

Reviews

Lies and more lies

Dilip Hiro, *Secrets and Lies: The True Story of the Iraq War*, Politico's Publishing, 464 pages, paperback ISBN 184275128X, £9.99

In August 2003, the Bush administration published its '100 Days in Iraq' report, declaring confidently: 'Most of Iraq is calm, and progress on the road to democracy and freedom not experienced in decades continues. Only in isolated areas are there still attacks.' More than two years later, they continue repeating the mantra, as if awkward realities could be spirited away by brusque verbiage.

But then, this was the mode they had successfully adopted in the run-up to the invasion, enabling them to pull-off what Dilip Hiro describes as a 'monumental confidence trick.' The first third of his meticulous chronicle is dedicated to the Bush regime's implacable march from the trauma of 9/11 to the full scale assault on Iraq in March 2003. In retrospect, what's striking is the sheer determination among the Bush cabal to make this happen. They didn't so much remove the obstacles in their path as step blithely over them. International law. The Arab states. Russia and China. France and Germany. Thirty million demonstrators. The absence of a second UN resolution. The repeated warnings from all quarters that the invasion would increase the terrorist threat to which it was ostensibly a response.

When their enemy seemed to be approaching the goalposts, they shifted them. Between November 27 2002 and 18 March 2003, Hiro reports, United Nations Monitoring, Verification and Inspection Commission and the International Atomic Energy Agency carried out 713 inspections at 411 sites – and found not a scrap of evidence to sustain the US-UK charges about Saddam's alleged weapons of mass destruction. Meanwhile, US and UK forces were already engaged in 'a secret war' preparatory to the planned full-scale invasion. Beginning in August 2002, they conducted near daily bombing raids and infiltrated troops across the border to engage in reconnaissance, sabotage and bribery.

The neo-cons felt empowered by 9/11, but they could not have got their way alone. Colin Powell may have been frozen out of the inner circle, he may have had his doubts, but in his speech to the United Nations on 5 February 2003 he performed a major service for the war party. Hiro dissects the solemn claims Powell made to the world on that day and shows not only that all of them proved to be false, but also that Powell must have known that the evidence he was presenting was dubious. While he persuaded no one at the UN, Powell did bolster the credibility of the WMD claims among domestic and British audiences.

In retrospect, Hans Blix appears to have been too reluctant to make plain what he knew to be true – that Iraq did not pose anything like an imminent threat and that the US-UK assertions did not stand up to scrutiny. Each time the United States cavilled at his findings or lodged new charges, he grumpily acquiesced and adjusted his timetable. Like Kofi Annan, and the French and German

governments, he seemed to believe that the enraged American giant could be placated, that war could be averted by taking US-UK concerns about weapons of mass destruction at face value.

Far worse was the performance of the official domestic opposition in the United States. Having signed up for the war on terror, and fearful of the taint of 'disloyalty', the Democrats were easily defeated by Bush's Republicans in the 2002 mid-term elections – at which point Iraq's fate was sealed. As Hiro notes, the key for Bush was his ability to secure majority support for war at home. It was here that the catalogue of deception recounted by Hiro paid the biggest dividend, as US citizens groped in a fog in which 9/11, al Qaeda, Saddam Hussein, weapons of mass destruction and terrorism, actual and potential threats, individuals, governments and civilisations were indistinguishable.

The invasion itself is remembered in the United States and United Kingdom as a relatively quick and painless exercise. Here Hiro's book performs an important service by reminding us just how brutal and destructive it was, and how many lies were told to obscure that reality. During the four-week military campaign, US-UK forces flew 37,000 air sorties, dropped or fired 28,000 bombs or missiles, including 1,500 Cruise or Tomahawk strikes. They deployed bunker busters, daisy cutters and the massive ordinance air blast bombs the size of a passenger bus, plus 20,000 cluster munitions. New technology meant that the violence was precision-guided to an extent never seen before, and indeed Iraqi military casualties outnumbered civilian many times over. But as the diaries of Thurya al Kaissi, a 17 year old Baghdadi girl, quoted extensively by Hiro, make clear, the unrelenting display of unanswerable firepower wreaked terror and havoc. 'More bangs... I get back to sleep but have very bad dreams. In one, I run up the street and am chased by two American rockets.' The wreckage of homes, industries, infrastructure has still not been repaired.

Crucially, the war-makers kept graphic accounts of civilian suffering off the US and UK television screens. Here the BBC aped the US networks. It reported falsely that the Iraqis had fired Scuds at Kuwait. It claimed that Umm Qasr had been captured while fighting continued there for five more days (as Aljazeera viewers could see for themselves). Every hint that weapons of mass destruction had been located was headlined – though every rumour proved to be false. It reported that Basra had risen against Saddam. As it turned out, there was no rising and it took UK forces 14 days of shelling, bombardment and siege before they were able to occupy the city. The much anticipated Shia rising never materialised. The conquerors were not welcomed as liberators but regarded with the deepest suspicion.

The one-eyed determination to invade Iraq was coupled with an equally one-eyed failure to plan for the occupation that followed. The indifference became immediately apparent when looting on a phenomenal scale broke out – ushering in a climate of lawlessness that still prevails in the country. Libraries, museums and archaeological sites were ransacked. In her diary Thurya al Kaissi posed the question so many continue to ask: 'why don't the Americans stop them?' Part of the answer was suggested by the fact that, as the abandoned irrigation ministry burned, US soldiers stood guard over the nearby oil ministry.

