

# Foreword

This third edition of *Staying Alive* is not just welcome, but needed more than ever. First published almost 15 years ago, the book's contents, here updated, present a broad critical analysis of the social determinants of health and illness and the nature of care and treatment in contemporary society. In the first and second editions, the problems of health in industrial society were in full view, and the analyses of the authors were incisive, thought provoking, and hopeful. Since then, however, these problems have multiplied and become ever-more chronic and pervasive.

These trends of ill health are regularly mentioned in the mass media. Today, the two leading causes of death, cardiovascular diseases and cancer, are projected to continue to increase over the next generation. Chronic ailments, sometimes referred to as 21st-century diseases, include alcohol- and drug-related conditions, diabetes, asthma, Alzheimer's, dementia, multiple sclerosis, arthritis, and Parkinson's, among others; and they are on the rise. Mental conditions, deemed "disorders," including depression, addictions, and schizophrenia, along with a very long list of other debilitating mental states, are also increasing (World Health Organization [WHO], 2001a). These chronic illnesses are now the leading causes of disability, hospitalization, long-term use of prescribed pharmaceuticals, and a diminished quality of life (*Science Daily*, 2016; U.S. Department of Health and Human Services, 2018).

Such patterns of ill health are not restricted to adults or the elderly, but similar statis-

of “nuclear and radiation accidents and incidents” and of nuclear weaponry long lost and forgotten. Oil extraction and refineries have left behind their marks of destruction for over 100 years (Ma, 2019; National Oceanic and Atmospheric Administration, 1992); and more recently, technologies for the “fracking” of gas and oil promise to pollute the surrounding ground water and soil for the foreseeable future.

These physical contaminants are not the only sources of poor mental and physical health; social and economic factors also play a significant role. Rates of morbidity and mortality have long been documented in the scientific literature to have a close relation to socio-economic inequality (Dasgupta, Beletsky, & Ciccarone, 2018; Pickett & Wilkinson, 2015; Townson, 1999). Work-related disease and injuries are not only physical but mental; a working life of taking orders, with little or no personal control, is not conducive to one’s mental or physical health. In general, the greater the socio-economic inequality, the higher the rates of a host of physical and mental problems that come under the purview of the medical system.

It is frequently suggested that this state of affairs is the “price of industrialization” or that this is what “humans” are doing to the planet and, by extension, to ourselves.

These are just two of many ways to rationalize the situation, but they suggest that the responsibility for ill health lies with the individual, and the remedy is to find recourse in the medical system (Potter, 2011). The medical system, however, despite some successes, has not been able to reverse the trends mentioned, and in many ways benefits from the growing pervasiveness of sickness. And individuals born to a system dedicated to profits rather than a clean environment and healthy population can hardly be expected to make “choices” that are not really there to make (Wohl, 1984). The pollution is planetary and increasing. To think that one can avoid or escape it does not correspond with the available evidence.

Rising rates of ill health are not the result of our behaviour as so many individuals. Planetary pollution, alienated work, and pervasive ill health are the consequences of a particular economic system. It is a system that addresses all of our needs indirectly by means of commodities, goods, and services for sale, for profit (Kassirer, 2005; Fuller, 1998; Griffith, Ilije, & Rayner, 1987; Lexchin, 1984; Ehrenreich, 1970). And the producers of these commodities, corporations, compete with each other by producing them in the most cost-efficient way, without concern for the consumer or the planet. To do this, the costs of production manifest in the price are reduced to the lowest level possible, which means that some of the costs are not included—they appear as “externalities.”

