

Reviews of James W. McGuire
Wealth, Health, and Democracy in East Asia and Latin America
New York: Cambridge University Press, 2010

As of August 6, 2013

1. XVIth Stein Rokkan Prize Laudation (2011). Awarded by the International Social Science Council (ISSC), the University of Bergen, and the European Consortium for Political Research (ECPR). 2011 Prize Committee: Professor Klaus Armingeon, Universität Bern (chair); Professor Stein Kuhnle, University of Bergen/Hertie School of Governance, Berlin; Professor Peter Mair, European University Institute, Firenze; Professor Manfred Schmidt, Universität Heidelberg.
2. (Anonymous). *Health Affairs* 29.8 (August 2010), 1555.
3. Gerber, James (San Diego State). *Choice* September 2010, Review 48-0397.
4. Bongaarts, John (Population Council). *Population and Development Review* 37.1 (March 2011), 208-209.
5. Wong, Joseph (University of Toronto). *Governance* 24.2 (April 2011), 401-403.
6. Gómez, Eduardo J. (Rutgers). *Journal of Health Politics, Policy, and Law* 36.2 (April 2011), 353-356.
7. Clark, Mary A. (Tulane). *Latin American Politics and Society* 53.2 (Summer 2011), 181-184.
8. Jayaraj, Dhairiyarayar (Madras Institute of Development Studies). *The Developing Economies* 49.2 (June 2011), 230-232.
9. Lo, Ming-Cheng (University of California, Davis). *Contemporary Sociology* 40.5 (September 2011), 607-608.
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12. Lloyd-Sherlock, Peter (East Anglia). *Journal of Latin American Studies* 44.4 (November 2012), 793-794.
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The winner of the XVIth Stein Rokkan Prize for Comparative Social Science Research (2011) is

James W. McGuire
who has written

Wealth, Health, and Democracy in East Asia and Latin America,
Cambridge: Cambridge University Press, 2010.

The importance of scientific works depends on the importance of the questions they pose. James McGuire asks a major question both in scientific and in political terms: What explains variation in levels of mortality across developing countries, and what can governments do to reduce the level of mortality? In dealing with these questions, McGuire focuses on the development of infant mortality. 'To live the life one chooses, one has to be alive' as the author aptly puts it (p.15).

Basically there are two answers to this question. The first answer – wealthier is healthier -- is prima facie the most plausible and empirically well founded: achievement of higher levels of economic development is a precondition for effective social policy. Therefore policy efforts should assign priority to promoting economic growth. According to the second answer, however, the investment in relatively cheap policies such as basic health care, education of young mothers, family planning, sanitation and clean water will have a more substantial effect and can be achieved more easily than major increases in gross domestic product.

In *Wealth, Health, and Democracy in East Asia and Latin America*, McGuire demonstrates that the provision of comparatively low cost social services is a more effective way to lower premature mortality levels than reliance on economic growth. Perhaps even more importantly, he shows that democracy favours the provision and utilization of these services. In this context, the beneficial effect of democracy increases over-proportionately with the duration of a stable democratic regime.

The book is based on a skilful combination of a large-N quantitative study of 104 developing countries in 1990 and a qualitative study of four Latin American and four East-Asian countries between 1960 and 2005. The quantitative and qualitative studies are systematically linked to each other, and both represent the outcome of a major long-term research effort.

The prize committee was impressed by this work not only because of the sophisticated methodology, the broad data base, the intimate knowledge of cases and the innovative and significant findings. It also stressed that this outstanding work speaks to four literatures at the same time: demography, social policy, democratization studies and development studies.

In addition the committee explicitly recognizes a book that has taken a long time to develop. There may be excellent reasons to focus research activity in such a way that

it can be summarized in articles, which are published in a highly competitive process in refereed journals. Major scientific progress may also be achieved by another route, however, one that obliges researchers to focus time and passion on a larger project without necessarily gaining the short-term rewards of journal publication. Sometimes such large projects result in books that are milestones of scientific discovery, and McGuire's book is a prime example of such a milestone.

