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Article

Embedded Liberalism and Health Populism in the UK in a Post-Truth Era

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Abstract

The National Health Service (NHS), as a symbol of public health protection in the UK, was weaponised in pro-Brexit debates. It was suggested that European integration might inherently have undermined embedded liberalism and notably contributed to what Ruggie described as the “unbundling of sovereignty” (Ruggie, 1993). The manipulation of the NHS by right-wing populists has already been the focus of a number of articles, but calls to protect public health care from global threats have also come from left-wing politicians and activists. This article is particularly interested in socialist populist appeals to protect health care. It aims to show that for socialists the compromise between capital and labour and the protection of welfare systems, which is referred to as embedded liberalism, has not been achieved. In fact, furthering trade and investment is currently seen to be compromising the last remnants of a welfare state, which is embodied by the NHS in the UK. This conceptual article will thus start by presenting the theory of embedded liberalism. It will then establish the link between the breakdown of embedded liberalism in relation to health care systems. It will finally present populist and activist narratives on health and the UK’s national health service from an international perspective. It draws on secondary literature and a corpus of popular press articles and grey literature produced by civil society organisations.

Keywords

embedded liberalism; National Health Service; populism; UK

Issue

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1. Introduction

The literature on embedded liberalism rarely points specifically to questions of health, but it is in fact in the area of public health care where the necessity to achieve a compromise between driving an efficient global market and the protection of citizens’ interests is perhaps the most salient. The National Health Service (NHS), as a symbol of public health protection in the UK, was weaponised in pro-Brexit debates. It was suggested that European integration might inherently have undermined embedded liberalism and notably contributed to what Ruggie described as the “unbundling of sovereignty” (Ruggie, 1993). Since the UK’s departure from the EU, both the Vote Leave campaign and British governments have argued that Brexit has offered the opportunity for the UK not only to regain sovereignty to pursue free trade, but also to enhance the provision of welfare, and

notably protect the NHS. The manipulation of the NHS by right-wing populists has already been the focus of a number of articles, but calls to protect public health care from global threats have also come from left-wing politicians and activists. This article is particularly interested in socialist populist appeals to protect health care. It aims to show that for socialists the compromise between capital and labour and the protection of welfare systems, which is referred to as embedded liberalism, has not been achieved. In fact, furthering trade and investment is currently seen to be compromising the last remnants of a welfare state, which is embodied by the NHS in the UK. This conceptual article will thus start by presenting the theory of embedded liberalism. It will then establish the link between the breakdown of embedded liberalism in relation to health care systems. It will finally present populist and activist narratives on health and the national health service in the UK from an international

perspective. It draws on secondary literature and a corpus of popular press articles and grey literature produced by civil society organisations.

2. From Embedded Liberalism to Neoliberalism

Building on Polanyi's work (1944) Ruggie's seminal article published in 1982 first presented the idea of embedded liberalism as a compromise between driving an efficient global market and serving or protecting the interests of citizens (Ruggie, 1982). Ruggie describes the post-war regime or compromise as a "form of multilateralism that is compatible with the requirements of domestic stability" (Ruggie, 1982, p. 399). Compensation came in the form of welfare systems, particularly in the post-war period, but also Trade Adjustment Assistance programmes, which included unemployment insurance and job training (Rahman, 2017). Wolfe and Mendelsohn (2004) posit that embedded liberalism is by no means a fixed agreement on levels of social spending, protectionism and the like, but a dynamic concept which allows countries to adjust to the multilateral framework. Referring to this notion of embedded liberalism, Rodrik (1997) explains that it involves creating a positive relationship between openness and public spending. Populations rely on the role of expanded government to compensate for greater external risks.

While Ruggie's conception of embedded liberalism was about much more than trade, this article will be looking at the challenges to embedded liberalism within the realm of trade in line with the focus of the thematic issue. Ruggie argues that free trade has flourished since the post-war period thanks to compensation programmes for individuals who might potentially lose out from open borders (Ruggie, 1982). But most historians in the UK do not refer to the notion of embedded liberalism when analysing the situation in this country, they talk about social democracy, which made a very brief appearance in this country between the 1940s–1970s. During the post-war period, this led to the establishment of a comprehensive welfare state including the UK's NHS as a central part of welfare provision, collective bargaining, and generous state spending. Vernon (2016) underlines that this was short-lived because of global conditions and the overriding demands of free market capitalism faced with internationalisation.

