

Almost a Paradox: Healthcare, Neoliberalism, and the “Risk Society” in Russia 1992-2000

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Abstract

This paper examines the healthcare situation in Russia during the neoliberal rule of Boris Yeltsin from 1992-2000 using Ulrich Beck's (1992) theory of the "risk society". I explore the privatisation of state-funded healthcare in Russia during that time, along with the corresponding detrimental effects on the population's well-being. It is found that Russian society became politically lethargic as living conditions worsened despite the extreme unpopularity of both healthcare policy and Yeltsin himself, lacking even Beck's expected "solidarity motivated from anxiety" (Beck, 1992, p. 49). Individual risk management possibilities became sought after to the detriment of most other concerns, and Yeltsin was able to remain in power through elections by providing said possibilities despite his poor policymaking. I conclude that the extreme mutual distrust inherent in the risk society helped enable Yeltsin's authoritarian tendencies, and favored neoliberal social policy approaches for their ability to provide increased perceived risk management possibilities.

Keywords: Healthcare, Social policy, Risk society, Neoliberalism, Authoritarianism

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Introduction

This paper aims to examine the Russian healthcare system in the immediate post-Soviet era, from 1992 to 2000, using Ulrich Beck's (1992) idea of the "risk society"² (p. 27-28, 33-34, 44-46). The idea of the "risk society" is that in the new modernity, a great lack of trust prevails with regards to traditionally respected institutions such as the government, scientific and professional communities (p. 51-84), and economic planning. There are no beneficent forces left in society to look after anyone's interests but their own, and people's idea of risk becomes transformed in a highly individualistic and self-sufficient direction (as cited in Dean, 2012, p. 119-120). Beck defines risk as a "systematic way of dealing with hazards and insecurities induced and introduced by modernization" (Beck, 1992, p. 21). He emphasizes risk as a "not-yet-event" (p. 33) that is characterized by a "*potential element ... in this sense ... risks essentially express a future component*" (original italics) (p. 33), a fear of *perceived possible* future damages. Individuals then rationally seek to minimize what they perceive as risks, which "...even as conjectures, as threats to the future, as prognoses ... have and develop a practical relevance" (p. 34). The nature of the risk society entails a preferred form of government, a liberal state in which the government's role is partially to mitigate risk, but primarily to enable this individual risk management (Dean, 2012, p. 120).

In Russia, the immediate post-Soviet era was marked by economic "shock therapy", a rapid and wide-ranging privatisation program, which spread to almost all sectors of the

² Ulrich Beck has in more recent years revised his views on the risk society, notably in his 2002 article "The Terrorist Threat: World Risk Society Revisited" published in the journal *Theory, Culture & Society* (volume 19, issue 4, pp. 39-55), and more recently in his 2009 book *World at Risk*. However, given that the vision of the risk society as laid out in his 1992 book *Risk Society: Towards a New Modernity* remains the most widely referenced variant, this paper will refer exclusively to the risk society as laid out in Beck's 1992 text.

(previously planned) economy (Hedlund, 1999, p. 247-8). This resulted in plummeting living conditions, and the failure of the previously robust welfare state to meet the needs of ordinary Russians. This paper will examine why, despite the extreme rapidity in the collapse of quality of life and the deteriorating public health situation, and rather than coordinated resistance to change the government policy, Russians instead became politically lethargic and apathetic – unlike Beck’s vision of a citizenry united in a weaker but nonetheless potent “solidarity motivated from anxiety” (Beck, 1992, p. 49). I contend that the Russian case is far from being an aberration from the risk society model. Rather, a critical level of collective mutual distrust was reached and the society truly became a risk society. That same mistrust of each party and movement causes a sufficiently severe political paralysis among enough ordinary people, effectively preventing them from taking meaningful action against government policy. I argue that a government which allowed a greater degree of perceived individual risk management despite extreme popular distrust was preferable to any option that carried with it the possibility of risk management reduction. This paper will begin by examining the context of Russian politics of the time, followed by a discussion of the healthcare crisis proper. Then, various possible explanations for the lack of reaction from the people in the risk society will be analyzed, after which the paper will conclude by examining the ramifications of the crisis on social policy.