With *Health, Wealth, and Democracy*, James W. McGuire proves a worthy winner of the Stein Rokkan prize, and at the same times offers a convincing argument to continue writing monographs in the social sciences.

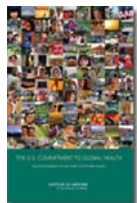
BOOKMARKS

THE U.S. COMMITMENT TO GLOBAL HEALTH: RECOMMENDATIONS FOR THE PUBLIC AND PRIVATE SECTORS

By the Institute of Medicine Committee on the U.S. Commitment to Global Health

Washington (DC): National Academies Press, 2009

278 pp., \$34.20 (free PDF download available)



Any book written by a committee of eighteen people—even if they are all eminent experts, as these committee members are—can sound stiff or pompous and can end up having hortatory chapter titles and subtitles that do not entice readers, such as “Generate and Share Knowledge” and “Address Neglected Health Systems.” But readers who care about global health will persevere in turning the pages of this book despite those drawbacks.

What they will discover is a fine summary of the major outstanding health problems of the world’s population and the systems that try to deal with them. The book proposes numerous recommendations for how the United States can deepen its commitment to global health. The authors urge the United

States to increase its international collaboration, particularly with the World Health Organization (WHO). That implies paying a fair share of the WHO’s budget, lending technical experts as needed, and supporting a rigorous evaluation of the WHO. Other recommendations urge devoting greater financial resources to fighting particular diseases, such as HIV/AIDS, tuberculosis, and malaria, and attacking systemic problems such as poor managerial capacity. The concerns and recommendations expressed go well beyond protecting the United States from international epidemics and include addressing the international health workforce crisis and promoting research in a number of related fields. A free PDF download is available at <http://www.nap.edu>.

WEALTH, HEALTH, AND DEMOCRACY IN EAST ASIA AND LATIN AMERICA

By James W. McGuire

New York (NY): Cambridge University Press, 2010

406 pp., \$27.99 (paper), \$85.00 (cloth)



There is evidence that people value health above income, unless they are extremely poor. There is also evidence that democratic governments pay more attention to what their citizens value than do dictatorships. Therefore, deductive reasoning tells us, democracy is good for people’s

health. James McGuire, a professor in the Department of Government at Wesleyan University, demonstrates the truth of this syllogism through case studies of four Latin American countries—Argentina, Brazil, Chile, and Costa Rica—and four from East Asia—Indonesia, South Korea, Taiwan, and Thailand.

McGuire focuses on services that improve health by reducing infant mortality, since historically most deaths in poor countries occur at very young ages. (In extreme cases, the median age at death has been as low as five, in countries other than the eight discussed in this book.) Wealth matters, McGuire makes clear. But the key to saving young lives is the widespread adoption of inexpensive and highly cost-effective measures such as immunizations, oral rehydration to prevent diarrheal deaths, good care during pregnancy and birth, and improved hygiene. McGuire demonstrates that democracies are better at providing “good health at low cost” than are less-free political systems. His thorough work also puts the capstone on a large and consistent body of research showing that a population need not be rich to be healthy.

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Social & Behavioral Sciences \ Economics

McGuire, James W. **Wealth, health, and democracy in East Asia and Latin America.** Cambridge, 2010. 406p bibl index; ISBN [9780521139342](#) pbk, \$27.99; ISBN [9780521515467](#), \$85.00. **Outstanding Title!** Reviewed in 2010sep CHOICE.

The broad theoretical framework for McGuire's interesting and significant work is the capabilities approach to development as found in works such as *Development as Freedom* (CH, Feb'00, 37-3451), by the Nobel Prize-winning economist Amartya Sen. McGuire (Wesleyan Univ.) focuses on the health component of human development, which he measures with infant mortality. His goal is to empirically understand the relationship between infant mortality on the one hand, and GDP per capita and the public provision of social services on the other hand. Some of his results are reminiscent of Peter Lindert's comparative quantitative history of social spending, *Growing Public* (2 v., CH, Sep'04, 42-0421), in that he too finds democracy to have a positive effect on social spending. McGuire's major contribution is the combination of quantitative analysis with a detailed qualitative investigation of the institutional framework of eight countries in Latin America and East Asia. This enables him to explain anomalies, such as the Chilean case, in which an authoritarian government during a period of declining GDP presided over a dramatic drop in infant mortality (1973-84). This book deserves to be widely circulated among development specialists and is a powerful antidote to narrow theoretical approaches. **Summing Up:** Highly recommended. Upper-division undergraduate through professional readership. -- J. Gerber, San Diego State University