In the production process, toxic wastes of all sorts are released into the air, water, soil, and, it follows, our food chain, but are not counted in the price of commodities. At the end of their use, commodities themselves constitute waste and their disposal creates more pollutants, again not represented in the price. And during production and distribution, corporations attempt to extract the maximum amount of labour from workers, through demands for overtime work, low wages, unsafe working conditions, threats, and harassment, leading to the physical and mental exhaustion of the workers and personal



if possible, would not be a positive development for the health industry if it reduced its growth and profitability. For this reason, the definition of health, both mental and physical, has become the subject of contention. Witness the recent controversies over both the *Diagnostic and Statistical*

Seventh, to become sick in this system, with its toxic food chain and stresses throughout, is not hard to do. But it is not a “role” being played to avoid responsibilities, as some

Tenth, sickness and treatment in underdeveloped nations are not unrelated to the in-

health, illness, and care in a capitalist society, and how to understand them. An economic system whose principles and practices themselves lie at the heart of most medical problems is unlikely to be able to address them adequately or successfully. If the definitions of health, illness, and care are constructed as part of systemic social reproduction, they

---

Corea, G. (1978). *The hidden malpractice: How American medicine mistreats women*. New York: Jove Publications.

Dasgupta, N., Beletsky, L., & Ciccarone, D. (2018). Opioid crisis: No easy fix to its social and economic determinants. *American Journal of Public Health, 108*(2), 182–186. doi:10.2105/AJPH.2017.304187

Doyal, L. (1979). *The political economy of health*. London: Pluto Press.

Ehrenreich, B. J. (1970). *The American health empire: Power, profits, and politics*. New York: Vintage Books.

Frances, A. (2013). *Saving normal: An insider's revolt against out-of-control psychiatric diagnosis, DSM-5, big pharma, and the medicalization of ordinary life*. New York: HarperCollins.

Fuller, G. (1998). *Cl-1 (2017.3 (1)-315.5 (t)16.3 (: H)-7.8 (o)-1041 (w(c)1.4 (o)-13.8 (r)-19.5 p)-10.8 (o)-13.8 (r)58.6 (a)-721 (Lr)25 (n)-1.1 doo25 (n)-06.3 (:Lr)1-9.4 aAwenc (a)-24.5 (n)-1.1 d Wsiart.*

, (201406.3 (7)-18.5 (o)21.5 (. N)0.5 (e)-21.1 (wbt12.4 IH)-7.8 (o)-12.1 (o)



- Perera, F. (2018). Pollution from fossil-fuel combustion is the leading environmental threat to global pediatric health and equity: Solutions exist. *International Journal of Environmental Research and Public Health*, 15(1), 16. <https://doi.org/10.3390/ijerph15010016>
- Potter, W. (2011). *Deadly spin: An insurance company insider speaks out on how corporate PR is killing health care and deceiving Americans*. London: Bloomsbury.
- Rowland, R. (1992). *Living laboratories: Women and reproductive technologies*. Bloomington, IN: Indiana University Press.
- Sagan, L. A. (1987). *The health of nations*. New York: Basic Books.
- Science Daily*. (2016, October 25). More than 50% of Americans now have at least one chronic health condition, mental disorder or substance-use issue. Retrieved from <https://www.sciencedaily.com/releases/2016/10/161025092655.htm>
- Singer, B. H., & Ryerson, C. D. (Eds.). (2001). *New horizons in health: An integrative approach*. Washington, DC: National Academies Press.
- Townson, M. (1999). *Health and wealth: How social and economic factors affect our well-being*. Toronto: Canadian Centre for Policy Alternatives.
- U.S. Department of Health and Human Services. (2017). Health, United States 2017. Retrieved from <https://www.cdc.gov/nchs/data/abus/abus17.pdf>
- World Health Organization. (2001a). Fact sheet on mental and neurological disorders. Retrieved from [https://www.who.int/whr/2001/media\\_centre/press\\_release/en/](https://www.who.int/whr/2001/media_centre/press_release/en/)
- World Health Organization. (2001b). The global burden of chronic disease. *World Health Report 2001 press kit*. Retrieved from [https://www.who.int/nutrition/topics/2\\_background/en/](https://www.who.int/nutrition/topics/2_background/en/)
- Wohl, S. (1984). *The medical industrial complex*. New York: Random House.
- York, G. (1987). *The high price of health: A patient's guide to the hazards of medical politics*. Toronto: James Lorimer and Co.