Background

Before discussion can begin on the Russian healthcare system and the crisis it faced, it is necessary to properly understand the context in which the Russian welfare state in general operated during the Yeltsin years of 1992-2000. It is important to note two key features about the Russian political climate. First, Russia is a federal state with four major kinds of substate units, exemplified by two significant levels of autonomy. One level contains republics and autonomous

regions, which have elected substate representatives, local political parties, and a degree of both legislative and economic autonomy determined by treaty with the federal government (Kahn, 2004, p. 167). Yet republics make up only a small minority of both the population and territory, so this paper is written primarily as regards to the other level of autonomy, “regular” (non-autonomous) regions and federal cities (large cities that function as regions). Regions have governors that can be appointed by the central government in Moscow and have less legislative autonomy; however, the key difference is that they do have economic autonomy and budgetary negotiations do occur between the regional and municipal level. These negotiations, forcing a competition for control of government funds, were a factor in determining the trajectory of healthcare financing in Russia.

The second key feature is the authoritarian nature of the federal government after the 1993 presidential coup. In that year, the parliament attempted to impeach the president, who in return dissolved it by military force, instated rule by decree, and changed the constitution (Pihoya, 2002, p. 341-352). Thus little in the way of legislative opposition was truly active in the period here examined, setting the welfare system at the mercy of government policy. With these twin tendencies of federalism and authoritarianism in mind, we may now discuss the healthcare crisis proper. The president of Russia from its inception on 1 January, 1992 until 31 December, 1999 was neoliberal economic reformer Boris Yeltsin. It was into the bleak conditions of economic shock therapy into which he thrust the Russian welfare state almost immediately after independence: inflation, privatisation, and a continuous increase in poverty among ordinary Russians (Kagarlitsky, 2002, p. 133-136). For the past near-century, the USSR (and therefore Russia) had operated on a system of fully subsidised universal healthcare, covering all citizens (albeit, with some privileges for industrial workers and the party elite) and considered by the

OECD (2001) a “major achievement of central planning in the Soviet era” (p. 95). Yet neither the healthcare system, nor the rest of the Russian welfare state, were immune to the same forces of neoliberalism and privatisation as the rest of the economy.

Healthcare Privatisation and Problems in Russia

Even before the collapse of the USSR, from 1988 to 1991, New Public Management-type (hereafter NPM) marketization experiments in the Leningrad and Samara districts were attempted. The experiments had mixed but generally positive results on a local level (OECD, 2001, p. 96). Subjected to the wildly fluctuating forces of the post-Soviet transition mentioned above, though, the healthcare system was not capable of withstanding the crisis well. In real terms, at the start of 1992, public health expenditure in Russia was in fact 10% higher what it had been in 1990; this situation did not last, being replaced by a fast and steady decline in real public health spending to just 67% of what it had been by 1999 (World Bank, 2008, p. 12). This heavy defunding did not bode well for a system still highly inefficient and tax-funded, especially as a severe 20% cut occurred early in the crisis in 1993 (p. 12). To make up for this loss, the state created regional insurance entities called Compulsory Medical Insurance Funds (hereafter CMI) which would cover all residents of that region, paid for by a 3.6% payroll contribution from employers (OECD, 2001, p. 97). Most of this money went to healthcare under regional jurisdiction, but Russia’s federal system required budgetary negotiations between regional and local levels.

Unfortunately, poor planning and restricted funding severely reduced the prospects of success for this reform. These CMIs often ended up being the only medical insurance provider in a local area, creating inefficient monopolies (p. 98). This problem was further compounded by federally required regional-municipal funding negotiations. Each of Russia’s regions were

extremely hesitant to let any health funding be transferred to other jurisdictions, choosing instead to use available money to prop up the healthcare that was under their control. Only a third of healthcare funds at most was under the control of CMIs, as a result of the aforementioned regional-municipal budgetary hoarding (Sheiman, 1997, p. 68). Consequently, with only minimal funding injections, CMIs went bankrupt and arrears in these funds alone mounted to 0.1% of national GDP (OECD, 2001, p. 100). Nor were net healthcare costs falling as would be expected due to increased private market competition, since the focus of discussion in the government remained healthcare financing, while the structure of the healthcare system proper still remained very inefficient. Indeed, the OECD noted that despite the Leningrad and Samara New Public Management experiments in healthcare mentioned earlier, there had been a total failure to extend the experiment to the wider system, contributing to the inefficiency (p.104). A system of bribes emerged in which patients were expected to pay doctors out-of-pocket in order to cover the costs of medical care, pharmaceuticals, surgery, and even surgery materials, with those who could not pay being forced to wait – or not receive medical care at all (Sheiman, 1997, p. 68).

