A Flawed Diagnosis

José A. Tapia Granados

In a journalistic style, the engaging and ambitious *The Body Economic* jumps from economic to political to health issues, intermingling academic discussions with plenty of human-interest anecdotes. Overall, David Stuckler and Sanjay Basu present a picture in which Keynesian economics is the magic wand that fixes the economy and promotes health. Iceland, the New Deal, Sweden, and Britain under Labour are models for health and economic policy, while Greece, Spain, and Britain under the Conservative David Cameron are bad experiences to be avoided. By defending public spending, the “good guys”—Franklin D. Roosevelt, Barack Obama, Aneurin Bevan, Joseph Stiglitz, Paul Krugman—promote a vibrant economy and a healthy population, whereas the “bad guys”—Milton Friedman, Jeffrey Sachs, Angela Merkel, bankers, and the International Monetary Fund—bring on economic decay and disease. Unfortunately, things are a little bit more complex.

The book is divided into three parts: “History,” “The Great Recession,” and “Resilience.” Nonetheless, it offers little discussion of the history behind the current state of economics—a discipline divided into many schools that strongly disagree on fundamental issues. Reading *The Body Economic* might leave one with the impression that Keynesian economic remedies are as clear and straightforward as choosing to drink water when one is thirsty. Actually, there is strong disagreement (for a variety of reasons) on whether Keynesian policies work and about specific policies (such as the appropriate size of the national debt) even among Keynesians themselves. Stuckler (a sociologist at Oxford University) and Basu (an epidemiologist at Stanford University) largely ignore these debates and assert repeatedly that public spending is the solution to economic and health ailments. In their view, the evidence showing that that is the case would be disputed only by those oblivious to the interests of the population.

*The Body Economic* has little to say on previous investigations of the impact of macroeconomic factors on health. Early in the 20th century, Dorothy Thomas and William Ogburn were surprised to find that, in Britain, death rates rose during periods of prosperity and decreased during recessions (1). This pattern, which has been repeatedly documented in market economies around the world, is paradoxical because at the individual level unemployment or lower income are associated with lower levels of health and higher risk of death. As recessions in market economies are times of higher unemployment and lower incomes, one would expect mortality increases, but instead one observes mortality decreases. Regrettably, Stuckler and Basu discard without much consideration the overwhelming evidence supporting this “healthy recession paradox.”

Because disease in populations is hard to quantify, population health is often measured by death rates summarized in the form of life expectancy at birth (LEB), a measure that accounts for differences in age structures across populations over time. LEB figures show that health strongly deteriorated in the early 1990s in Russia during the transition to a market economy, a fact that the authors discuss at length in the chapter “The Post-Communist Mortality Crisis.” But LEB data also show that population health actually improved in Greece and nearly all countries in Europe between 2007 and 2010, during the Great Recession (see figure). This counterintuitive outcome goes unmentioned in *The Body Economic*. Instead, we read that in recent years, “Greece’s health has begun to resemble that of Russia in the aftermath of Shock Therapy and mass privatization”—a surprising assertion that is quite at odds with the facts.

One of the principal claims in *The Body Economic* is that austerity is bringing disaster to countries such as Greece or Spain where it has been applied, while in Iceland, where austerity was not applied, “public health actually improved during the recession.” Stuckler and Basu justify their position by citing increases in cases of AIDS, infectious encephalitis, and suicides. Unfortunately, this selective presentation of statistics does not give the whole picture. In fact, LEB in Greece rose from 79.6 years in 2007 to 80.3 years in 2009, while over the same period LEB in Iceland increased from 81.6 to 81.9 years. Therefore, during the two years following the start of the Great Recession, population health actually improved in both Greece and Iceland, but the improvement in Greece (0.7 year) was more than twice that observed in Iceland (0.3 year).

