neoliberal regime the threat of comprehensive PHC lies in its commitment to building partnerships with communities to engage with the social determination of

population health, including through intersectoral action at all levels. Neoliberal policy advocates have repeatedly sought to dress their program with references to PHC but to ensure, not least through their advocacy for private service delivery, that the subversive potential of PHC is vitiated.

Implications for policy formation

The ideological representation of the neoliberal project, including the narrative of ‘unhindered markets’ and ‘there is no alternative’ has continued to shape public policy globally and in many countries. Clearly this narrative has more power when it is cleansed of any accompanying analysis of the political economy of neoliberalism.

The ideological promotion of neoliberalism includes strategies such as the silver bullet (vaccination instead of decent housing and urban infrastructure), concessions to an appearance of decency (tiered pricing), charitable gestures (pharmaceutical donations for ‘neglected tropical diseases’), and coaptations (pharma funding of medical associations, researchers, and ‘patients’ associations’).

Implications for political practice

Neoliberalism has important implications for political practice.

The vision of solidarity, convergence, and unity among the billions who are exploited, impoverished or marginalised under neoliberalism has motivated a powerful global movement for a more equitable and sustainable economic regime. However, embedded in the neoliberal regime are neoliberal protections which strategists of change need to negotiate.

The most obvious of these is the capture of national and subnational politicians through money power (both corruption and electoral donations) and the ideological campaigning of the corporate media (of which the Murdoch media is the most notorious).

Less evident are the implications of financialisation of the economy and the degree to which shareholding and exposure to financial derivatives extend into social institutions such as pension funds, sovereign wealth funds, insurance reserves, and municipal reserves as well as the private wealth funds. Shareholder capitalism and middle-class dependence on dividends and asset appreciation impact on the prospect for solidarity in the face of neoliberal deprivations. However, it goes deeper. As a consequence of the penetration of corporate ownership throughout the body politic the neoliberal strategists in the financial media and in the financial behemoths are able to threaten politicians with economic disruption (slower growth, currency depreciation, business collapse, etc) if they seek to discipline the corporates (be they pharma, the fossil fuel industry, the miners, or the tech giants).

Beyond these mechanisms is the rising threat of neofascism associated with the alienation of the dispossessed. It is not inevitable that the experience of dispossession and alienation should lead to solidarity, convergence and unity.

Implications for the institutions of public health

Recognising the social determination of population health presents health practitioners and institutions with an ethical challenge regarding their scope of practice. There is a sense of professional security associated with acceptance of the prevailing norms of practice and the myth of professional neutrality. However, professionals are also members of their society with ethical obligations which stem from values of decency and respect beyond the obligations associated with a professional role.

The contradictions between institutional boundaries and a commitment to human rights (including the right to health) are regularly on display in the governing bodies of the World Health Organisation. A prominent example arises in the demands from some (particularly from the global

South) for WHO to provide guidance regarding trade agreements where such agreements impact on affordable access to medicines. Regularly the US delegates will insist on WHO 'sticking to its knitting' and leaving trade issues to the WTO. Such contradictions present difficult diplomatic and ethical challenges for WHO personnel.

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Overproduction

Usages

The term 'overproduction' is used in several different ways. It is commonly used in relation to particular sectors or commodities as in the overproduction of oil might lead to falling prices for the oil companies and oil producing states.

Our focus in this note is on structural overproduction in a national or in the global economy. Overproduction in this usage refers to an imbalance between aggregate demand and production capacity. Overproduction is when industry is capable of producing more than consumers are able or willing to buy, hence sometimes 'overproduction/underconsumption'.

Overproduction may be cyclic or structural. Cyclic overproduction refers to the sequence in the regular business cycle where capitalists have overinvested in productive capacity in their competition to access markets during the boom. As a consequence of slowing market demand, the capitalists cease investing and start to cut costs (including labour) which further exacerbates the declining consumption.

Structural overproduction refers to an imbalance between productive capacity and aggregate demand which reflects continuing trends in the productive forces (in particular, cheaper energy and increasingly powerful technology) which overshadow parallel trends in the factors which shape consumer demand (in particular, employment and wages). From here on 'overproduction' refers to structural overproduction.

Overproduction is sometimes used to explain actually existing stagnation. However, it is also used to refer to a tendency, a set of pressures towards stagnation. The difference lies in associated policies and processes which may (for a time) mitigate the tendency to overproduction. Bello lists these as [neoliberalism](#), [globalisation](#) and [financialisation](#).

In the first decades of the 21st century productive capacity has been greatly boosted by the availability of cheap fossil fuel energy and the myriad of applications of modern technologies. Replacing labour with fossil fuel energy and technology contributes to unemployment and weakens consumer demand. While high wage labour has been replaced by technology, labour intensive processing has been transferred to low wage platforms in developing countries.

Globalisation facilitated by trade liberalisation has created global supply chains which link front office functions in the global North to intensive low wage labour production in the global South. Not all countries host low wage production platforms; many millions of unemployed in the global South comprise the global reserve army ready to be called upon as low wage production continues to search for lower wage environments.

The globalisation of food production and marketing, the subsidies to northern agriculture and the continuing import barriers facing Third World food producers in northern markets are contributing to the impoverishment of small farmers in developing countries and rural to urban migration and to the reserve army.

The tendency to overproduction has contributed to a continuing decline in the proportion of profit which flows into productive new investment. These funds increasingly flow into the financial sector (see [financialisation](#)) where they contribute to the wealth of the top 5% and contribute to supporting aggregate demand through debt funded consumption (households and government).

[Neoliberalism](#) is a policy package designed to protect the capitalist elites from the consequences of the crisis of overproduction. It includes reducing the tax burden on corporations and the wealthy, reducing welfare expenditure, cutting wages, marketizing social programs, public subsidies to the corporate sector (fossil fuels, armaments, pharmaceuticals), replacing public sector service provision

with self-funding models based on privatised services funded through debt and insurance. Austerity and precarity are direct consequences of the crisis of overproduction.

Implications for health

The crisis of overproduction lies at the root of widening inequality, impoverishment, unemployment and underemployment, wage stagnation, all of which contribute to the economic determination of poorer population health.

Neoliberal policies are driving the marketisation and privatisation of health care.

Trade liberalisation is opening up domestic health care markets to digital cross boundary medical services.

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Annex. Key terms in political economy with important implications for health care and population health

Accumulation
Activism
Alienation
Anarchism
Austerity
Autarky
Barter
Capital
Capitalism
Class 👍
Colonialism
Commodity
Communism
Convergence
Delinkage
Dependency
Development
Dialectics
Enlightenment
Extractivism
Fascism
Financialisation 👍
Fordism
Gift
Global value chain
Globalisation
Governance
Hegemony
Hope
Ideology
Imperialism 👍
Intersectionality 👍
Labour arbitrage
Leninism
Liberal
Marxism
Mercantilism
Modernisation
Monetarism
Monopoly
Neoliberalism 👍
Overproduction 👍
Political economy
Precariousness
Proletarian

Stalinism
Structural
Transnational corporation
Trotskyism
Uncertainty
Utopianism
Value
Value chain

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Index

ethics	
beyond professional norms	10
financialisation	
penetration of body politic	10
inequality	
financialisation and	5
pharma	
financialisation.....	4
intellectual property	9
private health insurance	
financial sector interest	4