Such was the situation of the healthcare system by the end of Yeltsin's reign, and effects of this haphazard liberalization on the population were harrowing. At the time of the collapse of the USSR, the average life expectancy in Russia was 70.13 years; in just two years of neoliberal rule it had fallen to below 64. (Abramova & Abramov, 2007, p. 193-194). There was a sudden spread of infectious diseases as hygiene standards in healthcare facilities were neglected, and a shortage of drugs had a pronounced negative effect. By 1998 almost half of patients were reporting having been admitted on the basis of informal bribes rather than through formal wait-lists (up from 15% in 1994), with many patients being prescribed drugs whose unsubsidised costs were unaffordable (Brainerd & Cutler, 2005, p. 114). As a result, of those living in poverty

in 1997, more than half abstained from the purchase of prescription drugs, 42.8% from dental care, and a third from laboratory tests (OECD, 2001, p. 35). Nor was this phenomenon completely eliminated as income increased, as for those with an income of 4 times the subsistence level, still 20% abstained from purchasing prescribed drugs. Given the very high poverty rates at the time, having steadily climbed to 26.3% by 1999, the state-provided healthcare system struggled in providing for those who could not pay (p. 34).

This issue was not ignored, and indeed, the aftermath of shock privatisation resulted in vast emigration from the country. Further, due to the propensity of males to infectious diseases and alcoholism in that decade, the male demographic was disproportionately affected in terms of mortality (Bennett et al, 1998, p. 1923-1924). In fact, the demographic cost in person-years lived due to the healthcare crisis was “...an order of magnitude greater than the corresponding figure for US casualties in the Vietnam War” (p. 1921). This issue has in part contributed in a steady population decline for Russia ever since 1992. Indeed, much of the support for the moribund Communist Party in the 1996 presidential election came from a resentment against poor living conditions (Kagarlitsky, 2002, p. 178-179). There can be no doubt as to the fact that the health issue was crucial at the time.

Further, Yeltsin attacked the welfare state in what was arguably the most unpopular way possible. Different avenues are available for a government to take while dismantling a welfare state. Rice & Prince (1993) lay out three kinds of methods of welfare state retrenchment which neoliberal governments can employ: programmatic, the use of up-front budget cuts and abolition of programs, which for its straightforwardness is also the least popular method; systemic, the alteration of the “broader political environment”, including the use of PR, changing the context of welfare policy itself, and aiming for future welfare cutbacks; and paradigmatic, the reduction

of support for the very principles underlying social policy development (for example, abandoning full employment as an economic goal), which by virtue of its more hidden nature is the least unpopular (p. 116-124). The Yeltsin government's approach to healthcare was not quite a paradigmatic retrenchment, as Yeltsin himself in 1992 overtly announced that any future healthcare changes must continue guaranteed coverage of all citizens (OECD, 2001, p. 100). Nor was it a systemic retrenchment, as despite the attempted conversion of the healthcare system from tax-funded to employer-funded, it has already been mentioned that NPM practices were not implemented country-wide. The approach Yeltsin took was one of programmatic retrenchment, with direct heavy funding cuts. It should also be noted that the 3.6% financing contribution for CMIs was no new burden on employers, as the 3.6% contribution replaced an equivalent contribution to old age pensions (Sheiman, 1997, p. 69), and so should not be interpreted as a compromise or mollification of unrest.

From the actions Yeltsin and his government took, it was clear that popularity was not a great concern. In favor of Yeltsin's austere policy choices, economic arguments such as the grievous inefficiency and anti-competitive nature of the centrally planned system, the artificially depressed prices, oversupply of professionals, quotas, and the stagnant economy could be pointed out. It is not possible to pin all the blame on health policy either, as shortages across the whole economy, skyrocketing inflation, and declining GDP all played a role in the misery of 1990s Russia. Both social and economic issues doubtless played their role in causing disillusionment with and increasing distrust of the government. However, the 1992 New Russia Barometer survey confirms that dissatisfaction with the government was greatest in the area of social services: only 13% believed that the government adequately "provides social services" (Mishler et al., 2011, p. 36), with belief in the government being "good for the economy"

marginally greater at 16% (p. 36). Even if the disastrous humanitarian situation could not have been foreseen in 1992, the very fact that parliament felt they had enough popular support to attempt to impeach Yeltsin would have sent an undeniable signal as to the unpopularity of his policies.