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JAMES W. MCGUIRE

Wealth, Health, and Democracy in East Asia and Latin America

Cambridge University Press, 2010. xviii + 406 p. \$30.00 (pbk.).

Infant mortality rates have declined rapidly in most developing countries over the past six decades, but improvement has been highly variable with Asia and Latin America having generally larger declines than sub-Saharan Africa. The causes of this variation remain a subject of debate. The main competing hypotheses are “wealthier is healthier,” which sees higher incomes as the main driving force, and the social service provision alternative, which emphasizes the importance of government delivery of basic services related to health, education, family planning, safe water, and sanitation. Cross-national data show reasonably strong correlation between GDP per capita and infant mortality—supporting the first hypothesis—but only very weak correlation between growth in GDP per capita and rate of decline in mortality—which is consistent with the second hypothesis. This volume brings a fresh perspective to the debate by combining and integrating public health and political science perspectives. The core of the book consists of case studies of four Latin American and four Asian countries (Argentina, Brazil, Chile, and Costa Rica; Indonesia, South Korea, Taiwan, and Thailand). Each chapter examines how and to what extent infant mortality declines are determined by economic factors on the one hand and provision of social services (health and nutrition, education, water, and sanitation) on the other. The role of political factors is also examined, especially the hypothesis that democratic governments are more likely to implement policies to reduce mortality. The results are mixed, and varying combinations of economic achievement and social service provision have been at work in these eight countries. For example, in South Korea and Thailand fast economic growth contributed significantly to mortality decline, but social services also played a crucial role. In Chile and Costa Rica the provision of social services to the poor produced a mortality decline with almost the same rate of improvement despite slow economic growth and rising income inequality. The role of democratic versus autocratic governments is found to be less clear cut than expected. One explana-

tion is that voters tend to demand curative services rather than preventive services, and responsive politicians prefer to build high-tech hospitals rather than low-tech sanitation services.—J.B.

In *Governance* Vol. 24 No. 2 (April 2011), pp. 401-403.

Reviewer: Joseph Wong, University of Toronto.

Wealth, Health and Democracy in East Asia and Latin America. James W. McGuire. New York: Cambridge University Press, 2010. 406 pp. \$30.00 (paper).

Wealth, Health and Democracy is an excellent study of the determinants of social policy and development outcomes in the global south. James McGuire focuses specifically on infant mortality as the key indicator of “capability expansion,” which he sees as the “core of human development” among the very poor in developing world settings (p. 14). McGuire situates his broadly comparative study against the prevailing conventional wisdom that economic development—and thus socioeconomic indicators of development such as gross domestic product per capita, income equality, and so on—predicts better health outcomes. Chapter 2 provides a large-N analysis of this conventional wisdom, and what McGuire finds is that while the “wealthier is healthier” argument goes a long way in explaining variations in infant mortality outcomes across nations and over time, it fails to capture the whole story. A fair degree of the explaining, McGuire argues, is attributable to the presence and quality of basic and relatively inexpensive health and social services targeting the very poor, and he finds that the effects of such services are positive with respect to reducing infant mortality “even in the context of difficult economic circumstances” (p. 290). McGuire cites several instances during which infant mortality rates steeply declined amid periods of low growth and high levels of inequality, contradicting the economic determinism of the wealthier is healthier perspective.