Hiro depicts the neo-cons as infatuated with their own ideology and therefore incapable of understanding the consequences of their actions. 'While obsessed about Iraq since 11 September 2001, they had failed to study its history and culture, a blunder made by their antecedents in the 1960s in the case of Vietnam.'

Initially, guerrilla attackers were dismissed as 'remnants of the old regime'. But as Hiro makes clear, resistance to the occupation has been multi-faceted and persistent from day one. In July 2003, a hyper-confident Bush declared 'Bring 'em on!' – like the Commander in Chief in Dylan's 'Tombstone Blues', pointing to the sky and shouting 'The sun's not yellow, it's chicken.' In Karbala that summer, Shia chanted 'La la Amreeka, la la Saddam' – no no to America, no no to Saddam. In Baghdad a bomb destroyed the UN headquarters and killed twenty-three. August saw five hundred guerrilla attacks on occupying forces.

Since Bush uttered the words 'mission accomplished' on 1 May 2003, the calendar of occupation has been studded by 'turning-points'. The capture of Saddam in December 2003. The 'handover of sovereignty' in June 2004. The siege of Najaf in August 2004. The recapture of Fallujah in November 2004. The elections in January 2005. Yet violence in Iraq and the suffering of the Iraqi population continue unabated.

Which is not to say that the political process as it's unfolded in Iraq these last two and a half years has been what the occupiers planned or preferred. Hiro observes that 'the guerrilla movement came to set the pace of political reconstruction' – forcing the United States to seek more credible Iraqi allies and at least appear to respond to widespread demands for self-government. In doing so, they've had to deal with forces whose agendas are not determined in Washington (the Chalabi ruse having collapsed as quickly as the statue of Saddam in Firdaus Square). That Shia uprising that didn't take place has proved to be significant. The United States has found it necessary to placate Shia demands for political power, and in the process adopted divide-and-rule tactics that threaten the country with civil war.

Hiro's principal sources are the mainstream US and UK media, and therefore much of the material will be familiar to those who followed the events as they occurred. Nonetheless, in assembling the material and constructing a coherent narrative from it, Hiro has produced a powerful indictment and a valuable resource. It's salutary to be reminded of the extent of the dissimulation that has accompanied every phase of this catastrophe. From the 'intelligence' used to justify the invasion ('a compendium of deliberate misinterpretation, misinformation, disinformation and outright lies') through the Jessica Lynch fabrication, to stitching up the head wounds on the corpses of Uday and Qusay Hussein. Whenever the facts failed to correspond to the claims, the US-UK war-makers resorted to shooting the messenger, literally in the case of Aljazeera.

The book's emphasis is on events and personalities, rather than analysis. Blair appears here as nothing but a factotum for Bush. Those seeking an explanation of how it was that a UK Labour government ended up as the neo-cons staunchest ally will have to look elsewhere. Hiro suggests that the core of the drama lies in the personality of George W. Bush – with his evangelical commitment to 'gut instinct' – but surely the question is how Bush's gut instinct became US policy, how the

larger political environment licensed and sustained the neo-cons.

Hiro stresses the differences between the Afghanistan and Iraq invasions, notably that the former enjoyed UN and Nato support and was a direct response to an attack on US soil. But he understates the continuities, which were vital in making progress to the Iraq war inexorable. In its response to 9/11, the United States enlarged its exclusive prerogative for military action, claiming the right to attack any country that it suspected of 'harbouring terrorists'. Along with that, it declared an open-ended 'war on terror' – an invaluable replacement for the redundant Cold War ideology. The war on terror was vague and vivid and infinitely flexible. It married national security and global reach. The weapons of mass destruction claims would only become resonant within the context of a global terrorist threat. And with the US occupation of Iraq having unleashed a new wave of terrorist activity, inside and outside Iraq, the war on terror comes full circle and provides today a justification for the occupation.

Hiro's book forces us to look back and focus sharply on the events of the past four years. This is no small virtue at a time when Blair and his allies are eager to erase popular memory of recent history, not least those unambiguous warnings that an invasion of Iraq would increase the likelihood of attacks on the UK.

Putting down *Secrets and Lies*, I couldn't help but reflect angrily on the fact that not one of the culprits in this criminal saga has been brought to account. Bush and Blair have been re-elected. Condoleezza Rice promoted. Those who fashioned and retailed the whoppers about weapons of mass destruction remain in post, while Gilligan and Dyke were ousted from the BBC.

Nonetheless, the war-makers are now forced to operate in a climate of opinion profoundly affected by the anti-war movement. As the death tolls mount and the excuses wear thin, support for the occupation has plummeted in both the United States and United Kingdom. Those who opposed the war but believed the occupation would benefit Iraqis, or saw no alternative to it, are reconsidering the options. As Hiro's account makes clear, the occupation is shaped by the illegitimacy and violence of the invasion that gave it birth, and no retrospective tinkering will rectify that flaw.