The Presidential Elections of 1996

Already mentioned in passing, the 1996 presidential election shows in practice just how much Yeltsin was able to ignore his unpopularity. It was a competition between the apparently despised Yeltsin, whose approval rating surveys gave him an average of 2.8 out of 10 at the time (Mishler et al., 2011, p. 42), and the then-popular (if only for his opposition to Yeltsin) leader of the Communist Party, Gennady Zyuganov. However, Zyuganov ended up losing by a margin of 13.5% (Sel'tzer & Toporkov, 2008, p. 45). There is little doubt that the election was not quite fair, as Yeltsin used his control of the media to slander his opponent and deny him TV airtime, the election procedures themselves were suspect, and the country's oligarchs backed Yeltsin (Fish, 2005, p. 51-75). Indeed, anecdotal evidence for electoral fraud continued to come forward years later, as in 2012 even the then-Russian-president Dmitri Medvedev (referring to the 1996 election) said, "there is hardly any doubt who won [that race]. It was not Boris Nikolaevich Yeltsin" (Shuster, 2012, para. 6).

To dismiss the election as entirely fraudulent, however, would be to overlook the implications of its aftermath. No massive riots, strikes or generally large shows of discontent occurred, so clearly there must have been some support for Yeltsin and recognition of the election's legitimacy. Indeed, many were surprised at the unexpectedly strong showing for Yeltsin. Zyuganov complained of "half-starved old women" voting for Yeltsin (Kagarlitsky, 2002, p. 180), and the Communist Party leadership admitted "it seems improbable but it's true ...

the majority of veterans supported [Yeltsin]” (Kagarlitsky, p. 180). “This is almost a paradox”, wrote a liberal newspaper, “many of the people who have received [from Yeltsin] only a worsening of their position ... are supporting Yeltsin” (Kagarlitsky, p. 180). We have already established the suffering and humiliation faced by ordinary Russians due to the healthcare crisis, and these reactions are not ones suggesting that the people were somehow ignorant of the situation’s severity. Perhaps not necessarily a majority, but a very sizeable number were quite willing to accept or endorse the continuation of the hated Yeltsin’s reign. And lest the reader be optimistic that Yeltsin’s popularity rose or that he managed to salvage the crisis afterwards, Yeltsin’s average approval rating would by 1999 fall further to a record low of 1.8 out of 10 (Mishler et al., 2011, p. 42).

Russia and the Risk Society

This state of affairs brings us to the paradox of the risk society in Russia. How did Yeltsin feel sufficiently confident to take, and then continue, this course of action in spite of the suffering and consequent unpopularity it brought with it? It is certainly true that the neoliberal state enabled individual risk management by orders of magnitude more than the Soviet dictatorship. It is also true that corruption was rife and distrust of the state was high. In the risk society, and amidst the distrust of the system following the government’s debacles in all areas, the countrywide discontent should have led to an expression of popular outrage larger than merely turning up for the 1996 presidential election. Still, the Yeltsin government did not come under any remotely serious extra-constitutional attack after the 1993 coup. The state was authoritarian, and in its misguided policies only increased the risks faced by the people rather than reducing them. It didn’t *have* to be Yeltsin – there were many neoliberal oligarchs in Russia to choose from. What

more was necessary for Russians to at least to place that authority in the hands of someone better trusted, a trustworthy government then reversing the trust-crisis dilemma of the new modernity?

Was it that they were simply too demoralised and mutually distrustful to take any action to the effect of eliminating the risk society by placing trusted politicians/institutions in power? Sedov (2007) argues that the popular response to the failure of the government was not a decrease in trust of politics in general, but rather an increase for a desire for a strongman-type politician to put things in order. Sedov points out that surveys of the early 2000s showed that half of Russians believed in some form that the executive should in effect be dictatorial (2007, p. 55). In 1999, Stalin was seen by 35% of Russians a “symbol of state order and grandeur that had been lost” (p. 51), up from 12% before the start of the crisis, in 1989. This does not mean they wanted a literal return to Stalinism, but that a strongman interventionist stand-in for “Stalin” was the solution, rather than the mass action and protest that had taken place against Yeltsin in 1993.

