Peggy Watson (ed.): ***Health Care Reform and Globalisation. The US, China and Europe in Comparative Perspective***
London and New York 2012: Routledge, 232 pp.

With the massive cuts in public health-care systems recently experienced in many European countries struggling under the impact of the financial crisis, this book comes as an important and timely piece. It explores the processes by which health-care systems changed in similar ways albeit under different political conditions about three decades ago, 'during the period of US-dominated neo-liberal globalization set in train in the 1970s, and especially the period of intensified globalization that took place after the Cold War came to an end' (p. xii). It is different from other books about health care in that it describes not only *what* has occurred and how global agreements (including those of the World Trade Organization, and of the European Union) have triggered reforms, but also *how* the terminology used to promote liberalised health-care markets may have contributed to reduce public-sector involvement in the organisation and financing of care. Finally, it also provides examples of what *negative consequences* have resulted from privatising health care—for example, regarding unequal access to health care (Poland), lack of comprehensive data on health-care use (United Kingdom), or the higher administrative costs associated with a large number of purchasers (United States).

Starting from the United States (chapter 1), the ideas of marketisation in health care were exported particularly to the countries of Latin America (chapter 9), and the post-socialist countries of Central and Eastern Europe (chapters 3, 6, and 7)—arguably pursuing increased efficiency and savings to the public purse. Insights on developments in the United Kingdom (chapter 2), and the European Union (EU) (chapter 5) shed light on relatively recent (and ongoing) efforts for liberalisation in Europe's public health-care systems. In parallel, the experiences of massive cuts of China's health-care system in the 1970s showcase how cuts in public resources for health care lead to massive inequalities in access to public health care (chapters 4 and 8). However, this trend is currently being partly reversed via substantial public investments in China's public health-care sector with the objective of achieving a universal system of basic health care by 2020.

One of the main strengths of this collection of essays is the interdisciplinary way in which it frames the political discourse to support privatisation efforts in public health care in different socio-cultural and political contexts. In the words of the editor, it displays 'how what can be said and known shapes, and is shaped by, ideologies, practices and debates' (p. xi). The book provides different angles on the 'discourse of disguise' used to oppose public provision of health care and to promote liberalisation, for example by coining privatisation as 'modernity' (as against 'backwardness') in Poland (p. 133), or referring to plans for extension of public health insurance as 'government takeover' and 'death panels' in the United States (p. 10). By contrast, China has seen a focus in its discourse about health care on 'human-oriented' policies (*yirenweiben*), largely in order to reverse the catastrophic effects of its massive cuts in public spending during the 1990s (p. 81f.). As Wendell Potter demonstrates in much detail for the United States, political discourse is increasingly being derailed by PR efforts, spin doctors, and lobbying. Thus, 'Americans are confronted daily—even hourly—with the daunting and growing challenge of deciphering truth from spin' (p. 21).

One remarkable contribution refers to the often neglected implications of the introduction of market principles in health care on information systems. Allyson Pollock and David Price analyse the 2012

changes in the English National Health System. With public authorities no longer disposing of centralised-planning powers or resources to justify the collection of population-based data, the identification of unmet needs for health care is fundamentally affected. In addition, selection of healthier patients is likely if non-comprehensive providers (i.e. commercial organizations that provide care for a selected membership rather than geographic populations) provide care. Such patient selection may significantly undermine data integrity and continuity, with available health care data reflecting 'risk-selection, not relative performance' (p. 33). Under such conditions, paradoxically, hospital league tables may be counterproductive, as they focus only on the performance of single providers that possibly cream-skim their patients, rather than reflecting measures of access to health care in specific geographical areas (p. 35).

A second important aspect highlighted by this volume is the power struggle involved in many of the political debates about organising health care. This struggle frequently extends beyond national borders, and is subject to influences from both public and non-public stakeholders. The latter include pharmaceutical companies, private foundations with economic interests, and medical equipment industries, to name a few. Howard Waitzkin and Rebeca Jasso-Aguilar look back on the history of international organisations and philanthropic foundations globally, to identify economic interests that led to the current structuring of global health-care markets. Examples given are programmes to control infectious diseases and population growth that aimed primarily at increasing productivity in developing countries, and medical products manufactured in 'dominant nations and sold in less developed countries' to stimulate the creation of new markets (p. 184). For Europe, Meri Koivusalo analyses the question of how 'health services have become part of EU policy-making with no explicit treaty basis' (p. 98). She attributes the increasing consideration of health services as services in the context of internal markets to five different sets of interests (p. 99ff.): the interests of the European Commission (EC) and the Ministry of Finance in controlling health-care finance; broader free-market lobbying forces operating at the EU level; institutional interests within the EC; new public-management approaches for the public sector in general; and the importance given to the European Court of Justice. Interestingly, the latter institution is seen as crucial in establishing legitimacy of the principles of free mobility and economic rights (of individuals), in line with increasing overall liberalisation, over social rights and security.

