

Take a Stand on Austerity: Brief from the Critical Anthropology of Global Health SIG

The global financial crisis spanning 2007-2009 prompted national governments around the world, and notably many within the European Union, to implement austerity measures. Similar to structural adjustment programs (SAPs) implemented throughout the developing world since the 1980s, much of the pressure to adopt and enforce austerity measures has been levied by global financial institutions such as the IMF and World Bank. Despite any original claims that these measures were intended as ostensibly “short-term” solutions, slow economic recovery or worsening economic conditions in many of the countries impacted by financial crisis has led to an increased number and stringency of measures.

Although purporting to cut unnecessary bureaucratic spending through austerity, government officials tend to exact the largest cuts on public sector programs and systems – including education and health – that provide social services and oversee social welfare. These reductions in spending crosscut all segments of society but unquestionably render the most detrimental consequences for the poor whose wellbeing and basic survival is tethered to the support they receive through public systems and safety nets. Austerity measures deny people these essential forms of social support while also eliminating the very programs that people need during economic crisis (McDaid and Knapp 2010; McDaid, et al. 2013; Pfeiffer and Chapman 2010; Weaver and Munro 2013).

The human costs of austerity should not be underestimated. Health decline has been a ubiquitous outcome of austerity measures in recent years (Arie 2013a; Arie 2013b; Ayuso-Mateos, et al. 2013; Brand, et al. 2013; McKee, et al. 2012; Pearce 2013; Porter 2013; Stuckler and Basu 2013). This relates both to direct cuts on health services and to cuts in other public sectors (Borisch 2014). These include housing, transportation, education, and retirement and pensions, among others. Many European governments for instance, have since defunded immigration integration programs that were explicitly focused on removing barriers to social inclusion by helping refugees, asylum seekers, and other migratory groups to connect with housing, employment, education, and healthcare (Collett 2011). Since the flood of austerity measures in the EU, there have been significant increases in physical and mental health problems including

sharp increases in the number of diagnoses of infectious diseases and suicides (Caraher 2013; De Vogli 2013; Fountoulakis, et al. 2013). These data suggest that not only are people having to cope with fewer resources in overseeing wellbeing, but that the anxieties associated with doing so have profound negative effects for people's outlook on the world and overall psychological disposition.

Critical social scientists have noted that the effects of austerity are never gender-neutral. Across the globe, women bear the costs of austerity disproportionately to men and make "invisible adjustments" to the forms of economic restructuring that are imposed on them (Beneria and Feldman 1992). Anxiety and stress from these invisible adjustments translates to worse health outcomes for women (Breman and Shelton 2007; Kickbusch, et al. 2005; Sparr 1995; Stevens, et al. 2012). In addition, economic restructuring in the form of structural adjustment and austerity has been connected to increased rates of gender-based violence.

These cuts to social spending rendered through austerity measures disrupt the very notions of entitlement and social rights, while also stripping people of basic human rights (Cox 1998; Gaffney 2013). Anthropologists are equipped with the methodological and analytical expertise to underscore the lived experiences of austerity and to convey to policymakers the overall social destructiveness of austerity cultures. The Critical Anthropology of Global Health Special Interest Group of the Society for Medical Anthropology calls for anthropologists across our sub-disciplines to take a stand against austerity and to work collaboratively in developing strategies for policy-oriented research and public outreach.

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