Measures such as LEB or the age-adjusted death rate for all causes of death indicate that population health improves during recessions. Suicide rates do not conform to this pattern, as they generally increase during recessions and decline during expansions. Stuckler and Basu claim that before the Great Recession, “Greece had the lowest suicide rate in Europe,” but now (as part of a public health disaster) “that rate has doubled.” This seems to suggest an explosive increase of suicides in the country. Available World Health Organization figures, however, suggest only a moderate increase of suicides in Greece between 2007 and 2010. The increase is much smaller than in, say, Norway or the Netherlands, and the suicide rate in Greece remains by far very low compared with the rates in other European countries.

High levels of unemployment and falling incomes are causing serious distress in many parts of the world. In Europe, austerity policies are cutting social services, privatizing health care, and reducing public investment when these are most needed to provide income and social welfare. Although recessions and austerity policies may have many adverse social con-

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**The Body Economic**

Why Austerity Kills: Recessions, Budget Battles, and the Politics of Life and Death

by David Stuckler and Sanjay Basu


At odds with the authors’ claims. Life expectancy at birth (LEB) for six European countries, 1986 to 2010 (2).
sequences, their effects on health are likely much more nuanced and complex than Stuckler and Basu suggest. For instance, evidence indicates that periods of high growth in market economies raise the risks of heart attacks, industrial and traffic injuries, and respiratory disease. Conversely, these particular risks decrease in recessions.

The case that Stuckler and Basu present for their conclusion that austerity kills is undermined by exaggerated claims. Overall, *The Body Economic* does not shed much light on many of the processes by which our health is influenced in complex and counterintuitive ways by the economic system in which we live and work. Nonetheless, the timely book covers interesting material and tells a story many want to hear.

References and Notes

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**EXHIBITION: ANTHROPOLOGY**

**Portraits from a Collision**

Caroline Ash

Perhaps it was the capture of his mother as a girl and the stories he subsequently heard as a child that motivated George Catlin (1796–1872) to appoint himself the cultural historian of American Indians. Whatever the reasons, in the 1830s this self-taught artist traveled on five expeditions to western North America, painted 500 portraits, made copious notes and collections, and wrote several books (some of which are still in print). All together, these constitute an elegy, as he saw it, to the imminent extinction of indigenous peoples in collision with white expansionism. That some of Catlin’s artistry should return to Europe, courtesy of the Smithsonian Trust, UK, is fitting, for Catlin’s collection was shown in London during the 1840s in the Egyptian Hall at Piccadilly, just a few streets away from the National Portrait Gallery, where his portraits were hung this spring. Although the London exhibition has now closed, a sample of the more than 50 portraits it included (along with commentary on Catlin’s work and life) can be viewed at the National Portrait Gallery’s website. In addition, the Smithsonian American Art Museum maintains a virtual exhibition on Catlin and his “Indian Gallery” of the late 1830s (1).

Catlin thought of himself as a contributor to the “science of man”; hence the portraits are of a type, quite formal, often in the same posture, and painted with a limited palette. Nonetheless, some among them are great depictions of independence, pride, and disdain. The artist seems to have known some of his subjects well. The portraits are affecting, not just because we know that the fate of some of the sitters was uncertain and grim and that whole peoples were concurrently suffering genocide, but also because across some of the faces we discern flickers of opinions, thought, and words almost spoken.

Catlin’s motives were undoubtedly complex, and in his time, traveling shows with dancing American Indians, although now considered prurient, were an acceptable way of earning a living. Tragically, Catlin was not cut out to be a showman. His world unraveled while on tour in Brussels and Paris, when several of his Objija colleagues died of smallpox and his wife and son perished from pneumonia and meningitis. Failing in attempts to sell his collection to the U.S. government, Catlin went bankrupt in London in 1852. To help meet his debts, Catlin worked in a studio at the Smithsonian during the last months of his life.

Despite the showmanship, Catlin did not peddle the easy stereotype of the buckskin-clad warrior haloed by feathers; he took trouble to explain how varied and complex Native American culture was. Catlin evidently respected the people he portrayed. Perhaps his legacy offers some consolation for his often tormented and embittered life: His portraits are considered sufficiently authentic to be consulted by scholars and Indians wanting to rebuild cultural heritage.

References

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