Mike Marqusee

Selling the NHS

Allyson M. Pollock, *NHS PLC*, Verso, ISBN 1 84467 011 2, £15.99 (cloth) and 1 84467 539 4, £9.99 (paper)

What are we to make of the New Labour assault on the NHS? How can a party which introduced a system of free medical public health care as of right become the architect of its future demise? Allyson Pollock has many of the answers and in a searing analysis of government health policies past and present brings us up to date on what must be the most sustained drive to infect public health care with the

privatisation virus, in some ways more fundamental than the Conservative government's introduction of the internal market in the 1990s.

This book does not disappoint: it exposes the usual New Labour connections with multinational companies, dodgy indigenous financiers, academic placemen and a generous sprinkling of friendly 'think tank' operatives. The cords that bind New Labour to the new masters of the NHS are anything but attenuated. For example, Patricia Hewitt, the present Health Secretary, worked in her oppositional days as director of research at the Arthur Andersen Consultancy, whose parent accountancy company has become heavily embroiled in PFI contracts within the NHS. The ban on Andersen working for the NHS (imposed by the previous Conservative Government for supposed mis-advice unrelated to the ENRON scandal) was lifted by the New Labour government. The intimate connection between Blair's private office and Dr. Chai Patel typifies the thread connecting government and private health care companies. Patel, an advisor on public health policy to Tony Blair's private office on the care of the elderly, was also the chief executive officer and owner of Westminster Health Care on a salary of £443,000. This same company was the subject of a scathing report on conditions at one of its care homes, a report so devastating that he was forced to resign as both policy advisor to Blair and from the board of Help the Aged.

The revolving personnel door between private business and the NHS management encompasses many of the companies heavily involved in setting up private finance initiatives in the NHS. Yes, they are all here: Dresdner Kleinwort Benson, Deloitte Touche, KPMG, plus private contractors including private health care companies sinking their teeth into lucrative private finance initiative contracts, the details of which are often masked by the need for 'commercial confidentiality'. With an approximately £74 billion annual turnover, the NHS is a very nice honey pot with a stability many other commercial areas do not possess.

Coupled with these sorts of connections is the calculated displacement of the public service ethos and the personnel associated with it, and the recruitment at all managerial levels of employees with the requisite business-orientated outlook. As Pollock makes clear, at the top managerial levels there is now little or no support for the original principles of the NHS, and as a result market priorities will be imposed whatever their absurdities. This creates a suitable environment for the global health care industry, and apparently for its American branch in particular.

United Healthcare, the US firm convicted of the 'largest case of health fraud in US history', a country where healthcare fraud is 'endemic', was appointed by Alan Milburn as advisor to the NHS. United Healthcare was also a major contributor to the re-elect Bush-Cheney campaign of 2004.

Considerations regarding the World Trade Organisation negotiations on the General Agreement on Trade in Services (GATS), mostly carried out in secret, are obviously high on the Government's agenda. The establishment of a 'world health market' for the multi-national health care companies and the 'commodification' of health care, coupled with the driving back of the frontiers of public health, is certainly the aim of our trans-Atlantic economic governmental arbiters.

Pollock places the current efforts to privatise health care in the context of a historical overview going back to the time prior to the inception of the NHS in 1947, and showing how the initial compromises about a private element in a public system led to continual friction throughout the NHS's development. Considerable improvements, however, were made from the largely private system prior to 1947, in clinical techniques, preventive medicine and indeed NHS infrastructure, the latter always in a context of under-funding. By the 1970s, the 'Stalinist monolith' was a surprisingly efficient organisation, often the envy of other nations and usually more cost-effective than its hemispheric equivalents, particularly in comparison to the private US system. Enter the Thatcher regime, which intensified spending limitations to such a point that, by 1987, the hospital sector was close to collapse. Changes had to be made, but these changes were to be fundamental and all embracing, in the spirit of a rejuvenated competitive market capitalism: 'out-sourcing' of services, trust hospitals, and the 'internal market' controlled by the 'purchaser – provider' split, respectively the GP fund holder and the hospital trust. This inevitably led to the burgeoning of a large administrative bureaucracy to record, cost and monitor these transactional arrangements. Typically the results of such innovative ideas as the out-sourcing of hospital cleaning were to lead to increasingly dirty hospital buildings and the MRSA bug, but unfortunately it is basically the same hymn sheet which New Labour is now singing from, with small changes here and there, and an intensification of some of the most retrograde elements of the Tories' initiatives, in particular the private finance initiative, the Trust hospital and payment by results.

All these prescriptions for change were predicated on the inherent belief that internal competition between hospital trusts would mean greater clinical operational cost efficiencies and falling waiting lists. This was not to be, and by the end of 1996-1997, with many hospital trusts finding their financial targets too difficult to meet, the NHS was a fragmented and demoralised organisation. With the election of the 1997 New Labour Government, many in the NHS were looking forward to a change in direction. They were to be disappointed, as the New Labour Government virtually immediately committed itself to keeping within the previous Tory administration's spending guidelines for the first two years. The Health Secretary, Frank Dobson, was to drop the 'internal market', but the 'purchaser provider' model was retained and subsequently amended cumulatively over time with tighter financial targeting, star ratings, league tables, and the fixed national tariff for services. The fund-holding element was made more all-embracing, incorporated into what were to become the area health units, the primary care trusts. These new fund-holders, the 'purchasers', comprised most community health services plus all GP practices, and replaced the individual GP fund-holder. They would now 'commission' services. New words but the same underlying ideologically driven imperative of market demand transferred to the public sector rather than the democratically informed, managed and planned provision of services for need. Yet another layer of 'market' confusion is the idea of the patient choosing a particular hospital for his/her treatment as a stimulus to hospital

