

**THE IMPACT OF NEOLIBERAL
“POLITICAL ATTACK” ON HEALTH:
THE CASE OF THE “SCOTTISH EFFECT”**

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The health impact of neoliberal “shock treatment” has been explored in relation to the former USSR, but much remains to be done to ascertain its impact elsewhere. The authors consider the “Scottish Effect” in health—the unexplained excess mortality in Scotland, compared with the rest of Britain, after accounting for deprivation. A prevalent but as yet untested view is that this effect is linked to the neoliberal “political attack” against the organized working class, implemented by the post-1979 U.K. Conservative governments. The article begins to develop and test this view in the form of a “political attack hypothesis.” It shows how the west of Scotland became a particular target for the political attack planned by the U.K. Conservative Party prior to its election in 1979; outlines how such an attack might affect health; and shows that after 1979 the United Kingdom as a whole was exposed to neoliberalism in a way other European nations were not and, crucially, that the west of Scotland was more vulnerable to its damaging effects than other U.K. regions. The authors conclude that it is now appropriate to explore more fully the role of neoliberal political attack in creating the “Scottish Effect” in health.

INTRODUCTION

The impact on a society’s health outcomes of the application of neoliberal policies has been explored to some extent in relation to New Zealand, the United States, and Scandinavia (1). The impact of the more *radical* application of such policies, sometimes referred to as “shock treatment” (2), has been explored in relation to the former USSR (1, 3), but much remains to be done to ascertain its impact

elsewhere (4, 5). This article explores whether such shock treatment might also offer an explanation for the lagging health outcomes in Scotland.

Scotland's Lagging Health Outcomes

The lagging outcomes in Scotland compared with the rest of the United Kingdom are a relatively new phenomenon (6). It was only from the 1950s that Scottish mortality rates declined less rapidly than those in neighboring countries. Initially, much of the emergent gap with the rest of Britain was explained by Scotland's greater material deprivation. Thus, as illustrated by Figure 1, while in 1981 the standardized mortality rate in Scotland was 12.4 percent higher than in the rest of Britain, almost two-thirds of the excess was attributable to deprivation. At that point Scotland showed higher levels of premature deaths due to cardiovascular disease, cancer, and stroke (6, 7). By 2001 the excess had increased by a quarter (to 15.1%), with notable relative increases in alcohol- and drug-related deaths, violent deaths, and suicides (8). Crucially, less than half of this increased excess was attributable to deprivation.

This growing unexplained excess mortality, much of which can be seen from Figure 1 to have emerged during the 1980s, has become known as the "Scottish Effect" (9). It is known to be more prominent in Scotland's west-central region (henceforth referred to as the west of Scotland) and in the city of Glasgow in particular (10).

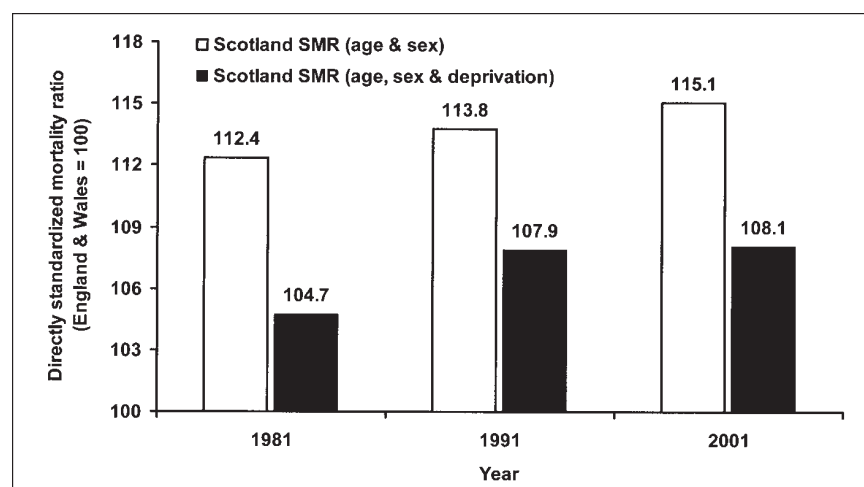


Figure 1. Scotland's growing unexplained excess mortality (SMR, standardized mortality ratio) compared with the rest of Great Britain, 1981–2001. **Source:** Hanlon et al. (9).

The lagging of Scotland's health outcomes is further seen when examining trends in life expectancy since the 1970s. Using data from the Human Mortality Database (11), Figure 2 demonstrates how, during this period, Scotland was overtaken on this measure by Portugal, Northern Ireland, and Austria. Unlike Finland, which also lagged in the 1980s, Scotland has been unable to remedy its faltering trend.

Hypotheses: From Deindustrialization to "Political Attack"

One prominent view as to the cause of Scotland's particular health trajectory has been that the nation as a whole, and the west of Scotland in particular, experienced especially profound deindustrialization during the latter part of the 20th century and that this adversely affected health through unemployment, poverty, alienation, and associated health behaviors. This "deindustrialization hypothesis" was tested in a study, conducted by researchers at the Glasgow Centre for Population Health (GCPH), of 20 comparable deindustrialized areas across northern Europe. The GCPH researchers found that Scotland has fared *worst* in health outcome trends, despite being rather more affluent than most of the comparison areas (12, 13). These areas included several heavily deindustrialized regions in other nations of the United Kingdom (England, Wales, and Northern Ireland), as well as in France, Germany, Belgium, the Netherlands, Poland, and the Czech Republic. Perhaps

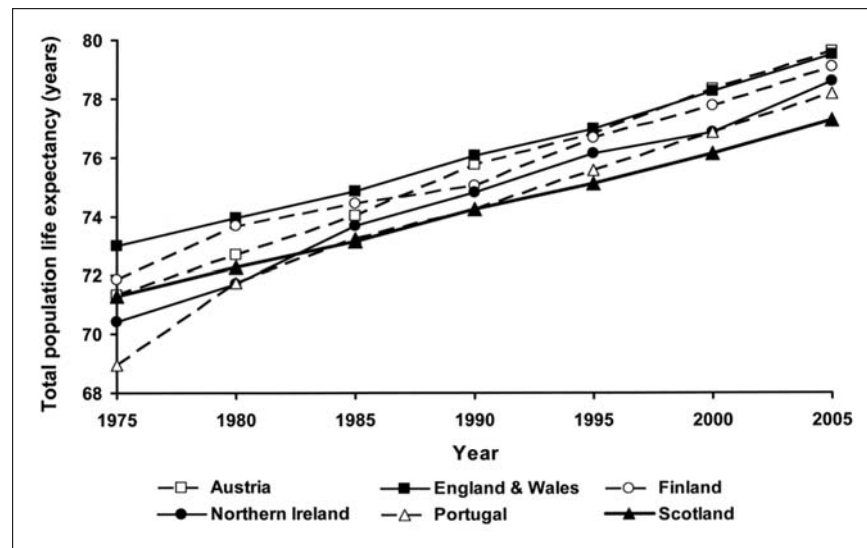


Figure 2. Trends in total population life expectancy for Scotland, England and Wales, Northern Ireland, Austria, Finland, and Portugal, 1975–2005.

most surprisingly, the most deindustrialized regions of the latter two easterly nations (Silesia and Northern Moravia, respectively) had already achieved greater life expectancy for women than the significantly more affluent west of Scotland, and the improvement trends for men predicted a similar overtaking in the near future. Thus, deindustrialization, in itself, does not explain the Scottish Effect.