Wolfe and Mendelsohn (2004) note that Ruggie's essential conception of embedded liberalism, the implicit bargain between governments and citizens which ensures that governments will protect citizens from the negative impacts of the global economy, was called into question from the 1980s onwards. In fact, the ushering in of neoliberal policies served to undermine the social contract. While it is a somewhat contested theory and paradigm, Harvey (2005) describes neoliberalism as "a theory of political economic practice that proposes that human well-being can best be advanced by liberating individual entrepreneurial freedoms and

skills within an institutional framework characterised by strong private property rights, free markets, and free trade" (p. 2). The early 1980s can be seen as a turning point when neoliberal policies were introduced in the US under Ronald Reagan, and by Margaret Thatcher's new right government in the UK. The policies included the privatisation of many state-owned enterprises and the deregulation of the labour market to promote increased flexibility and a withdrawal of the state. The latter thus became the regulator of free market policies and free trade. In the UK, the Conservative governments of the 1980s promoted global capital mobility and the importance of global market forces, even in areas such as public services where conventional market systems are often considered to be unsuitable. From the 1980s, there was an overhaul of key government sectors, privatisation in some sectors, and marketisation and commodification of others including in public health services.

In his analysis, Harvey (2005) argues that neoliberalism is in sharp contradiction to "embedded liberalism" of the post-war period when Keynesian demand-side policies were applied, state spending increased, and generous welfare protection was provided.

3. The Breakdown of Neoliberalism and the Rise of Populism

However, especially since the financial crisis of 2008, the neoliberal compromise has also started to fall apart owing to what Wolfe and Mendelsohn (2004) call "negative globalisation experiences," which have resulted in anti-globalisation, anti-incumbent attitudes, and support for populist parties and candidates. Higgott (2018) describes populism as a "contested, heterogeneous, imprecise and stylistic discursive concept which can be characterised by political behaviour which seeks to appeal to the past and ensure spontaneous national moral regeneration" (p. 7).

Brubaker (2017) considers populism to arise in response to long-term structural issues and not immediate problems or threats. There has been a rise in populist, essentially right-wing, movements and parties in Europe and the US since the 1980s; and particularly since the Great Recession of 2008, with the rise of the Tea Party and Donald Trump's 2016 presidential victory, but also in the UK, clearly evident during the debate in the lead up to the referendum on the UK leaving the European Union. Populist trends have been interpreted as a reaction to cultural change since the 1970s: changes to lifestyles, religions, and cultures which populist supporters tend to oppose, especially the elderly, white and less educated males. They fear the upheaval or disappearance of their own traditional social values. Populist politics can also be aligned with other ideologies, be it socialist or nationalist, in order to achieve wider political agendas (Speed & Mannion, 2017). Closely connected to populism is the rise in nationalism because, as Inglehart and Norris (2016) observe, populism tends to favour

monoculturalism over multiculturalism. It also supports national interest over international cooperation and open borders. While the focus of most populism is protecting borders from immigration, it can also extend to a rejection of multilateralism and the global economy. Higgott (2018) argues that some of the populist arguments against globalisation are not without foundation. The rise of global economies has indeed placed limits on national democracies and constrained the decisions of sovereign states. Moreover, in the post-Brexit period, it is indeed populist appeals in the realm of public health care which are of interest here.

4. The Demise of the Liberal Compromise and Public Health in the UK

Turning our attention now to the debate on embedded liberalism, populism, and public health in the UK: How does the populist turn and the demise of both the liberal compromise and neoliberalism relate to the health sector? The decline of welfare provision, increased inequalities, and the fear of cultural changes can explain why there has been a rejection of globalisation in the UK.

