

# Fiscal austerity threatens health holocaust in Britain

by Mark Burdman

A new report on the cost of AIDS care, issued by Britain's Office of Health Economics, a London think tank funded by Britain's pharmaceutical industry, makes a mockery of the British Treasury and Whitehall Establishment's pious insistence on limiting government spending on health care in the name of fiscal conservatism and austerity.

The report, entitled, "HIV and AIDS in the United Kingdom," asserts, "AIDS could have very serious resource implications for a health service that is already experiencing severe financial pressure." Author Nicholas Wells, associate director of the OHE, estimates that 3,000 people in Britain will be diagnosed as suffering from AIDS during 1988, and that it will cost £81 million to provide care for them during this year alone. According to Wells, this is the cost-equivalent of treating 120,000 non-AIDS patients suffering from acute disease.

While the report's intention was to present the alarming facts, not to draw policy implications, what it all means is that the British government either launches an all-out campaign to deal with AIDS, ditching the past decades' Malthusian "post-industrial" orientation of British policy, or that it acquiesces in a policy of Nazi euthanasia for AIDS victims.

## Demented policy

The report's impact was multiplied considerably by the fact that it was released simultaneously with the beginning of the first Global AIDS Summit, in London on Jan. 26. Co-sponsored by the British Health Ministry and the World Health Organization, the summit brought together health ministers and health ministry officials from approximately 140 countries.

The summit might well have recommended AIDS tests for government treasury and health officials. AIDS, even without other symptoms, is known to cause dementia. Whitehall's policy toward health spending and treatment of AIDS is certainly demented.

On Jan. 22, British Social Services Secretary John Moore announced that his department has ruled out public health measures in response to AIDS. He said that mass screening

for AIDS on a compulsory or even voluntary basis would be opposed, especially as compulsory testing of the whole population "would have such profound ethical and legal consequences as to rule it out as an acceptable way of gaining information about the spread of the disease." Also ruled out, was giving employers powers to insist on AIDS testing for current or potential employees. The Social Services department has also concluded that there is no reason to declare AIDS a notifiable or reportable disease.

"Ethical-legal consequences" are not the driving force behind such decisions. The British Treasury, operating under the policy guideline that "one must not live beyond one's means," does not want to spend the money, and is more obsessed with gimmicks like "privatizing" Britain's National Health Service than in fight disease. This policy approach is a dismal retreat from the emerging London consensus of late 1986, which held that AIDS had to be fought with the commitment usually reserved for fighting wars. What Moore et al. are doing today, is the equivalent of selling off your army to "private interests" in order to save money to wage a war.

## Major cuts and Moore austerity

The "no public health measures" policy toward AIDS, caps a recent campaign by the British Treasury, against increased funding for Britain's beleaguered National Health Service.

In the face of political pressure inside Britain for increased NHS funding, Moore announced before Parliament on Jan. 19, that there would be no promise of additional government funding. "Unless we see the most efficient use of valuable resources," he said, "it is absolutely no good putting more resources into health care."

The next day, Treasury Chief Secretary John Major announced the government's annual public spending White Paper for 1988-89, and said the public outcry for more funds for the NHS would not curb the government's ambition to cut taxes while restraining public spending. "We have just completed a public spending round, and I do not intend to reopen it," he declared. "I do not think it would be at all good

for financial discipline in public expenditure if, every time there was an undershoot [sic], we rushed out to spend it. . . . I hope that no one is in any doubt about our commitment to continuing this process. We have got the economy on the right track, and we are not going to relax on public spending now.”

He had earlier met with Chancellor of the Exchequer Nigel Lawson to reach this decision.

Many British commentators have pointed out that Major’s position is ideologically motivated, since the increased revenues from tax cuts, could be used, in part, to increase NHS spending. Fiscal conservatism is indeed a cult with no rational content.