A third recurring theme is the way in which relationships between patients and medical doctors, are affected by changes in health systems in Russia and the USA (based on ethnographic fieldwork by Michelle Rivkin-Fish), and in China (based on fieldwork by Mei Zhan). One core message is that working conditions, including remuneration, of medical doctors are part of a broader set of 'symbolic messages that the state and patients communicate regarding the value of medical work' (p. 42). In Russia, rationing of medical care combined with extremely low salaries for medical doctors working in the public sector, led to a change in work ethos during the 1990s. For instance, there was an increase in the acceptability of informal payments from patients and a depreciation of doctors' professional status in the public sector (p. 43). Interestingly, a similar development occurred also in China, where, with health care turning into an 'ambiguous commodity in the "service sector" of China's market economy', doctors saw a 'drastic fall from grace' of their profession (p. 78). The second chapter on China confirms a lack of professional recognition also of general practitioners in community health services in urban China. After experiencing severe cuts in the 1990s in the course of transition from a

planned to a market economy, the health care sector is trying to expand outpatient services, yet coverage remains low, as demonstrated in a study using geographical information systems by Yu Wang and colleagues.

This volume covers a large array of different social science methods to highlight the impact and processes of changes in health-care systems around the globe. These include extensive qualitative studies, ethnographic fieldwork, and the abovementioned study of health geography. However, an overly detailed account is given in some chapters of institutional structures and historical features. Also, a leitmotif is often missing, with a relatively broad range of topics covered within some chapters. For instance, the last chapter provides an account of the historical development of global health organisations, before moving on to describe 'success' stories of single Latin American countries in fighting liberalisation of health-care markets. Similarly, legal developments in the Hungarian efforts to privatise health-care provision are described in perhaps too much detail. The chapter on community health services in China includes, for the second time in the book, a relatively extensive account of historical developments in the health-care sector as a whole, whereas the empirical study itself is summarised within a few pages. At the same time, the rich content of each of the chapters makes the volume especially valuable not only for policy-makers and politicians, regardless of ideological stripe, but also for students of health policy, economics, and political science. The interdisciplinary scope by which health-care changes under neo-liberal settings are framed makes the book less a theoretical contribution than a contribution to the political debates of our times.

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Alessandro Baricco: *The Barbarians: An Essay on the Mutation of Culture*
New York 2013: Rizzoli Ex Libris, xi + 164 pp.

Nicholas Carr: *The Shallows: How the Internet Is Changing the Way We Think, Read and Remember*
New York 2010: Norton, 276 pp.

Walter Benjamin drew a distinction between two different meanings of the word 'experience'. First of all there is experience as *Erfahrung*. This is the experience from and through which we learn, change, and grow over time to become ourselves. *Erfahrung* is deep experience. Second, Benjamin identified experience as *Erlebnis*. This is the fleeting experience of the moment, the experience remaining in what Benjamin called 'the sphere of a certain hour in one's life' [Benjamin 1983: 117].

Benjamin's distinction of two different kinds of experience—two kinds rather hidden in the English—is taken up by the Italian writer Alessandro Baricco in his stylistically over-egged discussion of contemporary culture, and the effects of its current changes. According to Baricco, Benjamin showed how only through experience might we take control of our lives. Experience—and here Baricco must be thinking of what Benjamin identified as *Erfahrung*—is 'the moment at which the human being takes possession of his realm. For a split second he is ruler, not servant'. Indeed, in this chance of being the master not the slave of the world, Baricco finds nothing less than the chance of the salvation of the human from the animal (p. 77). But it is only possible to 'take possession' of something if it is possessed of an objectivity, a solidity, and endurance over time. It is impossible to take possession of a fistful of water. Consequently, and here Baricco once again draws on Benjamin: 'Experience, in its highest, most redeeming sense, stemmed from the ability to get close to things, one at a time, and to develop an intimacy with