Embedded liberalism and health care are not debated in the literature, but health care is an area where a compromise between driving an efficient global market and the protection of citizens' interests is surely needed. This compromise has never really been achieved even in the post-war period. International institutions, the European Commission, and national governments claim that the delivery of public health care is protected in international trade agreements and a compromise has been reached in trade deals with carve outs for public services in the General Agreement on Trade in Services and subsequent regional and bilateral trade agreements. However, there is a wealth of literature which has underlined that furthering trade and investment has had a net negative impact on social welfare and population health (Andrews & Chaifetz, 2013; Blouin et al., 2009; Labonté, 2004; Labonté et al., 2009; Shaffer et al., 2005; Smith et al., 2009; Stiglitz, 2006, 2009). Empirical evidence has shown that increased trade and investment agreements have exacerbated unequal access to health services and increased public bads (Baker et al., 2016; Schram et al., 2013, 2015; Smith, 2012; Thow & Gleeson, 2017). This is a result of provisions in trade and investment deals that may limit access to medicines, constrain policy space for health, and limit the scope that governments have to pursue public health goals. Moreover, those public health systems which have significantly liberalised public services through marketization, such as the UK (and especially in England), are those which may be the most under threat. So the UK's public health system, which is epitomised by the NHS, could well be under threat from the development of a two-tier system whereby health care is increasingly provided more efficiently by the private sector at the expense of the public sector. There are examples where this is already the case, such as Israel and of

course the US. The objective of achieving further liberalisation of trade through future trade deals post-Brexit raises further challenges for public health protection in the UK.

Since leaving the EU, the British government has been pursuing an independent trade policy and prioritising free trade agreements, notably with the US, Australia, and New Zealand. It has also requested to join the Comprehensive and Progressive Trans-Pacific Partnership (House of Commons, 2020). This has raised concern about the effects on public health and the NHS following further trade liberalisation of services. The fear generally is that this may reduce the ability of the government and devolved administrations to govern and fund public health services. The debates on the NHS have mainly focused on risks relating to its privatisation as a result of signing trade and investment deals post-Brexit. Opponents have underlined what is at risk for the UK in the trade arena post-Brexit. The fear is that these agreements may well "lock in" the liberalisation of services which could prevent countries from intervening with restrictions or regulating in the national interest. Carve-outs have been introduced to protect public services, but private companies under current NHS legislation can still bid for contracts to provide NHS services in England. Under the Investor State Dispute Settlement (ISDS), provisions in many of the agreements (free trade agreements, bilateral investment treaties) may undermine national legislation in order to give greater power to investors. So the fear is that these future trade deals may well enable foreign investors to challenge national governments in tribunals provided for under ISDS and claim compensation to carry out NHS contracts. Intellectual property rights are another cause for concern because such rights could affect the provision of public services. Future trade agreements may well change medicine pricing and could also allow access to NHS data (House of Commons, 2020). So we might conclude that populist appeals from the left are not without foundation.

5. Populism, Activism, and Save Our NHS Campaigns

Speed and Mannion (2020) underline how political ideology in the realm of health care is central to policy frameworks. Lasco and Curato (2019) have even invented the term medical populism, which implies an appeal to the people about perceived threats to public health and safety. Crisis health care is another popular component of medical populism whereby populists underline that there are threats to collective interests of health care interventions (moral panics). Medical or health populism tends to be stronger in countries which have either completely privatised systems or have undergone significant reforms to introduce a privatised or marketised component into the health care system. This is the case in the UK, wherein new public management reforms led to an introduction of tendering out to the private

sector, a command and control system, and diminished levels of trust. As a result, the populist health discourse post-Brexit has led to welfare chauvinism, limited access to care for immigrants, racism, and mistrust of the other (Lasco & Curato, 2019). Another part of the discourse is also ensuring that existing structures remain intact. Health populist discourses which play on the population's emotions became paramount during and beyond the Brexit campaign.