There is another view as to the cause of the effect, however, which has significant currency among leading commentators on Scottish affairs. This involves less a rejection of the GCPH “deindustrialization hypothesis” than a significant reframing of it. The suggestion is that Scotland’s health outcomes reflect, in particularly acute form, the kind of damage caused by the radical application of neoliberal policies across the United Kingdom under its post-1979 Conservative governments. This policy agenda is seen to have involved a *sustained political attack* on the organized working class. While this attack was premised on rapid, politically driven deindustrialization, it is seen to have been broader in aims, and its impacts much wider, than mass unemployment alone. The further suggestion, as will be shown below, is that Scotland in general, and the west of Scotland in particular, was more vulnerable to the damage caused by this attack than other regions of the United Kingdom and that its particularly bad health outcomes reflect the resulting impacts. As yet, however, this view has not been actively pursued by health researchers.

Objective and Approach

The objective of this study is to begin the work of developing and testing such a *political attack hypothesis* regarding the Scottish Effect. The nature of this objective requires that the article’s format depart somewhat from the conventional structure of empirical manuscripts. It begins with some initial framing of the view that the post-1979 U.K. Conservative government carried out a sustained political attack on the organized working class, and with an indication of how prominent commentators on Scottish affairs have linked this attack to the nation’s health outcomes. The article then provides a short, interwoven account of Scotland’s economic and political development after 1945 leading to the evolution of the post-1979 political attack—from conception to implementation. Next, it provides a brief discussion of how such a political attack might affect health outcomes, before, finally, examining a range of empirical evidence relevant to beginning to test the hypothesis.

THE POST-1979 U.K. POLITICAL ATTACK AND SCOTLAND’S HEALTH CRISIS

There is little disagreement that the post-1979 U.K. Conservative government carried out a sustained attack against the organized working class and that deindustrialization figured prominently in that attack. It is also widely accepted

that deindustrialization elsewhere in Europe in the same period was not as politically driven, and that it was more managed and its consequences more mitigated than in the United Kingdom (14).

There has been rather more disagreement over how the U.K. political attack and its effects should be *evaluated*. Significant elements within the British Conservative Party saw the attack at the time as unnecessary and as beyond the bounds of civilized politics. Other elements within the party saw it as a regrettable necessity in reshaping the country as a whole, while yet others saw it as an inherently desirable reassertion of “individual freedom” against “coercion” and “mob rule”—or, in less ideological terms, trade union solidarity (15). Across the broader political spectrum, the contemporaneous evaluation was generally negative—particularly so in the Labour Party, where there was ongoing moral outrage (16).

Over time, the balance of evaluation has been subject to significant shifts, with a rather less negative assessment coming to dominate across the political mainstream in the later 1990s and for most of the subsequent decade. However, the more recent global financial and economic crisis saw, certainly in its early stages (2008–9), an increasing tendency to find in the Thatcher decade of the 1980s many of the roots of the United Kingdom’s current problems (social, economic, and political).

In the Scottish context, a number of prominent commentators have extended the latter argument explicitly to include the nation’s health issues. One of these is the prominent journalist Ian Bell, who, commenting on the 30th anniversary of Mrs. Thatcher’s first election victory in 1979, wrote: “The passage of 30 years does not alter the fact that a great many people were hurt, and hurt very badly, because of Margaret Thatcher . . . she willed an economic catastrophe. A large part of a generation never recovered. Some sickened; some died too soon. It’s true” (17). Another prominent commentator, Iain MacWhirter, describes Thatcher’s main post-1979 priority as “killing off the trade unions . . . through the recession of 1981–1983 that destroyed Scottish industrial culture.” He adds: “The social cost of this socioeconomic disruption lingers to this day in the appalling mortality figures from heart disease, suicide and depression in West Central Scotland” (18). Another example is Glasgow University historian Jim Phillips, who describes Thatcher’s policies as “an assault on the organized working class” perpetrated as “deferred revenge” for the perceived humiliation of Edward Heath’s Conservative government of the early 1970s (outlined below). Among the resulting “economic and social costs” that “seemed to be borne disproportionately in Scotland” as compared with the rest of Britain, he includes Scotland’s “poor health” (19, pp. 81, 179). Further examples of commentators making this same connection between political attack and health in Scotland could be given (e.g., 20, 21), but the above is sufficient to establish that the view of Scotland’s health crisis as reflecting its particular exposure and vulnerability to a neoliberal political attack has significant currency.

This gives rise to several questions. What was this political attack? Why was it perpetrated, and why was the west of Scotland a particular target for it? Might the above-cited commentators be right in seeing that attack as an important part of the explanation for Scotland's health crisis? How might we test that view? Answering these questions requires some at least brief acquaintance with the political economy of Scotland after World War II and of its relationship to the evolution—from conception to implementation—of the post-1979 political attack. The following sections draw in particular on the detailed accounts provided by Foster (20, 22) and Phillips (19), as well as the broader accounts provided by Harvie (23) and Devine (24).

Scotland's Deindustrialization: From World War II to the Upper Clyde Shipbuilders Work-In

After 1945 a new international order emerged, and a new relationship between Britain and the United States. This had significant implications for the economic restructuring of the west of Scotland. The new international alignments meant that the previously powerful leaders of Scottish heavy industry lost much of their influence with U.K.-level government (20). Over the next 25 years there was substantial industrial restructuring in Scotland. Initially a “dual economy” emerged, with Scottish-owned manufacturing and heavy industry on the one hand, and British and American branch plants on the other. From the later 1950s, in the wake of the Suez Crisis and a further realignment of the relationship with the United States, these dual economies entered into serious conflict. Regional policy saw newer industries directed to Scotland to ease pressures in southern England. At the same time, the older, heavy industries were officially designated as “declining.” One outcome, as Foster observes, was “deep and long-lasting divisions in the Scottish political elite” (20; 22, p. 468).

Another outcome was significant deindustrialization—the jobs created in the newer industries fell far short of those lost in heavy industry, and they also proved not to be very durable. But the developments also set the scene for the emergence from the early 1970s of a broadly based political movement that sought to defend and redevelop what was left of Scotland's, and particularly the west of Scotland's, industrial base and infrastructure (20). This movement took shape around the first attempt by a postwar government to pursue a form of neoliberalism—the “Selsdon agenda” of Edward Heath's Conservative government elected in 1970. The movement was to prove crucial in the subsequent decision by Heath's cabinet to make its infamous “U-turn” and return to a then more familiar form of social democratic interventionism.

This movement emerged around the campaign for the “right to work,” linked to the defense of a government-backed consortium of four shipyards on the River Clyde at Glasgow and the adjacent town of Clydebank—the Upper Clyde Shipbuilders (UCS). As part of the government's Selsdon agenda, the four yards

and 8,500 workers were to be reduced to just two yards and 2,500 workers (19, 25). The response from the UCS workforce, under the leadership of grassroots trade union activists, was to conduct a more than year-long (1971–72) “work-in” to defend all of the yards and all of the jobs—in the name of the “right to work.” This “work-in” harnessed the resentment of the many small and medium firms that stood to lose from government-enforced liquidation. It also provided a focal point for broader social concern about the effects on Scotland’s development of decisions made in London that primarily focused on the interests of more southerly regions of the United Kingdom. The overall effect was the emergence of a broad movement that produced a pointed challenge to the basic legitimacy of the government’s neoliberal agenda, which was centrally focused on the interests of big business (19, 26).

The key role played by the “right to work” campaign in forcing Heath’s U-turn is widely acknowledged. It was not the only factor, but it is widely seen as the factor that best explains the precise timing and content of the U-turn (19, 25, 26).