efficiency – ‘choose and book’. We now need Referral Management Centres provided by the Patient Advice and Liaison Service (PALS), which will offer hospitals in your own area or other trusts. This is a fabricated market choice foisted on a patient who usually only wants the ailment dealt with as quickly and efficiently as possible in a caring environment, preferably close by. Now, according to *The Guardian* (29/07/05), the 303 primary care trusts are to be subjected to ‘a huge shake-up’ with many services out-sourced to charity and independent providers, the latter a euphemism for the private health industry. As a result, Sir Nigel Crisp, chief executive officer of the NHS, looks forward confidently to a ‘15% reduction in management and administrative costs’. The Royal College of Nursing, however, anticipates ever more nurses moving to the private sector, resulting in only a minority being employed by the NHS, UNISON foresees staff redundancies, instability in services and bureaucratic conflict over available funds and patient requirements, particularly at the end of budgeting periods.

To some extent, the speed of events has obviously overtaken parts of the book, but Pollock certainly foresaw the strategic desire of the government to ‘shake up’ the NHS and to destabilise it. One of the chosen methods is the change of block payments by primary care trusts to some hospitals, by a system of invoicing for individual patient treatment using software programmes based on national tariffs: ‘payment by results’. In 2006, it is planned to extend this to all hospitals for acute operations and all accident and emergency attendances. This is already leading to a situation where hospitals are forced to compete for patients as monetary units. Where such systems have been introduced in other countries they have led to ‘code creep’ (saying the condition is more serious and therefore incurring a higher cost), and ‘gaining’ (extending stays in hospital unnecessarily). There have already been examples where primary care trusts have queried hospitals bills, and the sums involved are not insignificant. For example, Bradford Teaching Hospital and the local primary care trusts were recently haggling over some £4 million in invoiced amounts. The primary care trusts’ financial grant is fixed by law for a specific period, and as the period draws to a close, and money dwindles, conflict between hospitals and trusts will increasingly become the norm. Some specialist operations are also not on the national tariff: a hip operation can be standard (£6,000), but the same operation for a haemophiliac is not, and the difference could be as high as £20,000. All these new measures are bound to cause conflict between hospitals, primary care trusts, and support services, resulting in a divided workforce spending vast amounts of time sorting through the detail of invoices. The final test of the market model is, of course, failing enterprises go bankrupt, and such a scenario is being actively considered by the heads of the NHS in a context where up to a third of hospitals and primary care trusts are already in debt.

A fundamental thrust of New Labour’s desire to impose market solutions on the public sector was the intensification of the private finance initiative, and the NHS was not going to be an exception, however inappropriate. The case for public borrowing for capital expenditure (apart from Gordon Brown’s economic sophistry with the national accounts) rather than private, is so straightforward that the only

way the Government can defend itself is by ignoring the question with the repetitive chant of, 'private good – public bad'. In actual fact, no private finance initiative agreements for the NHS were actually signed by the previous Conservative government, but I think we can rest assured that they would gladly admit to parentage of the idea! So a scheme for which New Labour had at first shown little enthusiasm took off with a vengeance, with the government speedily implementing the necessary legislation to commence the Tory planned private finance initiative agreements. The costs of the private finance initiative were to be met from cost reductions in the annual hospital grant for clinical services, but this was to result in the 'largest service closure programme in the NHS's history'. In fact, many of the private finance initiative schemes still had to be altered to keep within cost restrictions, often resulting in a decrease rather than an increase in available hospital beds. Private finance initiative agreements are expensive to negotiate, take up large periods of senior NHS managers' time, and require a much enlarged bureaucracy to run. This is apart from not being cost-effective, except of course from the point of view of shareholder earnings. Many of the conditions of private finance initiative agreements are not open to public scrutiny and, as Pollock asserts, were 'concealed from the public by the complexity of the transactions'.

With the New Labour Government initially committed to honouring the Tories' spending limits, and the private finance initiative schemes forging ahead, it wasn't long before the NHS ran into serious financial difficulties, alarming both the Department of Health and the Treasury. Public criticism of NHS service delivery was becoming too vociferous for the Government to ignore, eventually forcing the Government's hand. As a response, in July 2000 the *NHS Plan* was published, detailing a large increase in NHS funding: over the next four years an increase of 8.2% of gross domestic product, roughly equivalent to a 30% increase in total funding. This increase promised an impressive list of new hospitals, more intermediate care beds, and primary care centres, along with more targeting, the star rating system, and regular inspections of services. But what was not made clear to the public amid the headlines of extra billions was that the *NHS Plan* was to herald a further intensification of the market model. To cries from the media that 'throwing money' at the NHS was not a solution in itself, and what was needed was to let private enterprise run a publicly-funded health care system, the Government, in October 2000, signed a 'concordat' with the Independent Healthcare Association for the planned 'use of private and voluntary care providers' in the publicly-funded system. This was to be accompanied by on-going changes in NHS practice more in line with the market model to provide an environment ever more conducive to private intervention.