The NHS is often projected as a symbol of all that is good in the UK, a fantasy of equality and the incarnation of a socially cohesive and equal nation (Hunter, 2017). It could be qualified as the last remnant of the welfare state, so in the context of embedded liberalism the fear is that public health care is in jeopardy given the prospect of further liberalisation. This institution is therefore an ideal target for populists to conjure up ideas from the past and the importance of keeping up past traditions. That is the creation of a universal health system following the post-war settlement. Despite marketisation, this ideal has been upheld but has also been weaponised because it is perceived as being under threat from liberalisation. Fear of privatisation has increased in recent years and particularly since the enactment of the 2012 Health and Social Care Act, which has encouraged further contracting out of public health services to the private sector. Beyond the domestic sphere, the study of this institution in an international context is an excellent example of how emotions can be galvanised by the state and sub-state actors to support a case for the demise of social democracy and especially health democracy. As Wolfe and Mendelsohn (2008) point out "opponents of globalisation are primarily concerned that it will damage cherished symbolic goods" (p. 224). While debates on compensation for the effects of increased liberalism generally focus on labour dislocation, ensuring that health and public health services are protected following increased liberalism is no less important within this compromise.

Attention to the NHS from an international perspective started to gain greater importance in the period leading up to the referendum campaign. Performative appeals were made on the long-term sustainability of the NHS alongside the importance of controlling and resisting access of immigrants to the labour market. The idea that immigrants and EU nationals were profiting from the NHS and that the best way to protect it would be to leave the EU gained traction. Being part of the European Union was therefore presented as a strain on resources which could be used for the NHS. The Vote Leave campaign consisting of prominent conservative politicians (notably Michael Gove and Boris Johnson) travelled the country on a Vote Leave bus claiming that the cost of membership in the EU totalled £350 million a week. They argued that such resources could be used to provide the NHS with much needed funding. The full fact website refuted the claim that the UK sends £350 million a week to the EU. In fact, when the rebate is taken into account, it cal-

culated the fee at £250 million a year (Full Fact, 2017). In addition, it did not take into account the payments which were made to UK farmers and regions. Given the costs of Brexit, even at the outset, it looked very unlikely that there would be financial benefits from withdrawal which could be reinvested in the NHS. Yet the Vote Leave campaign was able to play on the emotions of the British people by suggesting that an institution, much beloved by all, was under threat. Indeed, according to a Mori poll, commissioned by the Health Foundation, protecting the NHS from cuts was considered to be important for the majority of the general public, with 88% stating that the NHS/health care was the main area of public spending that should be protected (The Health Foundation, 2017). Since the British population is aware of the financial strains on the NHS through the press, galvanising fear of losing such a precious institution was a clear objective of the Vote Leave campaign.

The remainder of this article considers how politicians, activists on the left, and the populist left-wing media used similar techniques to those of the right to defend the NHS in future trade deals owing to fear of the demise of the social compromise to protect health from the excesses of globalisation in a post-Brexit era. Further liberalisation post-Brexit has served as an emotional trigger and proxy, scapegoat, or metaphor for the larger concern about the relationship between economic liberalisation and the provision of domestic social welfare programmes. This relates to the compromise whereby economies liberalise but nation-states maintain the ability to regulate domestically and provide social services, in part to blunt the negative effects of free market economies. In practice, this is evident in the popular left-wing press.

6. Social Populism and NHS Protectionism

The opposition party and civil society organisations have engaged in populist rhetoric to save the NHS. Left-wing or social populism has not been given much attention in the literature, with most analyses concentrating on right or extreme-right-wing populism. Social populism can be described as a political ideology which combines left-wing or socialist politics with populist rhetoric. This rhetoric usually consists of anti-establishment, speaking for the common people combined with themes on economic democracy, social justice, and scepticism of globalisation. As Wolfe and Mendelsohn (2008) found, those who are in favour of larger welfare states are also those who are likely to oppose globalisation.