From Heath’s U-Turn to “The Lady’s Not for Turning”

The U-turn generated great resentment on the right wing of the Conservative Party, and provoked reflection among a new “Selsdon Group” (formed in 1973) about how a future Conservative government would rectify it. In effect, it was concluded that the defeat of the movement that had forced Heath’s *volte face* would require the substantial destruction of what remained of Britain’s industrial base. Across the United Kingdom, the relatively full employment that had been sustained across three decades, together with the broader security offered by the welfare state, was seen to be at the root of an unprecedented self-confidence in working-class communities (19, 22). In particular, large-scale manufacturing industry, with high levels of trade union membership, often linked to a very large local government housing (“council housing”) sector providing secure tenancies at subsidized rents, was seen to underpin a working-class solidarity that gave that confidence a potent political expression.

Crucially, the west of Scotland embodied all of these key aspects. As Phillips observes: “The radical right lamented the particular position in Scotland, but only because this embodied in a more pronounced form than the rest of the UK the industrial features that it regarded as especially undesirable: publicly subsidized heavy industry which was highly unionized and labour intensive and industrial militancy. These were major obstacles to the desired—and related—outcomes of lower labour costs, industrial restructuring and inward investment, which required a determined revolution in economic management from Westminster and Whitehall” (19, p. 141).

The ideological justification for this “determined revolution” was provided by Hayek’s neoclassical liberalism and in particular by Milton Friedman’s “Chicago School” economic doctrine (27–31). This latter doctrine was seen by

Rudolfo Walsh, an Argentinean journalist, as worse in its cumulative effects than the well-known human rights violations that accompanied their implementation in his country—as “a greater atrocity which punishes millions of human beings through planned misery” (2, pp. 95-96).

The translation of the Chicago doctrine into the British context was also to produce what could be described as “planned misery.” This translation was both overt and covert. The London-based Institute of Economic Affairs, closely aligned with the Conservative Party’s Selsdon Group, published key texts by Friedman (30, 31) in which the kind of shock treatment implemented by General Pinochet in Chile from 1973 was held up as the example for Britain to follow. Behind the scenes, more detailed preparations took place. The report of the Selsdon Group’s Nicholas Ridley to the Conservative Party’s Economic Reconstruction Group in July 1977 laid out the approach to dismembering and privatizing nationalized industries, as part of a broader strategy to break the trade unions (32, p. 16). It also detailed what would be done to prepare for confrontations with the trade unions, especially in the publicly owned coal mining industry. And in all of this there was a clear anticipation of the misery that would result. As Ridley put it: “There are whole towns dependent on steel works, coal mines and ports, which might be severely deprived if full efficiency policies are carried out” (32, pp. 5–6). However, he insisted that a future Conservative government must have the “political willpower for such a policy”: “there is no point in undertaking it if we are not prepared to go through with it” (32, p. 4). This same sentiment was later encapsulated in Thatcher’s own well-known prime ministerial pronouncement in 1980, when under pressure to abandon her extreme policies: “the lady’s not for turning.”

*The Political Attack:
From Conception to Implementation*

The discussion above has outlined how a Conservative agenda for a political attack against the organized working class emerged in the aftermath of Heath’s U-turn and has shown how the west of Scotland figured in that event, and in turn became a particular target for the later attack. The region was seen as a key location for the kind of working-class culture, based on heavy industry with high levels of trade union membership and linked to high proportions of council housing, that had defeated Heath—and could not be allowed to defeat Thatcher. There was, moreover, as Phillips shows, something of an appetite among Conservatives “to seek revenge for the various humiliations of the early 1970s” (19, p. 138).

Looking back on the attack that ensued, the leading historian of modern Scotland, Christopher Harvie, felt the need to neologize; Scotland was subjected to “sado-monetarism” (33, p. 213). Initially, “shock treatment” was put into effect across the United Kingdom. The windfall of North Sea oil was harnessed to

this end (19, 20, 34). In the context of an already existing recession, the rapid and highly permissive extraction of oil, in alliance with U.S. corporations, was used to create a sharp strengthening of Sterling. Exchange controls were removed to facilitate an outflow of capital. As this took place, interest rates were increased from 12 to 14 percent and then, by the end of 1979, to 17 percent. As Gamble puts it: “a mounting wave of bankruptcies, plant closures and lay-offs” ensued. He continues: “The depth of the recession had not been anticipated but those Ministers and political advisers who were strongly influenced by monetarist thinking seized on it as an opportunity for forcing through the radical changes . . . which they wanted to see. . . . By launching a policy blitz and attacking on so many fronts simultaneously the government encouraged the belief that it was bent on radical change . . . and that it was determined to see the policies through, whatever the short-term costs” (35, pp. 101–102).

As Devine observes, the results were “catastrophic for whole sectors of Scottish industry.” The “great staples of the Victorian economy . . . virtually all crumbled with astonishing swiftness. . . . Even many of the regional policy successes of the post-war years succumbed” (24, pp. 592–593). In relation to the trade unions and the nationalized industries, the recommendations of Ridley’s 1977 report were “faithfully followed” (35, p. 103; 36) The overall strategy became centered on the 1984–85 miners’ strike, the defeat of which allowed the government to “scare most other unions into acquiescence” (37, p. 193).

At the same time there were starkly regressive changes to taxation and deep cuts in key areas of public expenditure. Heavily subsidized purchase of council housing by sitting tenants was made a “right.” This, together with the drastic reduction of central funding for council housing, forcing sharp rent increases and undermining repairs and improvements, had a growing impact on the nature of working-class communities. The best housing was sold at a discount to the better-off tenants. Increased rents forced the younger economically active workers out of the sector—breaking links between generations vital to the fabric of communities. Increasingly, the poorest tenants were left occupying the least desirable and often seriously deteriorating stock, a process that was soon being called “residualization” (38, p. 65). And as the relative value of welfare benefits fell, and as wage levels for many unskilled workers were held down, the poorest were becoming poorer. They were also increasingly finding themselves blamed for their own misfortune and heavily stigmatized. Intense social and psychological distress was an inevitable consequence.

LINKING A POLITICAL ATTACK TO HEALTH AND MORTALITY

Some of the questions we posed earlier about the political attack have now been answered: what it was, why it was perpetrated, and why the west of Scotland was a particular target for it. Might commentators, then, be right in seeing this

political attack as an important part of the explanation for Scotland's problematic health outcomes?

In general terms, there are many potential links between a neoliberal political attack and mortality. There is already an evidence base for upstream determinants that would typically be associated with such an attack, including unemployment (39), welfare provision (40), inequality (41), material deprivation (42, 43), and privatization (3). There is also evidence linking these variables through psychosocial mechanisms (44) with known risk factors (45, 46) and health outcomes.

It is clear that the post-1979 U.K. political attack negatively affected key upstream determinants of health and mortality. One fairly obvious suggestion is that these in turn, through the mediation of psychosocial mechanisms, in addition to the more direct effects of material deprivation, affected the more proximal downstream determinants in terms of adverse health behavior. Again, this is a view that has significant currency among commentators on Scottish affairs. For instance, returning to the quotation from MacWhirter cited previously, we see it rendered quite explicitly: "The social cost of this socioeconomic disruption lingers to this day in the appalling mortality figures. . . . The deep fried Mars Bars and Buckfast wine are a symptom, not the cause. The communities that gave meaning to the lives of hundreds of thousands of working-class Scots disintegrated" (18).¹

Figure 3 is an attempt to depict the kinds of mechanisms implied in this kind of "political attack" perspective on Scotland's health outcomes. These mechanisms are not out of keeping with the observations made in relation to other contexts where major disruption in the social, economic, and cultural life of a community has had profound implications for health (3, 47, 48). Might a "political attack hypothesis," then, contribute to the elusive explanation for the "Scottish Effect"?