For obvious reasons of space, many areas covered by the book have not been touched on: the role of the general practitioner, primary care trusts, strategic health authorities, the privatisation of long-term care of the elderly, the LIFT initiative (Local Improvement Finance Trusts), and the history of structural changes in the chain of command within the NHS. But there are two areas which deserve to be touched on briefly: foundation trusts and the independent treatment centres (ITCs). Firstly, the independent treatment centres must be seen as a clear move to siphon

off profitable routine operations and feed them to the private sector, having a turnover of some £3 billion (*Guardian* 24/06/05) with an added financial stimulus to doctors to migrate from the NHS to this expanding private sector. Bizarrely, *The Observer* (04/06/03) carried a report claiming NHS managers had told them that NHS reference prices were half that of their private sector equivalents. This is apart from the misgivings voiced by the British Medical Association about the shipping in for short intensive periods of continental doctors who are not used to working in the United Kingdom or the National Health Service. Already six private surgeons have been suspended for ‘serious surgical errors’ (*Guardian* 24/05/05). Secondly, the foundation hospital – not only is division created within the hospital service, but New Labour makes great play of their supposed democratic and community involvement bias, and this needs to be shown up for the sham it is. Commenting on the recent report of the Healthcare Commission on foundation trust hospitals, Karen Jennings, Unison’s head of health, said:

‘To hear that foundation trusts now hold meetings of the board of directors in private, smashes through all the arguments about better local accountability and democracy. There is an air of secrecy and confusion over the role of governors, and it is clear that the membership of some trusts is not representative of the wider community.’

It would appear also that in many cases the foundation trusts merge into the old teaching hospital deformation, with its association with private benefactors and the unbalancing of facilities in the context of area health planning.

One important consequence Pollock has brought to light (a feature largely neglected by other studies), is that over the years the internal planning capacity of the NHS had been consciously run down with planning for need being replaced by the usual tools of the market model. This was to have important consequences for the spread of NHS capacity. Within the context of an often chronic lack of funding these planners, often highly motivated by the public service ethos, had built up over the years a particular expertise which was an important asset to the NHS in attempting to improve regional disparities, historically bequeathed, in health care capacity and so on. The substitution of commercial advice has led to many blunders, the most recent of which is a £16 million eight-year study into the feasibility of a £1.1 billion ‘super-hospital’ in West London, now abandoned (*Guardian* 21/06/05). The failure to co-ordinate the planning of health capacity between areas and seceding responsibility for area health care needs to individual hospital trusts, has seen excess capacity in some areas with under-capacity in adjacent areas, and all this in a context of supposed cost cutting targets.

The historical failure to sufficiently involve the workforce at every level in organising the NHS, coupled with the lack of a truly comprehensive administrative training programme, has been commented on by Duncan Smith, former Chief Training Officer of the NHS*. The substitution of ministerial diktat

* *Physician Heal Thyself – The NHS needs a voice of its own* – Duncan Smith, Socialist Renewal, Third Series, Number 2. Spokesman.

and now private consultancies as the organising force behind the NHS has undoubtedly led to the workforce feeling what Paul Corrigan, the designer of the foundation trust initiative, has described as ‘a sense of being pushed around, and ...less pleased than they were before reform started’, to say the least. Pollock demands a halt to the government policy and a restoration of structures that make planning for the needs of the population possible in a context of greater ‘democratic accountability’ locally and, secondly, the exposure of the market’s ‘transaction costs’ and ‘the waste associated’ with it. This would expose both the high level of private shareholder profit, and establish how much of Gordon Brown’s new billions have disappeared ‘in private sector duplication, transaction costs and fraud’. On the latter, the pharmaceutical industry gives us a pointer as to what may be discovered of private business’s morality in the health sector, an industry where price fixing appears to be common judging by the number of cases the Serious Fraud Office is to bring to court (*Guardian* 02/06/05).

On the whole the book is not an easy read, but given the complexity of the subject matter this is hardly surprising. However, the text rewards by giving a lucid account of what has happened and what is going to happen in a fast-moving situation, giving historical context and with many political insights. The many organisational initiatives and structural changes made to the NHS since its inception can appear bewildering in their intricacies, particularly to the layman, and the inclusion of a chronology would have been a useful complement to the comprehensive list of acronyms. In general the ever-greater spread of privatised activities within the NHS, driven by New Labour and its financial partners, will not be halted without a more broad awareness amongst the mass of the population of what is really happening beyond the clatter of governmental double-speak. Professor Pollock’s book is a highly detailed and comprehensive study and gives us a very clear insight into the trajectory of the health service if left in the hands of New Labour. She has given us the ammunition needed to defend what is left of the public health care system and as she says, ‘the disaster that is unfolding is overwhelming in its complexity and its magnitude’. Finally, in her acknowledgment, she modestly provides fulsome praise for her joint contributors and her many colleagues who have provided help and encouragement, but we should perhaps mention here her personal courage in the face of both governmental and academic intimidation of a most alarming nature, which is detailed in the book.