Certainly, belief in a strongman being necessary for Russia may explain why Russians were not particularly angry with Yeltsin for his authoritarianism, but their quality of life had fallen and they knew it. Yet the alternative, Zyuganov, was an unknown quantity. Despite his insistence on moderate change, few knew exactly how far Zyuganov would go in his promised reforms of the situation, and he was not seen as a decisive, strong personality (Kagarlitsky, 2002, p. 178-179). By virtue of the disastrous Yeltsin experience creating a situation where nearly any other course seemed favorable, reform could have meant anything from subsidy increases to a total reversal of privatisation. For this reason, despite the chaos of the preceding four years, Yeltsin stood out as the one constant, the one predictable figure, a strong personality who had at the very least kept the country from political disintegration. This basic element of stability arising from Yeltsin merely occupying the presidential post provided predictability and

decreased perceived possible future damages, and hence allowed for a level of individual risk management possibilities. A Zyuganov victory would have meant the removal of this last constant, along with still more chaos in the risk management equation.

The desire for a strongman, then, should not be interpreted as a simple desire to “go back” to a mystical “golden age” of the Soviet Union’s planned economy. Had that been the case, either Zyuganov would have won outright or at the least there would have been enough unrest in the immediate aftermath to make the uneasy Yeltsin deploy a heavier police presence. Neither of the two happened bar a one-time peaceful march held by opposition parties in Moscow. Russians had *acquiesced* to the risk society, and now valued risk management possibilities in a way they had not done previously. In a study asking Russians whether they had “adapted to the changes ... in the country during the past ten years” (Mishler, 2011, p. 106), 52% said they had already adapted to the new climate in 1999, up from 29% before (p. 106). Even the most intolerable living situation was clearly preferable to losing that sense of stability offered by the oligarchic regime, who on their part were clearly content to let the situation continue.

If the Russian population did indeed acquiesce, then electoral patterns seem to confirm risk society behaviour as well. Reitan’s (2003) study noted a significant and positive correlation between public health and voter turnout in Russia during the 1990s healthcare crisis, with the notable exception of the 1996 presidential election (p. 60-64). As public health decreased, so too did voter turnout (p. 63-64). According to statistical data from the International Institute for Democracy and Electoral Assistance, there was a gradual but continuous decline in presidential election turnout from 74.7% during the 1991 presidential elections to 64.4% in 2004 (IDEA, 2018a). This trend was not limited to the duration of the healthcare crisis proper, remaining unbroken until the 2008 presidential elections, but returned again in the 2012 presidential

elections. While the nuances of that election are beyond the scope of this article, it is worth considering the fact that 2008 saw a nearly 69.7% turnout (IDEA, 2018a) with an overwhelming victory for establishment candidate Dmitri Medvedev (who replaced Putin after the latter had concluded a maximum of two consecutive terms in office), which at first may seem contrary to the association of decreased trust and decreased political participation. However, faced again with a possible decrease in risk management possibilities after the loss of a predictable and stable candidate in Vladimir Putin, it is very much within the risk society paradigm that people would retrench around the closest option to that candidate, attempting to preserve the risk management status quo.

Parliamentary elections faced a similar trend. Given the weakness of the legislature following the 1993 presidential coup, it is to be expected that parliamentary elections would face lower turnouts than presidential ones in those instances where they were conducted independently of presidential elections, as was the case seven times between 1991 and 2018. Again, the trend was one of declining turnout until there was a serious perceived possibility for a change in leadership, (and so risk management possibilities) such as around the 1996 election, or around Putin's absence in the 2008 election. The parliamentary elections in 1995, just prior to the 1996 presidential election saw a turnout of 64.7%, which gradually and continuously declined to 55.7% by the 2003 parliamentary elections; this was followed by a resurgence to 63.7% turnout in 2007, just prior to the Medvedev victory in the 2008 presidential election, but which again gradually and continuously declined to a record low of 47.9% by the 2016 parliamentary elections (IDEA, 2018b). This behaviour of general political passivity, accompanied by periodic risk-averting activity in defense of the stable, familiar, and "safe", would also help to explain the anomaly noted by Reitan; an unexpectedly high turnout of 69.4%

for the 1996 election (IDEA, 2018a) despite the poor state of public health may well have resulted from a rally around the safe and predictable establishment candidate.