We now proceed to identify and examine evidence relevant to the initial testing of this political attack hypothesis. Was the United Kingdom as a whole subjected to an intensity of political attack that was not in evidence in the other European countries included in the GCPH deindustrialization study? Was Scotland, and in particular the west of Scotland, more vulnerable to and more deeply affected by that political attack than other U.K. regions?

EVIDENCE FOR A NEOLIBERAL POLITICAL ATTACK IN THE UNITED KINGDOM

In the light of the findings of the GCPH deindustrialization study (12, 13), the question arises as to how far the process of deindustrialization in the United Kingdom was of a *different nature* from that seen in the European comparison nations. Initially, it can be noted that the affirmative view is well supported by a substantial literature comparing economic and political change in European

¹ MacWhirter is referring to the consumption of deep-fried chocolate candy bars and cheap, strong, highly caffeinated wine as examples of adverse health behaviors in the Scottish context.

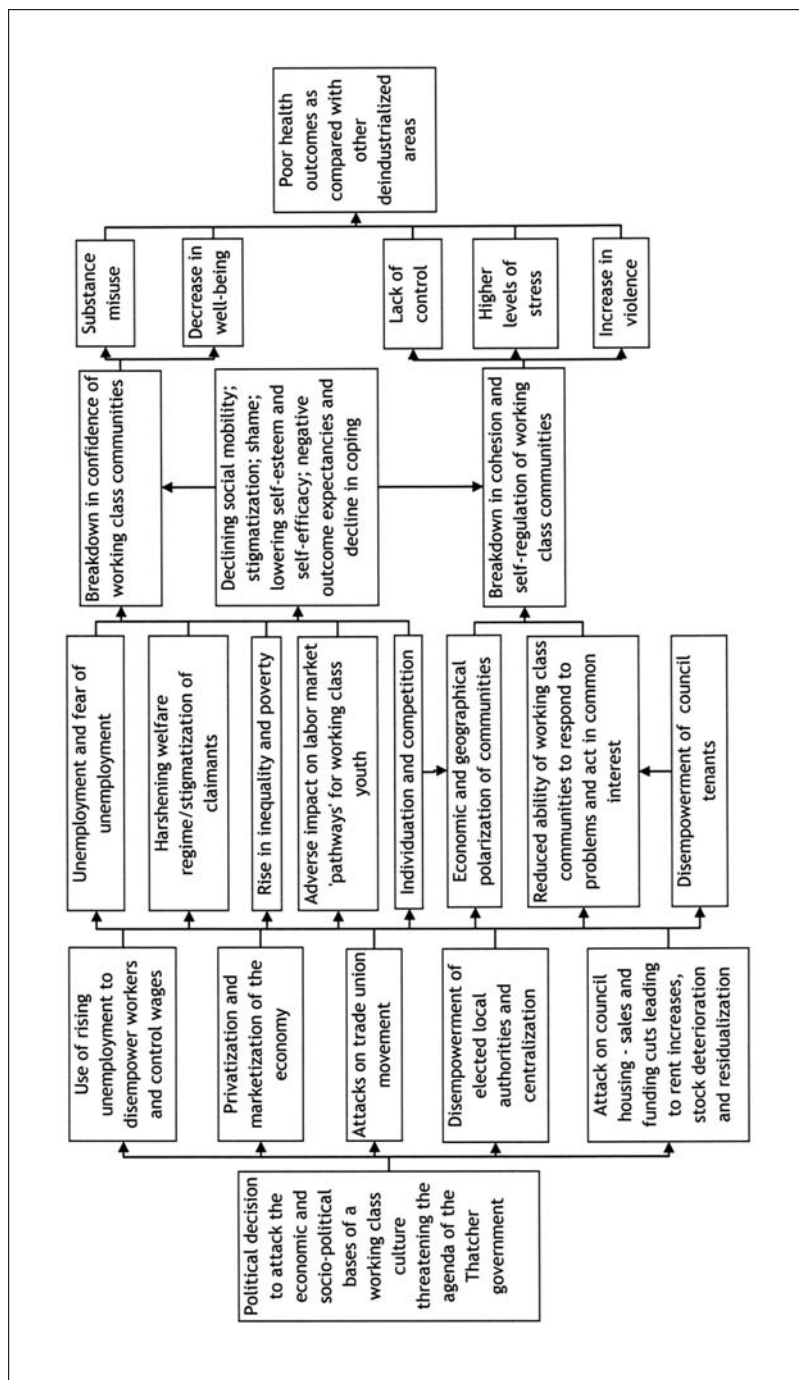


Figure 3. Possible connective routes between a political attack and health outcomes in Scottish case.

countries in the last quarter of the 20th century. This literature focuses on the role of different national varieties of capitalism in shaping regional development and the different kinds of mechanisms exhibited for adapting to change (14; see also 49). It shows that elsewhere in 1980s Europe, deindustrialization was not as strongly driven by a neoliberal agenda as it was in the United Kingdom.

Index of Economic Freedom

It is useful to crystallize this matter further by making use of data collated by the neoliberal Fraser Institute for its Economic Freedom of the World Index (50). This is a composite measure that takes account of a range of factors constituting what neoliberals typically regard as “economic freedom.” It serves as a measure, constructed by neoliberals (under the leadership of Milton Friedman himself), of the degree of fit with their “ideal” model exhibited by different countries across time.

Data were extracted from the Fraser Institute’s 2008 *Economic Freedom of the World Annual Report* (51) for all European countries included in the GCPH study (12). Data were available from 1980 for most areas, and for Poland and the Czech Republic from later dates. Data prior to 1980 were not comparable to the post-1980 data and were therefore excluded.² The Index of Economic Freedom score and the scores for individual components used to create it range from 0 to 10, with higher scores indicating greater “economic freedom” (more neoliberal). There are 23 such components, grouped under five headings: size of government (including expenditures, taxes, and enterprises); legal structure and security of property rights; access to “sound money”; freedom to trade internationally; and regulation of credit, labor, and business. The available composite index scores are shown in Figure 4, and the trends for two of the most important subcomponents in describing a political attack (size of government and mandated cost of hiring) are shown in Figures 5 and 6.

The data indicate that, in terms of its degree of fit with a neoliberal “ideal,” the United Kingdom rose from a position among the other nations at the beginning of the 1980s to finish in 2005 with the highest overall index score. The 1980s, and in particular the period 1980–85, saw a marked increase. Other nations also show an increasing index number, but only Poland and the Czech Republic had a greater increase than the United Kingdom overall (crucially, starting from a much lower base). France shows a sharp increase between 1985 and 1990, but fairly limited

² No data were available for the subnational deindustrialized areas of interest, and so this index does not allow any comparison between the west of Scotland and the other deindustrialized areas within the United Kingdom. It is not stated in the source document whether GDR (East German) data were included in the index either before or after unification. It seems likely that these data are not included, given the relatively high scores for Germany before and after unification and the lack of any step change in the index score at this time.