John Daniels

All about inequality

Richard G. Wilkinson, *The Impact of Inequality: how to make sick societies healthier*, Routledge, 355 pages ISBN 0415372690, £19.99

It is now widely recognised that inequalities in income and wealth have been growing, not only internationally but inside each nation state. After several

decades in which such inequalities were being reduced, the reverse process took place in the last quarter of the Twentieth Century and has continued since. Governments have abandoned the aim of greater equality and of fraternity for worship of untrammelled liberty of competition in the market. Those who have criticised this trend have done so chiefly on the moral grounds of the United States Declaration of Independence, that 'All men are created equal, endowed by their Creator with certain inalienable rights, and among these are life, liberty and the pursuit of happiness.' Richard Wilkinson, a University Professor of Social Epidemiology, has for some time been collecting evidence that inequality can not only be criticised on moral grounds, but on account of its adverse impact on the health of individuals and of whole societies. In his latest book he has summed up the evidence, examined all the connections and made recommendations for creating healthier societies. It is a book of great importance for social policy.

The most striking evidence concerning the impact of inequality which Wilkinson adduces is that it is not so much the level of income and wealth which determines health and other social conditions but the degree of inequality of incomes. The most obvious example is the United States, which has the highest average national income, but the widest range of inequality, and has higher infant mortality, lower life expectancy, worse health, more violence, including homicides than most other developed countries. Indeed, as national income has increased, inequality has widened, and social conditions have not improved, even to some extent worsened. Wilkinson shows a graph taken from a study by J.Venetoulis and C.Cobb which shows gross domestic product (GDP) per person in the USA rising from \$12,000 in 1950 to \$35,000 in 2000 (in US dollars at 2000 prices), while an estimate of 'genuine progress per person' found by subtracting social, environmental and economic costs and adding in benefits such as parenting and housework, left out of GDP, rising only from \$6,000 in 1950 to \$12,000 in 1975, and then declining to \$10,000 in 1995, with a slight blip up again to \$12,000 in the year 2000. Moreover, a comparison of the situation in several states of the USA reveals that those states with the widest range of inequality have the worst record in social conditions. The correlation is very close.

The key connection between equality and health, both individual and social, is seen by Wilkinson as 'social capital', a concept that the Harvard Professor Robert Putnam explored in different parts of Italy and of the United States. Putnam measured 'social capital' by the degree to which people made friends, trusted each other and took part in community life. 'There is absolutely no doubt at all', he concluded, 'that they [inequality] and social capital are very closely related'. Well-known examples of the benefits of greater equality are the national unity fostered by governments in the First and especially the Second World War by measures to encourage a sense that the burdens of war were being shared equally. Wilkinson quotes Richard Titmuss on this subject, saying, 'If the cooperation of the masses was thought to be essential [to the war effort] then inequalities had to be reduced and the pyramid of social stratification had to be flattened'. Wilkinson also cites as further circumstantial evidence the national cohesiveness in Sweden and Japan,

which, according to United Nations reports, were both the healthiest and the most egalitarian countries in the developed world. The detailed correlations in the many studies quoted by Wilkinson provide clinching evidence that it is the strength of social relations which form the connection between equality and health. In a study which he quotes of death rates in fifty US states made by Ichito Kawachi, the causal pathway clearly went from income distribution through the quality of the social environment (in this case measured by the degree to which people say they trust each other) to the death rates.

Stress is emphasised by Wilkinson as the chief cause of ill health in developed societies. The surge of adrenalin which occurs when we are stressed was once in our evolution required for brief moments when hunting, but is now kept running by work pressures for long periods, with most debilitating effects. The main causes of stress, he demonstrates, are lack of control over work, excessive competitive pressure, the sense of exclusion, of social insecurity, and of disrespect. The examples given from Marmot's work on civil servants in several countries reveal the importance for good health of having control over one's work. Churchill's regime of cigars and brandy suggests the most damaging life style, but his health was astonishingly good. He controlled much of Europe.

The stresses we suffer are all related to the hierarchical structure of society and the workplace, which is typified by a wide degree of inequality. The importance of self-respect in maintaining good health is well known. A fascinating example is given by Wilkinson from studies of prisoners who were jailed for violent offences complaining of being 'dissed' (disrespected). Some superiority is tolerated but not from near equals. One study among black and white prisoners is quoted, 'It was as if black folks were saying "I cant do much to keep whites from dissin' me, but I damn sure can keep black folks from doing it"'. Racism and bullying are widely seen as attempts to take it out on someone of lower ranking because of lack of respect from above. It is thus that the incubus of inequality works its evil.

Wilkinson, most interestingly, goes back to our human evolution to find the deep roots of our ills. Like most mammals and certainly most apes, we have developed two strategies for managing the control and distribution of scarce resources: the dominating hierarchical competitive survival of the strongest, and the sharing cooperative egalitarian working together of the commune. Each has predominated at different periods of our history, in different climates and in different mixes of the two. In our current developed economies the first has come increasingly to supplant the second. But we still have a strong folk memory of the cooperative mode in our concept of fairness, in our present giving and entertaining, and in the weakening of some of the most violent features of competition, such as capital and corporal punishment, torture, duelling, gladiatorial shows, animal baiting. The renunciation of the Iraq war by millions of people in the developed countries, as well as by the more obviously sympathetic peoples in the less developed, provides further evidence.