The latter part of this article thus focuses on populist discourses on the NHS relating to further internationalisation of health services and the concern of a demise in the social contract in the face of liberalism. It draws on 24 articles in the popular tabloid press in the UK (*The Sun*, the *Daily Mail*, and *The Mirror*). It also examines discourse from civil society organisations. Indeed, there are at least 14 civil society organisations whose key

purpose is to campaign to maintain the NHS as a publically funded and administered service. Such discourse was paramount in the lead-up to the general election of 2019 when there was a specific focus on this issue in parliamentary debates, which were then reported in newspaper articles, and again in 2020 over a proposed amendment to the trade bill. So the press articles retrieved were those relating to the issue of “trade” and the “NHS” between June 2019–June 2020.

The main emotions that opponents of furthering free trade play on in the popular press, and tracts are negative emotions of fear in very much the same way as mainstream populists did to suggest that the NHS was in financial jeopardy and leaving the EU could save it. However, in the case of post-Brexit trade deals, instead of a distant elite in Brussels, the elite, the government, and big business are now perceived as a threat to a publically funded system and the common interest of the people.

In analysing the keywords in popular press articles and activist tracts, we can note a significant use of words to incite fear: with the repetition of the words “risk,” “threat,” and “unprotected,” and images related to outside forces taking possession of the national institution (or a loss of possession of the institution which provides public health services to the population). Such words as “grab” and “prey” convey this idea. The NHS is described as “a rare jewel” threatened by international forces and unprotected by the state (“Our NHS jewel,” 2019). The promises to protect the NHS are considered as “lies,” or “porkies.” On the other hand, the government and the popular press supporting the Conservative party (*Daily Mail* and *The Sun*) dismiss the claims as “scare stories” or “scaremongering.” Diction relating to protection and security were taken from Boris Johnson’s speech and repeated in the popular right-wing press, claiming that the government offered “a cast iron” guarantee for the NHS. They claimed that the proof that the NHS would be sold in an international market was unreliable or “dodgy” (“Boris gives ‘cast iron guarantee,’” 2019; “Jeremy Corbyn’s dodgy,” 2019).

Jeremy Corbyn, the former leader of the opposition party, also revealed in the period leading up to the 2019 general election that 451 pages of unredacted documents and information showed that the Conservative government was negotiating behind closed doors to “sell off” the NHS. He explained that negotiations had already led to an agreement to lengthen patents for medicines. He implied that the Conservative government was in collusion with big business, which could harm the NHS: “Big pharma has ripped off and imperilled the health of the American people for years. Now these secret reports show they’re looking to do the same to us—if the Conservatives are elected on December 12th” (Labour, 2019, para. 32).

Civil society organisations such as Keep Our NHS Public were also vocal in the run-up to the 2019 general elections on the risks that Conservative policy represented for the NHS. An article written by the organi-

sation entitled “Boris Johnson: An existential threat to our NHS,” reiterates Corbyn’s fears that “all the signs are that Johnson will try to score his big ‘deal’ by offering up the NHS to the predatory vested interests that dominate the catastrophically dysfunctional US health care market” (Leak, 2019, para. 6). It further claims that the anger of the people is evident: “Trump’s recent suggestion that the NHS is ‘on the table’ in trade talks drew a furious reaction from most people in the country, with over 700,000 people in the UK signing a petition against the idea” (Leak, 2019, para. 5). Another militant group, We Own It, contended that “it’s impossible to take the NHS ‘off the table’ without strong new legislation to end privatisation” (We Own It, 2019, para. 2). The popular daily *The Mirror* also reiterated these fears with the headline: “Our NHS is up for sale and Trump has sights on a lot more” (2019).

Yet Boris Johnson dismissed the claims that the NHS is up for sale in trade deals: “Under no circumstances will we agree to any free trade deal that puts the NHS on the table. It is not for sale” (UK Parliament, 2019). Such negation of the perceived risks by opposition groups was also reiterated in the popular right-wing press with the *Daily Mail*’s tabloid headline “Boris Johnson compares Jeremy Corbyn to a UFO conspiracy theorist as he gives Phillip Schofield a ‘cast iron’ guarantee the NHS will NOT be on table in trade deal with US despite Labour ‘scare stories’” (“Boris Johnson compares,” 2019) and ““The NHS is not for sale’: Health Secretary hits back after US...” (“The NHS is not for sale,” 2019), but also *The Sun* headline “Boris Johnson to tell Donald Trump the NHS is off the table” (“Boris Johnson compares,” 2019).