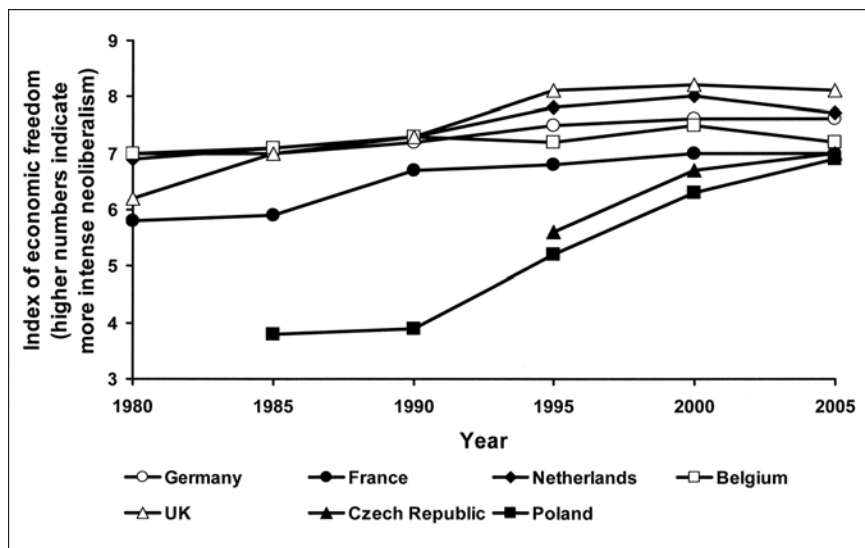


Figure 4. Trends in the “Index of Economic Freedom” for European comparison nations, 1980–2005.

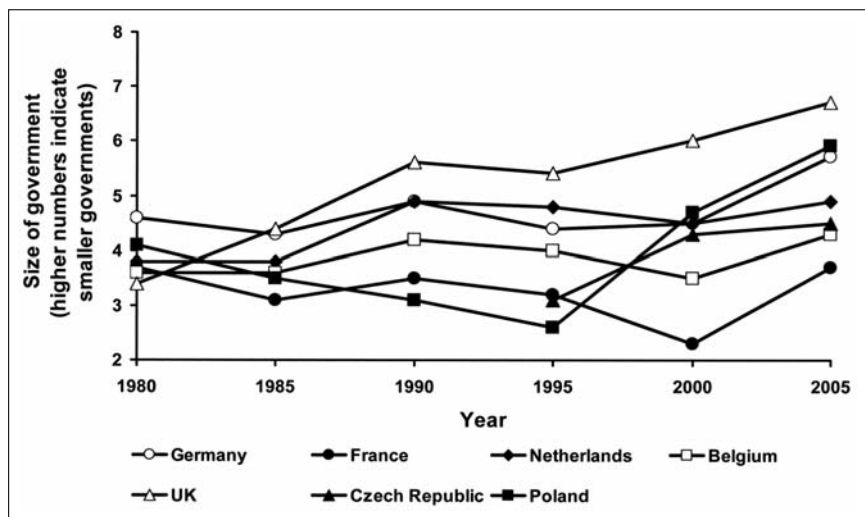


Figure 5. Trends in the size of government for European comparison nations, 1980–2005.

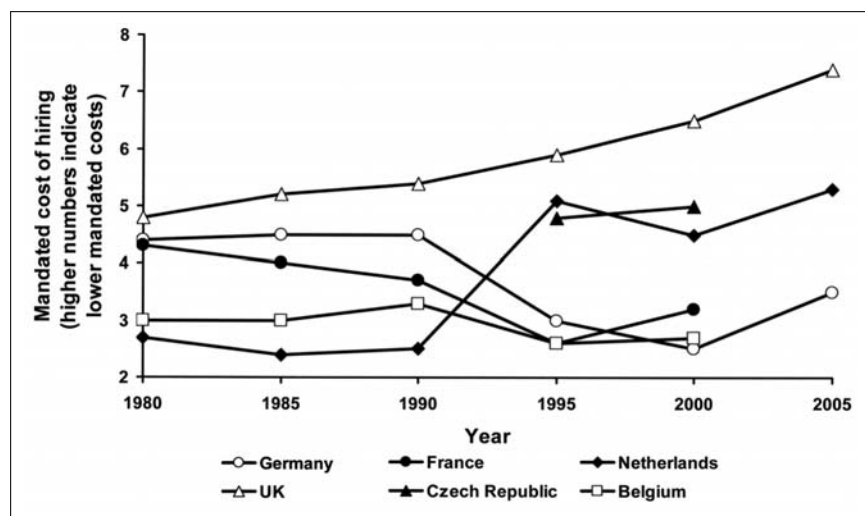


Figure 6. Trends in the mandated cost of hiring for European comparison nations, 1980–2005.

increases throughout that period. The size of government (comprising government consumption/spending; transfers/subsidies; government enterprises/investment; and the top rate of tax) is one of the main subcomponents contributing to the overall U.K. rise. Between 1980 and 1985 the United Kingdom moved from having the “largest government” to the “smallest.”

Overall, therefore, this evidence supports the view that a neoliberal policy agenda was pursued in the United Kingdom with a force that was not seen in the European countries used for comparison in the GCPH deindustrialization study.

Income Inequality

Another marker of the application of neoliberalism is increasing income inequality (49, 52). Income inequality data for the European comparison countries identified for the GCPH study were extracted, where available, from the Luxembourg Income Study (53) for the period 1960–2005. The data show that income inequality rose for the United Kingdom, Germany, Poland, Belgium, and the Czech Republic during the period of data availability (Figure 7). France and the Netherlands had declining inequality. The starkest rises were seen for the United Kingdom and Germany. The United Kingdom shows steadily rising inequality from 1980, whereas in Germany it did not rise significantly until the mid-1990s.

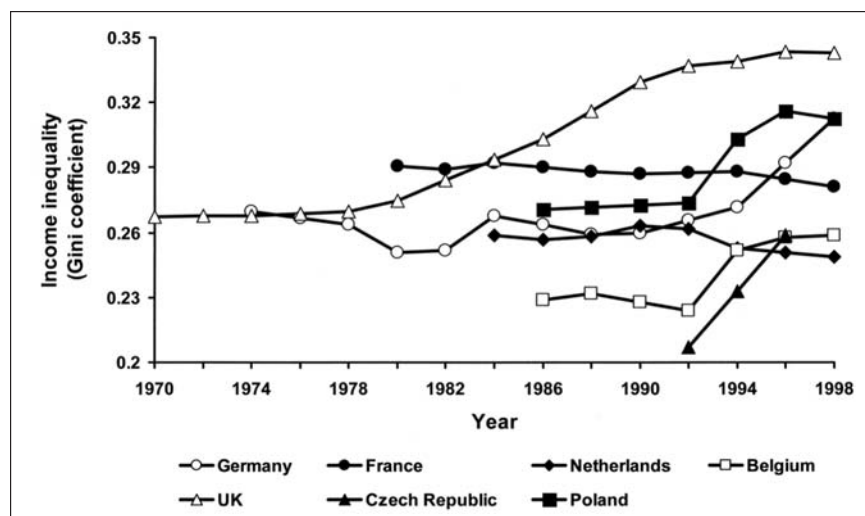


Figure 7. Trends in income inequality (Gini coefficient) for European comparison nations, 1979–1999.

Evidence for a Neoliberal Political Attack in the United Kingdom

The evidence derived from the Index of Economic Freedom, its components, and the Luxembourg Income Study demonstrates, further to the literature previously mentioned, that the United Kingdom followed a different policy course from the European comparison nations identified by the GCPH for its deindustrialization study—one that involved a significantly more resolute pursuit of a neoliberal policy agenda. These policy differences are seen not just in their conception, but in their actual effects.

SCOTLAND'S VULNERABILITY TO POLITICAL ATTACK

The view that Scotland was, compared with the rest of the United Kingdom, particularly vulnerable to the damaging consequences of neoliberal policies after 1979 has been widely articulated (19, 20, 22–24, 54, 55).