Wilkinson makes it quite clear that it is the economic structure of our societies that lies at the root of the sickness in them. It is our worship of the freedom of the

competitive market that has generated inequalities and reduced our social relations and our store of social capital. He assumes that we still need the market and price-competition as the most efficient system of allocating resources to meet needs – far better than central planning – but the market needs to be regulated. Health and education and some transport need to be publicly owned and managed, but he believes that other state intervention can be left to ensuring minimum standards. Although Wilkinson favours more redistribution of income, it is by democratising the economy that he hopes to achieve greater equality and increased social capital. His main recommendation is for an expansion of employee share ownership, not only to give workers a sense of belonging through workers' control, but also to reduce the earnings gap between chief executives and the mass of the work force. He points to the large number of successful share ownership schemes in the United States and in Britain covering in each case around a fifth of the work force, and to the success of cooperatives in Italy and most especially of Mondragon in the Basque country.

Wilkinson does not mention the Fair Trade Movement in providing the opportunity for consumers in developed economies to make ethical choices in their purchases from the less developed. But he does make the point that the more equal societies such as Sweden and Norway are far more generous in their aid for Third World development than the least equal such as the United States. What is chiefly missing from the argument is the important role of public spending in maintaining full employment and thereby reducing the main source of stress and loss of self confidence and of poor health in developed economies, and of protectionist action against the less developed. That said, the book remains an essential source of facts and figures for demonstrating the true impact of inequality.

Wilkinson's argument has become all the more important in assessing the actual effect on equality of New Labour's policies on redistributing income and wealth in the United Kingdom. The latest statistics of the effects of taxes and benefits on household income published by the Government reveal that the original income of the lowest fifth of incomes remains in 2003-4 at 3% of total incomes, the same proportion as in the last year of Tory Government in 1995-6, while over the same period the proportion received by the top fifth of incomes has actually risen from 50% to 51%. And tax policies have done nothing to correct this. Post tax the share of income of the lowest fifth remains at 7% of the total in 2003-4, the same as it was in 1995-6, while the share of the top fifth has risen from 43% to 44% over the same period.

The distribution of wealth has also become even less equal. The top 50% of owners had 94% of all personal wealth in 2002 compared with 93% in 1997, while the bottom 50% had the remaining 6% compared with 7% in 1997. These figures for shares of income compare even more sharply with those in the last years of Old Labour, in 1980 when the share of original income of the bottom fifth was 9%, compared with 7% in 2002 and while the top fifth had 39% compared with 44% in 2002. Shares of personal wealth have also become more unequal, as is evident from the new wealth of the super rich. The nearly 600 individuals in the

top 1% of UK wealth owners had nearly doubled their assets by 2002 compared with 1996, increasing their share of the total from 20% to 23% . Remember that at the bottom end half the population have only 6% to share between them. Such wide differences cannot make for good social relations. Nor in fact do they make for a stable economy. In order to keep up with the consumption of the rich, middle income earners have been borrowing up to the hilt, with credit and mortgages. This has kept the economy buoyant for a time, but it cannot last. Such instability is another impact of inequality, to which Wilkinson gives only slight attention. But it is a central aspect of our sick society.

Michael Barratt Brown

Work for all

Alan Whitford, *Magnificent Vision – The Right to Work*, Finchley Unemployment Research Institute (FURI), 174pages, paperback ISBN 0 9531085 4 6, £9.99. Available post free from FURI, Coachman's Cottage, High Street, Stoke Ferry, Norfolk PE33 9SF

With many of the economic indicators edging downwards for the United Kingdom and much of the world, Alan Whitford's book on unemployment comes as a timely reminder of the often catastrophic consequences of this phenomenon. The writer is an energetic critic of the *status quo* with an individual approach to both the problem and the solution. He aims for nothing less than both a new view of history and the solving of unemployment by a legal right to work for every citizen – not bad for starters!

Firstly, he is convinced that academic historians across the political spectrum have not appreciated the significance, in many past events, of unemployment, relegating it as one factor among many and not valuing it as often the paramount one. Examples range from the 1789 French Revolution and the world wars of the 20th century, to relatively recent events such as the break-up of Yugoslavia and the bloody events in Tiananmen Square. Other inter- communal conflicts such as that between Azeries and Armenians in Nagorno-Karabakh, Hindus and Muslims over the Ayodhya mosque, and, of course, the Northern Ireland conflict can primarily be put down to unemployment, he maintains, always providing interesting detail to support his argument. Unemployment also affects the mass psyche, providing a bedrock for sudden explosions of nationalistic antipathies. Whitford recalls E P Thompson's comments about the surprising eagerness of the Argentine and British populations to join the fray in the South Atlantic – a struggle now largely forgotten over patches of inhospitable moorland, suitable only for the economically unviable rearing of sheep. For the author, national, international, religious and ethnic conflicts are not the only ills to be laid at the door of unemployment: there is a whole battery of social ills such as mental and physical illnesses, early death, suicides and much criminality, again all factually supported by interesting insights.

Much of the book is on the website of the Finchley Unemployment Research Institute, www.f-u-r-i.co.uk, but is much easier to read in book form and at £9.99 (postage included) reasonably priced. The Institute was founded in 1987 and has continued campaigning whatever the manipulated headline figure for unemployment. Indeed Whitford's campaign is certainly a just and worthy one and deserving of our support. In this book he presents the case with his own idiosyncratic verve and enthusiasm which, coupled with his broad sweep of historical knowledge, makes for an interesting and provoking read.