Because of the “no spending increase for health” attitude, the potential has arisen for a backlash against the Thatcher government. While the NHS admittedly has incorporated considerable bureaucratic waste and inefficiency under years of stewardship by the Fabian-socialist welfare-state regimes of the Labour Party, the NHS’s creation 40 years ago provided an implicit guarantee of health care for the entire population. The government’s callousness could cause an unusually profound reaction in Britain’s usually passive population.

### Not a sausage machine

Leading the campaign against the prevailing health policy, have been three among the most prominent figures in British medicine, Sir Raymond Hoffenberg, president of the Royal College of Physicians, George Pinker, president of the Royal College of Obstetricians, and Ian Todd, president of the Royal College of Surgeons. Since late 1987, they have taken an unusually strong public stance against the fiscal-austerity mentality toward health care.

After Major’s Jan. 20 statement, Sir Raymond denounced the government’s policy as “Elastoplast”—sticking individual plasters over sores as they erupted on the body of the NHS, until the whole body was a mass of sores and plasters. He charged that this was no way to run the system, as it demoralized all those working within it.

Pinker, referring to an earlier government announcement of a small increase in the NHS budget, compared this to “taking a dead man from the ground and telling him he would be going under again on March 31.”

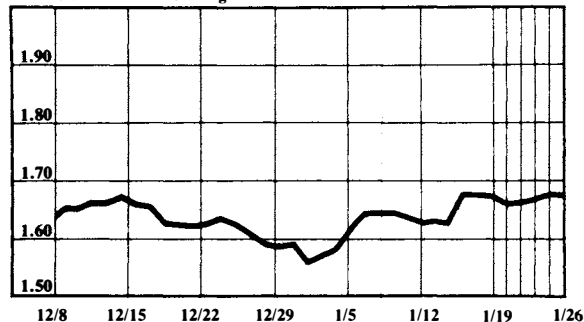
Todd, meanwhile, invited members of Parliament and government ministers to examine the state of hospitals themselves, instead of churning out statistics. Stressing that running hospitals was not like running sausage machines, Todd stated: “It would be a very good thing if some of you went to hospitals to see what the problems are, because I don’t believe some of you have any idea.”

The three medical presidents expressed their bitterness, that Moore had effectively reneged on agreements, reached earlier in private discussions, for adequate funding and review of the NHS situation. Sir Raymond called the most recent statements of Moore, Major et al., “disconcerting news that causes us considerable dismay.”

## Currency Rates

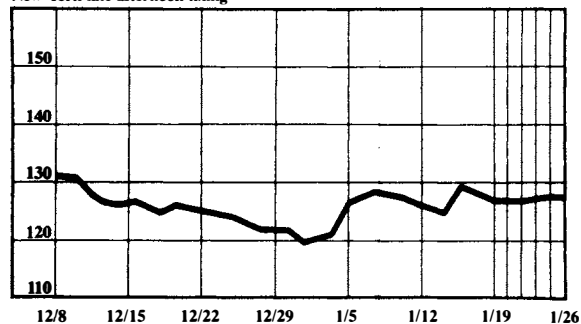
### The dollar in deutschemarks

New York late afternoon fixing



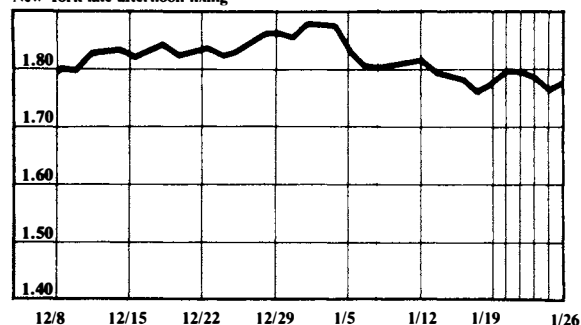
### The dollar in yen

New York late afternoon fixing



### The British pound in dollars

New York late afternoon fixing



### The dollar in Swiss francs

New York late afternoon fixing