Industrial Employment

As far as vulnerability to loss of industrial employment is concerned, data reported in the GCPH deindustrialization study (12) show that among the U.K.

deindustrialized areas, the west of Scotland was second only to South Wales (taking industrial employment as a proportion of total employment at the point nearest to the peak of industrial employment—1971 in each case) (Figure 8). The particular vulnerability of South Wales reflects the much tighter geographic definition of this region, but even then the proportion of industrial employment *actually lost* by 2005 was highest in the less tightly defined west of Scotland region, by a substantial margin (12).

Council Housing

Another marker of vulnerability to the wider political attack is reliance on council housing. The government's aforementioned attack on this housing had, by the mid-1980s, led academics to write about a U.K.-wide "housing crisis" (56). But Scotland was again disproportionately vulnerable to the attack. In 1979, 54 percent of the total Scottish housing stock was in the council sector, almost double the proportion south of the border (57).

A basic measure of vulnerability that allows us to compare Scotland with the English and Welsh regions can be obtained by dividing the total council housing in 1979 by the total population in the nearest census year (1981). No data were available for the smaller deindustrialized areas as defined in the GCPH study, but were available for wider regions that contained the areas of interest. Data were extracted from the U.K. National Statistics publication *Regional Trends* for the

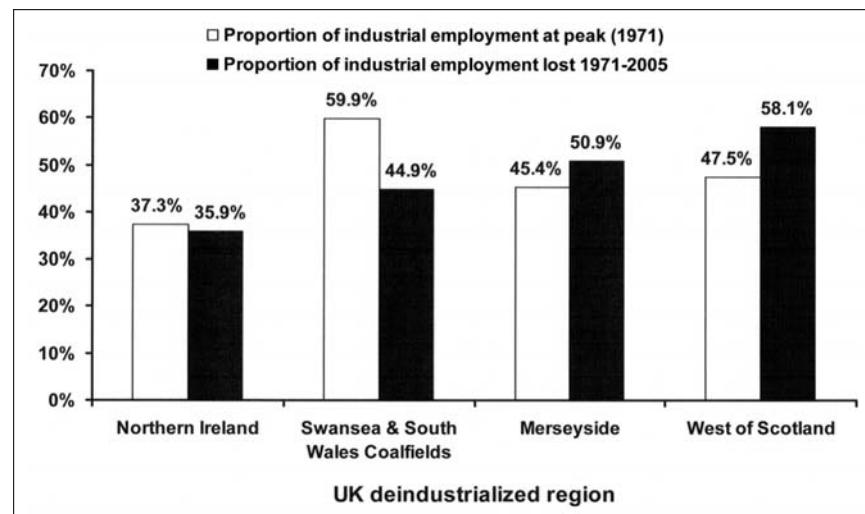


Figure 8. Change in industrial employment in U.K. deindustrialized regions, 1971–2005.

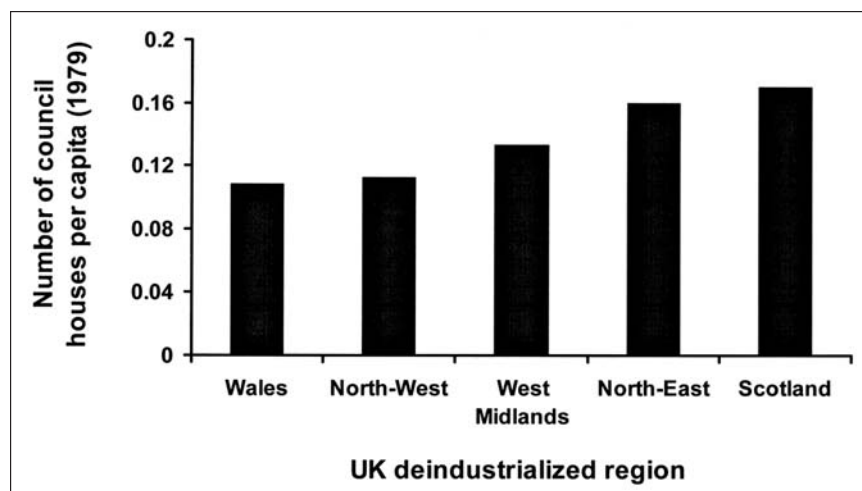


Figure 9. Council (public) housing per capita in U.K. deindustrialized regions, 1979.

number of council houses in each of these wider regions in 1979 (58).³ The results, shown in Figure 9, indicate that Scotland was more vulnerable to an attack on council housing than the other U.K. regions that were facing deindustrialization after 1979.

There were very significant variations, however, in vulnerability *within* Scotland. The tenure structure of Edinburgh in the east was closer to that of England and Wales. In the west of Scotland the skew toward the public sector was more pronounced. In the city of Glasgow, which dominates the region, almost two-thirds of the housing stock was council owned. In some of the large towns nearby it was higher still. In the large industrial town of Motherwell in the 1970s, 96 percent of households rented from the local council (33, p. 191; 57, p. 17).

The combined effect of the rapid loss of industrial employment, the intensification of poverty, and the attack on council housing was “residualization.” Writing in the mid-1990s Murie summarized this as follows: “The public rental sector in Scotland has changed its role from the mainstream sector housing the mass of the working population and families with children. It has become increasingly residualised, housing elderly persons, the long-term sick and disabled, and households not in employment with high dependency on benefits” (59, p. 60). Well-known evidence on the spatial concentration of poverty across

³ The West Midlands region here is larger than the West Midlands area used in the GCPH report. No data were available for Northern Ireland, and the data excluded new towns.

the United Kingdom indicates that this process was particularly intense in the west of Scotland, and perhaps nowhere more intense than in Glasgow (60).

The Democratic Deficit

If the west of Scotland was disproportionately vulnerable to the damaging impact of the political attack on the upstream determinants of health, might it also have had heightened vulnerability to the kind of psychosocial factors that can connect the former to adverse health behaviors? This brings us to a consideration of what has been called “pathways to health, illness and well-being from the perspective of power and control” (61).

In all of the deindustrializing regions of the United Kingdom in the 1980s there would have tended to be feelings of disempowerment and loss of control as jobs were lost, regional economies declined, and inequality and what would later be called “social exclusion” grew. Such feelings are both a well-established cause of ill-health and an active barrier to the effective management of chronic illness and changing adverse health behaviors (45, 61–63). Moreover, such feelings would tend to be amplified by the fact that these regions, and certainly those worst affected areas within them, generally elected representatives who espoused significantly different policy agendas from the neoliberalism of the governing party at the U.K. level.

In the Scottish case, however, such feelings would be compounded by the perception, not just of individual, community, or regional disempowerment, but of a *national* disempowerment. During the 1980s this was increasingly formulated in terms of the basic democratic legitimacy of government in Scotland—the “democratic deficit.” It could be suggested that this reflects a distinctively Scottish response to the U.K.-wide political attack.

To begin to investigate this response, we examined the levels of support for the Conservative Party at U.K. general elections from the October 1974 General Election through to the 1997 General Election. Constituencies best approximating the U.K. deindustrialized areas were identified across this period. Drawing on data from the Keele University election database (64), we compared the mean percentage vote for the Conservatives across each of the areas for each election.⁴ The mean votes for each of the regions at each general election are shown in Figure 10.

The data show that the west of Scotland and Swansea and the South Wales Coalfields are outliers. Both areas demonstrate consistently low Conservative voting during the period, with a marked decline from the election in 1979.