JSD

Who are the terrorists?

Estella Schmid & David Morgan (eds.), *A Permanent State of Terror, Campaign Against Criminalising Communities (CAMPACC)*, 2003, 170 pages £4.50, fax 020 7483 2531

This is an old book, but worth recalling during the current discussion of the 90 day limit on allowing the police to hold arrests without charge. It is a collection of over 30 brief case studies, mainly concerned with the working of the British anti-terrorism legislation, the 2000 Terrorism Act and the 2001 Anti-Terrorism Crime and Security Act, with an introduction by Liz Fekete, Deputy Director of the Institute of Race Relations, and a statement at the end of the Aims and Objectives of the Campaign Against Criminalising Communities (CAMPACC). It also includes a speech by Noam Chomsky on the Kurdish situation made at Diyarbakir in September 2002. The contributions were therefore all made before the Iraq war, and some of them anticipated its outbreak. Several of the case studies, as well as Chomsky's essay, concern the situation of the Kurds in Turkey. Other case studies are taken from Algeria, Ireland, Iraq, Palestine, South Africa and Sri Lanka.

The question is asked throughout: who indeed are the terrorists? Chomsky firmly points to the states and especially the Western states, rather than individuals and groups. It is not only that the actions of states have led to individual terrorist responses, but also that states have actually perpetrated most of the worst acts of terrorism. Terrorism and counter-terrorism come to be defined in the same terms. At the same time, there is an ambiguity depending on which side you support. A terrorist seen from one point of view is a freedom fighter seen from the opposite side.

For many readers in the United Kingdom the most important essays concern the New Labour Government's anti-terrorist legislation. Several contributions deal with the Proscribed Organisation Order in the UK which bans in Britain 21 foreign organisations, listed in this publication. Many contributors are lawyers who point to the disturbing situation that now exists in Britain that anyone speaking on the same platform or writing, or in other ways exhibiting support, for members of any of these organisations is committing a crime. You can, moreover,

now be charged not just with having committed a crime, but for what you might do. This, moreover, may be extended to those whom the police believe might be a threat to 'national security'. The current demand by the Blair Government that suspects can be held without charge for up to 90 days, if the police require it, is being argued about as if the number of days was the issue, and not the abrogation of the long fought-for principle of *habeas corpus*, that no-one should be imprisoned without being charged and given a fair trial.

Several contributors emphasise the implications for all Muslim and Arab peoples in Britain of a list of proscribed organisations which consist entirely of Muslims and/or Arabs. The threat of arrest and imprisonment solely on the grounds of the colour of a person's skin has for long been one that dark-skinned people have been aware of in Britain. The New Labour legislation makes that threat far more real. It is precisely because of that expectation that the Campaign Against Criminalising Communities was founded, and for whose support over 1300 signatories listed in the book were obtained and for which the book appeals for further supporting names.

MBB

Ireland's victims

Patrick Hayes and Jim Campbell, *Bloody Sunday: Trauma, Pain and Politics*, Pluto Press, 222 pages, hardback ISBN 0745325114 £30, paperback ISBN 0745318533 £10.99

Pluto Press maintains its long-term coverage of Ireland with an addition to its list that analyses the effects on families of the killing of 14 men on the streets of Derry on 30 January 1972, during a civil rights march. Family members were interviewed – 24 who were siblings of those killed, and two who had lost their fathers. The research commenced around the time of the 25th anniversary of Bloody Sunday, in 1997, and continued through to the 30th anniversary in 2002. It uncovered the long-term destructive relationship between post-traumatic stress disorder, grief and mourning that followed these murders, for which no one has been arrested or charged. Indeed, the findings of the Widgery Tribunal, which was convened in the months immediately following Bloody Sunday to investigate the events of that day, caused a deep sense of injustice and betrayal amongst the families. They believed the truth would never come out. The ongoing Saville Inquiry, established in April 1998, has again brought these events under the spotlight. But, as this careful study reveals, great personal damage has been done to those families who have waited so long for justice for their dead relatives. Although there are some positive stories here of progress towards some kind of closure for individuals who participated in the survey, it is perhaps not surprising that there is concern amongst the families that the Saville Inquiry might not deliver 'truth and justice'. 'They are looking for a resolution that will allow them

to finally have the “Irish Wake” and begin the grief process that will eventually help them to put this trauma to rest,’ as the authors conclude.

Tony Simpson

Slaughterhouse Five

Universal Pictures have made a new release of the video of Kurt Vonnegut’s *Slaughterhouse Five*, which they package together with a copy of the book itself, in what they describe as ‘a bespoke box set’.

Directed by George Roy Hill, who also made *Butch Cassidy and the Sundance Kid* and *The Sting*, *Slaughterhouse Five* spans the impossible divide between the realistic destruction of Dresden, and its hero’s life as a captive exhibit on Planet Tralfamadore.

Sixty years after the incineration of Dresden, Vonnegut’s book speaks louder, and is more compelling, than ever. The video was released on the 8th August 2005, and the combined pack of book and film is available for £19.99.