The Sun also published an article supposedly repeating a speech by trade secretary Liz Truss. In this published speech, she was reported saying: “As Trade Secretary, I know that his claims are utterly baseless and it is disgraceful that he is weaponising such an important issue, scaring vulnerable people to score political points” and “Donald Trump has insisted the NHS would not be on the table in a Brexit trade deal after sparking a massive row” (“Liz Truss: The NHS,” 2019). She also warned them to “ignore the scaremongering from Labour. The price the NHS pays for drugs won’t be on the table” (“Liz Truss: The NHS,” 2019).

The next incident to provoke a reaction and a resurgence of populist discourse was the rejection of an amendment to the trade bill which gave powers to the government to amend retained primary legislation in order to implement trade deals without due scrutiny. However, in December 2020, the House of Lords passed a clause to prevent any agreement which was considered to impede the UK’s ability to secure “a comprehensive publicly funded health service free at the point of delivery” (UK Parliament, 2022). The amendment also included controls on drug pricing and the sale of patient data. However, the bill was voted down in the House of Commons by 357 votes to 266, with Conservative MPs all voting against the protections.

Opponents from the left and especially civil society organisations were very critical of this dismissal of the amendment by the Conservatives:

As Students for Global Health UK, we stand in direct opposition to this decision. The absence of legislative protection of the NHS from international trade deals risks undermining the ability of the NHS to provide 'a comprehensive publicly funded health service free at the point of delivery.' (Students for Global Health, n.d.)

"A service that is not public, free at the point of access and accessible to all is far from our vision of a fair and just world in which equity in health is a reality for all" (Students for Global Health, n.d.).

The Mirror reported a speech from Emily Thornberry, the shadow trade secretary, which expressed her concerns on this issue:

What it means is those same companies winning a greater right to provide services to the NHS through open procurement contracts and thereby gaining access to the vast resource of NHS patient data, which, quite frankly, they have been actively pursuing for years. ("Tory MPs vote," 2021, para. 11)

The same tabloid turned Boris Johnson's "cast iron" image on its head to claim that it was actually Labour who would protect the NHS: "Tory MPs defeated a Labour amendment to include 'cast-iron' guarantees for the health service in the Trade Bill" ("Tory MPs vote," 2020, para. 1). It also reminded the public that "Three quarters of the public want the NHS protected in a trade deal with Trump" ("Tory MPs vote," 2020).

It is clear that in the debate on protecting public health services, populist appeals from both sides of the political spectrum have been important in the rhetoric on overturning the social compromise or upholding protection for the NHS in the international economy. The press debate shows that for socialists, the compromise between capital and labour and the protection of welfare systems, which has been referred to as embedded liberalism, has not been achieved. In fact, furthering trade and investment is actually compromising the last remnants of a welfare state which is embodied by the NHS in the UK.

7. Conclusion

The analysis of the threats to the British NHS in an international economy and populist appeals from the left post-Brexit is very much in line with Lang's observation, which draws on Ruggie's work, that:

The survival of Embedded liberalism depends not only on renegotiating forms of domestic and international social accommodation but also on retaining an

awareness of the need for the trade regime to find a way to accommodate both halves of the grand compromise of embedded liberalism. (Lang, 2006, p. 96)

Health populist discourses have argued that the social contract regarding public health has been called into question. Right-wing rhetoric has moved from protecting the NHS in Europe to promises that furthering trade and investment as part of the "Global Britain" mantra will not compromise public health services. But social populists are intent on calling into question this significant compromise by attempting to galvanise fear and doubt in the population through the weaponisation of the NHS. The fears of social populists are not groundless as significant literature on the risks to public health care, and more general public health, have shown. However, health populism from the left has failed to win over the British electorate despite such appeals regarding the dangers to a publically funded health system.

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Conflict of Interests

The author declares no conflict of interests.

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