⁴ Northern Ireland was excluded because the Conservative Party did not stand regularly in any of the seats. In the October 1974 election, the speaker’s seat in Merseyside was not contested, so this was excluded. In Scotland and Wales there are significant votes for nationalist parties not seen in England.

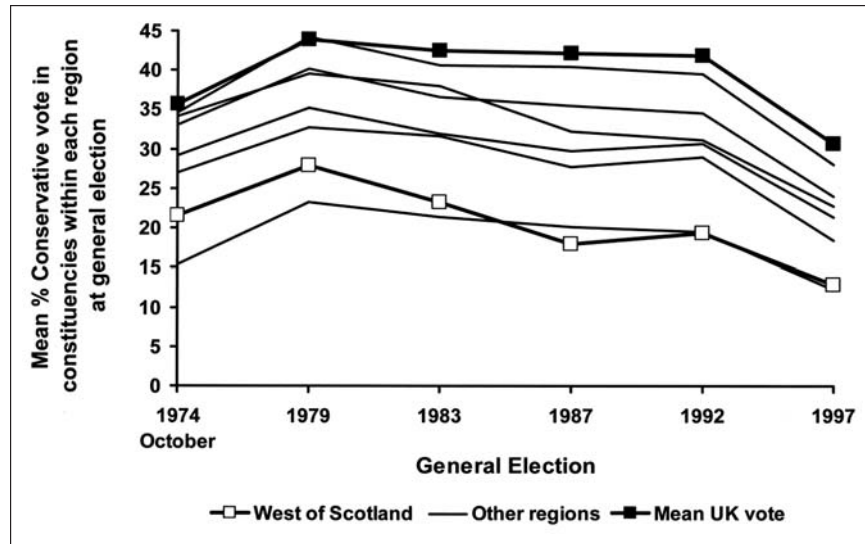


Figure 10. Voting for Conservative Party at general elections in U.K. deindustrialized regions, 1974–1997.

Although the Welsh area starts as the lowest scoring area, the difference with the Scottish area disappears by the mid-1980s. The sharpness of the decline in the west of Scotland between 1979 and 1987 seems particularly notable.

The data support the hypothesis that the reaction in the west of Scotland against the Conservative government after 1979 was more pronounced than in the other deindustrializing areas of the United Kingdom, and would suggest there was a more strongly intensifying sense of disempowerment. This would possibly reflect the higher vulnerability of the west of Scotland to the government's political attack, but also reflect the specific dynamic given to the response by the perception of a *national* "democratic deficit." Scotland was not simply a disproportionately vulnerable region, but a vulnerable "region" with a national consciousness of disempowerment.

DISCUSSION

This study has sought to contribute to the literature on the relationship between the radical application of neoliberal policies and mortality—in particular, to develop and begin to test a "political attack hypothesis" regarding the Scottish Effect. This hypothesis has significant currency among commentators on Scottish affairs, but has yet to be seriously pursued by those specifically charged with investigating Scotland's health deficit.

In this article we have outlined how the post-1979 Thatcher government conducted a political attack against the organized working class. We have shown, drawing in particular on the contributions of Foster and Phillips, how the west of Scotland figured prominently in the experience that framed the conception of that attack and became a specific target for its subsequent implementation. The article provides a credible framework for conceptualizing causal connections between such a political attack and adverse health outcomes. It has also further confirmed, in its use of the data from the Fraser Institute and income inequality data, that the United Kingdom pursued a neoliberal agenda with a degree of resolve that was not replicated in other European nations at that time. Finally, we have presented data that demonstrate heightened vulnerability in the west of Scotland to the damaging aspects of this political attack in terms of industrial employment, housing, and sociopolitical culture.

Cumulatively, this study suggests that the “political attack hypothesis” offers an important avenue for researchers seeking an explanation for the Scottish Effect. Neoliberalism has been shown to be a key factor adversely affecting health outcomes elsewhere (1, 3, 41, 48, 49, 65), and it seems appropriate now to explore more fully its role in creating the “Scottish Effect” in the period after 1979, as well as its role in other contexts. Clearly, Scotland in the 1980s is not quite Russia in the 1990s, but it seems slightly anomalous, if not entirely inexplicable (5), that more of the kind of thinking brought to bear on the latter has not more clearly shaped the kind of thinking brought to bear on the Scottish experience.

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REFERENCES

1. Beckfield, J., and Krieger, N. Epi + demos + cracy: Linking political systems and priorities to the magnitude of health inequities—Evidence, gaps, and a research agenda. *Epidemiol. Rev.* 31:152–177, 2009, doi: 10.1093/epirev/mxp002.
2. Klein, N. *The Shock Doctrine: The Rise of Disaster Capitalism*. Penguin, London, 2007.
3. Stuckler, D., King, L., and McKee, M. Mass privatisation and the post-communist mortality crisis: A cross-national analysis. *Lancet* 373:399–407, 2009, doi: 10.1016/S0140-6736(09)60005-2.
4. Navarro, V., et al. Politics and health outcomes. *Lancet* 368:1033–1037, 2006, doi: 10.1016/S0140-6736(06)69341-0.
5. Navarro, V. Politics and health: A neglected area of research. *Eur. J. Public Health* 18:354–356, 2008, doi: 10.1093/eurpub/ckn040.
6. Leon, D. A., et al. *Understanding the Health of Scotland's Population in an International Context: A Review of Current Approaches, Knowledge, and Recommendations for New Research Directions*. London School of Hygiene and Tropical Medicine and Public Health Institute of Scotland, London, 2003.

- 7 Hanlon, P., Walsh, D., and Whyte, B. *Let Glasgow Flourish*. Glasgow Centre for Population Health, Glasgow, 2006.
- 8 Bloor, M. J., et al. Contribution of problem drug users' deaths to excess mortality in Scotland: Secondary analysis of cohort study. *BMJ* 337:a478, 2008, doi: 10.1136/bmj.a478.
- 9 Hanlon, P., et al. Why is mortality higher in Scotland than in England and Wales? Decreasing influence of socioeconomic deprivation between 1981 and 2001 supports the existence of a "Scottish Effect." *J. Public Health* 27:199–204, 2005, doi: 10.1093/pubmed/fdi002.
- 10 Reid, J. Exploring the Existence of a Glasgow Effect. Paper presented at Seminar of Public Health Information Network for Scotland, Glasgow, September 5, 2008.
- 11 Human Mortality Database. University of California, Berkeley (USA) and Max Planck Institute for Demographic Research (Germany). www.mortality.org (accessed June 4, 2010).
- 12 Walsh D., Taulbut, M., and Hanlon, P. *The Aftershock of Deindustrialisation: Trends in Mortality in Scotland and Other Parts of Post-Industrial Europe*. Glasgow Centre for Population Health, Glasgow, 2008.
- 13 Walsh, D., Taulbut, M., and Hanlon, P. The aftershock of deindustrialization: Trends in mortality in Scotland and other parts of post-industrial Europe. *Eur. J. Public Health* 20:58–64, 2009, doi: 10.1093/eurpub/ckp063.
- 14 Birch, K., MacKinnon, D., and Cumbers, A. Old industrial regions in Europe: A comparative assessment of economic performance. *Reg. Stud.* 43:1–19, 2008, doi: 10.1080/00343400802195147.
- 15 Evans, E. J. *Thatcher and Thatcherism*. Routledge, London, 1997.
- 16 Brown, G. *Where There Is Greed: Margaret Thatcher and the Betrayal of Britain's Future*. Mainstream, Edinburgh, 1989.
- 17 Bell, I. Still suffering Thatcher's legacy 30 years on. *Herald (Scotland)*, May 2, 2009.
- 18 MacWhirter, I. That bloody woman. *New Statesman*, March 2, 2009.
- 19 Phillips, J. *The Industrial Politics of Devolution: Scotland in the 1960s and 1970s*. Manchester University Press, Manchester, 2008.
- 20 Foster, J. The economic restructuring of the West of Scotland: 1945–2000. In *Restructuring Regional and Global Economics: Towards a Comparative Study of Scotland and Upper Silesia*, ed. G. Blazyca. Ashgate, Aldershot, UK, 2003.
- 21 McCormack, C. *The Wee Yellow Butterfly*. Argyll Publishing, Glasgow, 2009.
- 22 Foster, J. The twentieth century. In *The New Penguin History of Scotland*, ed. R. A. Houston and W. W. J. Knox. Penguin, London, 2001.
- 23 Harvie, C. *No Gods and Precious Few Heroes*. Edinburgh University Press, Edinburgh, 1998.
- 24 Devine, T. M. *The Scottish Nation, 1700–2000*. Penguin, London, 1999.
- 25 Foster, J., and Woolfson, C. *The Politics of the UCS Work-In*. Lawrence and Wishart, London, 1986.
- 26 Foster, J., and Woolfson, C. How workers on the Clyde gained the capacity for class struggle: The Upper Clyde shipbuilders work-in, 1971–72. In *British Trade Unions and Industrial Politics, Volume 2: The High Tide Unionism, 1964–1979*, ed. J. McIlroy. Ashgate, Aldershot, UK, 1999.
- 27 Hayek, F. *The Road to Serfdom*. Routledge and Kegan Paul, London, 1944.
- 28 Hayek, F. *The Constitution of Liberty*. Routledge and Kegan Paul, London, 1960.