What of civil societies, unions, or the like? Certainly, mass action is capable of forcing changes in government policy. There were a number of civic organisations in name at least, from liberal groups such as *Yabloko* (“Apple”), “Democratic Russia”, or “People’s Home” to the nationalist-communist groups like “Great Power”, or “Peace and Unity” (Buck, 2007, p. 655). None of these were happy with Yeltsin’s government. Unions existed and minor strikes did occur, but no concerted front was created nor did coordinated general strikes take place. The first major strike to force sizeable concessions from the government after the 1996 elections occurred only in 1998, when Russia was on the verge of bankruptcy, and the strike proper did not extend beyond miners’ unions (Kagarlitsky, 2002, p. 185-186). Gill and Marwick (2000) explain this phenomenon by noting that unions were seriously weakened by privatisation and subject to harassment, while workers already facing massive wage arrears were hesitant to resist for fear of layoffs (p. 226-230). Lacking the ability to realize their political discontent by means of strikes and overt protest, it seems natural that this discontent would be reflected in the secrecy of the voting booth. Indeed, Richter’s (2006) study showed that support for Yeltsin on the eve of the 1996 elections among workers “in public or private enterprises and institutions” (p. 135) was 65% for those not owed arrears, and fell to 49% among those who were owed (p. 143-144). However, Richter concludes that the result was an increase in votes against *both* Yeltsin and Zyuganov, and that turnout was unaffected by wage arrears (p. 144). He estimates that wage arrears and household poverty cost Yeltsin 4% of the votes among the entire population (p. 133, 140), but this percentage would still be less than a third of his 13.5% lead over Zyuganov in the elections (Sel’tzer & Toporkov, 2008, p. 45).

This is consistent with the conclusion that a very sizeable portion (if not the majority) of people simply did not trust anyone to return them to a time when they could afford essential medicines – that is, if they even wanted a return. Even with the human cost as high as it was, the lack of trust that led to the creation of the risk society in Russia could not be won back by other groups or movements. Indeed, these social movements themselves are often, in the risk society, considered self-serving or under the thumb of a malicious agenda and therefore untrustworthy (Dean, 2012, p. 120).

Conclusion

Despite atrocious and continuously worsening health conditions then, ordinary Russians were either politically paralysed by lack of trust, or simply co-opted into the risk society's individual risk management paradigm, having "adapted" to the changes in the country. No matter what opposed Yeltsin, be it parliament, opposition parties, social movements, or even ordinary voters, the risk was simply far too great that the replacement of Yeltsin would lead to reduced individual risk management possibilities. This paper, then, lends itself to the conclusion that the risk society is in itself a situation nigh-impossible to escape. Trust lost, especially in so rapid a change as happened in 1992 Russia, is not easily regained. The risk society is also self-sustaining, as once a society is immersed in an atmosphere of collective distrust, even well-intentioned movements or seemingly obvious policy decisions may end up being avoided. Indeed, it is then not at all surprising that citizens did not rise up to demand greater risk management possibilities, because they believed any other course of action held a potential for reducing those possibilities. If Beck's "solidarity motivated from anxiety" was reinterpreted not as a cohesive force motivating citizens to band together to attempt a return to a more trustworthy social order, but rather as a force driving citizens to band together to preserve the current risk management status quo for

fear of possible risk management reductions, it may very much help to explain the political choices of Russians in the 1990s.

The ramifications of this for social policy are also concerning. In a situation where a strongly individualistic and distrustful atmosphere – the risk society – prevails, it will be very difficult to change this attitude, however poor conditions may become. Once in the risk society, the paradigmatic retrenchment of welfare has already been completed. No matter the brazenness of opposition, if no one is to be trusted, why then trust the people trying to preserve more comprehensive social policy? Are they not as compromised as everyone else, and even then, who should one choose between two crooks: one of whom “steals” slightly more in taxation or another who “steals” slightly less? It truly is almost a paradox, but concerning any social policy but the most residual, the risk society does seem to be an implacable enemy.

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