29. Friedman, M. *Capitalism and Freedom*. University of Chicago Press, Chicago, 1962.
30. Friedman, M. *Unemployment and Inflation*. Institute of Economic Affairs, London, 1975.
31. Friedman, M. *From Galbraith to Economic Freedom*. Institute of Economic Affairs, London, 1977.
32. Ridley, N. *Final Report of the Policy Group on the Nationalised Industries*. Conservative Research Department, London, 1977.
33. Harvie, C. *Scotland: A Short History*. Oxford University Press, Oxford, 2002.
34. Harvie, C. *Fools' Gold: The Story of North Sea Oil*. Penguin, Harmondsworth, UK, 1995.
35. Gamble, A. *The Free Economy and the Strong State: The Politics of Thatcherism*. Macmillan, London, 1988.
36. Marsh, D., and Rhodes, R. A. W. *Implementing Thatcherite Policies: Audit of an Era*. Open University Press, London, 1992.
37. Overbeek, H. *Global Capitalism and National Decline: The Thatcher Decade in Perspective*. Unwin Hyman, London, 1990.
38. Forrest, R., and Murie, A. *Selling the Welfare State: The Privatisation of Public Housing*. Routledge, London, 1988.
39. Waddell, G., and Burton, A. K. *Is Work Good for Your Health and Well-being?* Stationery Office, London, 2006.
40. Lundberg, O., et al. The role of welfare state principles and generosity in social policy programmes for public health: An international comparative study. *Lancet* 372: 1633–1640, 2008, doi: 10.1016/S0140-6736(08)61686-4.
41. Wilkinson, R., and Pickett, K. *The Spirit Level: Why More Equal Societies Almost Always Do Better*. Penguin, London, 2009.
42. Lynch, J. W., et al. Income inequality and mortality: Importance to health of individual income, psychosocial environment, or material conditions. *BMJ* 320:1200–1204, 2000, doi: 10.1136/bmj.320.7243.1200.
43. Marmot, M., et al. Closing the gap in a generation: Health equity through action on the social determinants of health. *Lancet* 372:1661–1669, 2008, doi: 10.1016/S0140-6736(08)61690-6.
44. Marmot, M., and Wilkinson R. G. Psychosocial and material pathways in the relation between income and health: A response to Lynch et al. *BMJ* 322:1233–1236, 2001, doi: 10.1136/bmj.322.7296.1233.
45. Marmot, M., et al. Contribution of job control and other risk factors to social variations in coronary heart disease incidence. *Lancet* 350:235–239, 1997, doi: 10.1016/S0140-6736(97)04244-X.
46. Schrijvers, C., et al. Explaining educational differences in mortality: The role of behavioural and material factors. *Am. J. Public Health* 89:535–540, 1999.
47. Stuckler, D., et al. The public health effect of economic crises and alternative policy responses in Europe: An empirical analysis. *Lancet* 374:315–323, 2009, doi: 10.1016/S0140-6736(09)61124-7.
48. Stuckler, D., Meissner, C., and King, L. Can a bank crisis break your heart? *Globalization and Health* 4, 2008, doi: 10.1186/1744-8603-4-1.
49. Coburn, D. Beyond the income inequality hypothesis: Class, neo-liberalism and health inequalities. *Soc. Sci. Med.* 58:41–56, 2004, doi: 10.1016/S0277-9536(03)00159-X.

50. Fraser Institute. Economic Freedom: Spreading Prosperity and Growth. www.fraserinstitute.org/programs-initiatives/economic-freedom.aspx (accessed February 23, 2010).
51. Gwartney, J., and Lawson, R. *Economic Freedom of the World: 2008 Annual Report*. Economic Freedom Network, Vancouver, 2008.
52. Wade, R. H. Is globalization reducing poverty and inequality? *J. World Dev.* 32(4): 567–589, 2004, doi: 10.1016/j.worlddev.2003.10.007.
53. Luxembourg Income Study. Luxembourg, 2008. www.lisproject.org/ (accessed February 23, 2010).
54. McCrone, D. *Understanding Scotland: The Sociology of a Stateless Nation*. Routledge, London, 1992.
55. McCrone G. Urban renewal: The Scottish experience. *Urban Stud.* 28:919–938, 1991, doi: 10.1080/00420989120081131.
56. Malpass P. *The Housing Crisis*. Croom Helm, London, 1986.
57. O'Carroll, A. Historical perspectives on tenure development in two Scottish cities. In *Housing in Scotland*, ed. H. Currie and P. Murie. Chartered Institute of Housing, Coventry, UK, 1996.
58. Causer, P., and Virdee, D. (eds.). *Regional Trends: Number 38*. National Statistics, London, 2004.
59. Murie, A. Housing tenure and housing policy. In *Housing in Scotland*, ed. H. Currie and P. Murie. Chartered Institute of Housing, Coventry, UK, 1996.
60. Hirsch, D. *Strategies against Poverty: A Shared Road Map*. Joseph Rowntree Foundation, York, UK, 2004.
61. McCubbin, M. Pathways to health, illness and well-being: From the perspective of power and control. *J. Community Appl. Soc. Psychol.* 11:75–81, 2001, doi: 10.1002/casp.622.
62. Siegrist, J., and Marmot, M. Health inequalities and the psychosocial environment. *Soc. Sci. Med.* 58:1463–1473, 2004, doi: 10.1016/S0277-9536(03)00348-4.
63. Kristenson, M., et al. Psychobiological mechanisms of socio-economic differences in health. *Soc. Sci. Med.* 58:1511–1522, 2004, doi: 10.1016/S0277-9536(03)00353-8.
64. Outlaw, I. UK General Election Results. Keele University, Keele, UK, 2008. www.politicsresources.net/area/uk/outlaw/sheetindex.htm (accessed February 23, 2010).
65. Wilkinson, R. *The Impact of Inequality: How to Make Sick Societies Healthier*. Routledge, London, 2005.

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