Chapters 3–10 constitute the core of the book’s qualitative analysis. Each chapter is devoted to a single case study. McGuire draws on national examples in both Latin America (Costa Rica, Chile, Argentina, and Brazil) and East Asia (Taiwan, South Korea, Thailand, and Indonesia). The individual chapters provide detailed historical accounts of socioeconomic development in each case, and also the evolution of specific health and social service policies in education, family planning, the provision of safe water and sanitation, primary health care, and nutrition. The chapters are structured similarly (i.e., parallel headings in each of them), which results in the narrative being a bit wooden in places but which nonetheless facilitates a tight comparative analysis of eight complex cases. The evidence that McGuire compiles is convincing. The quantitative analysis combined with the extraordinarily rich empirical case studies is masterful social science. The book is a must-read for those concerned about

development, and for scholars more generally who wish to learn and teach good social science.

The implications of *Wealth, Health and Democracy* are powerful and provocative. The insights gained from this study are plenty. By unpacking the monolithic idea of the welfare state, McGuire teaches us that in fact the social policies that have the most impact in the context of the global south are those that are inexpensive, accessible in terms of know-how, and thus feasible. He shows that the expansion and even the universalization of health insurance, for instance, are less consequential for reducing infant mortality and that if we are to take seriously the life chances of the poorest of the poor, we would do better by targeting basic social services such as the supervision of nutrition, the provision of milk, the funding of primary education, and the creation of rural primary health-care outposts. McGuire demonstrates how preventative measures ought not to be sacrificed for more expensive curative ones. He shows us that aggregate social spending, the typical metric for determining the size of the welfare state, bears little relationship with infant mortality and long-term survival rates in the developing world.

Wealth, Health and Democracy does not just explain how infant mortality rates are reduced in Southern contexts. McGuire's political economic analysis provides a compelling explanation of why governments choose to develop and make accessible basic social services (and why not). In the concluding chapter, he makes it clear that bureaucratic initiative and international influences are important mechanisms through which decisions are executed. However, what McGuire is most concerned with is the central role that democracy plays in the decision-making process. What is most illuminating in his argument is that democracy is critical not only for its instrumental electoral imperatives, but that the presence and deepening of civil society, a free press, a pluralist discourse, and a more abstract notion of political legitimacy over the longer term feed into this complex process. As McGuire nicely concludes, "democracy promotes the public provision of basic social services, not only through the short-term mechanism of electoral incentives, but also through long-term effects like the ratcheting up of legal rights, the empowerment of communities and the evolution of expectations" (p. 299).

The book can be mined for even deeper, more underdeveloped insights into the development process. No doubt others will further explore some of these insights. What stands out, in my mind, is how the study, like so many others devoted to policy and policy analysis, is centrally focused on outputs, or put another way, the supply side of social policy. There is an expectation that so long as basic social services are provided, then they will be utilized. But as McGuire points out in his analysis of the Thai health card for low-income families, even when ample measures are supplied, there might not be demand. In Thailand, the take-up rate for the health card was low because people were either unaware, unable to afford the transaction costs associated with seeking otherwise accessible health care,

or they simply chose not to use the card “because they did not like to be classified as low income” (p. 241). What this suggests is that though the supply of basic services, as McGuire argues so convincingly, is a significant part of what is going on here, we must also examine how the decision among the very poor to demand or adopt or utilize such services in the first place is determined. This may go a long way in helping us understand what McGuire rightly sees to be the crux of the development problem, which is to do a better job of translating what are obviously feasible solutions across different national settings.

JOSEPH WONG, *University of Toronto*

Review

James McGuire. *Wealth, Health, and Democracy in East Asia and Latin America*. New York: Cambridge University Press, 2010. 414 pp. \$95.00 cloth; \$30.00 paper.

An often overlooked issue in development studies and public health is the comparative politics of infant mortality. Reducing infant mortality has been a vital element in ensuring citizens' livelihood and prosperity, thus fostering long-term development and growth. While both the Barack Obama administration (through its new Global Health Initiative) and the international community have declared reducing infant mortality and strengthening women's health and health systems to be priorities, few scholars have compared different nations' commitment to reducing infant mortality. Now we have a book that does. Combining rich historical case studies with impressive cross-national statistics, James McGuire's *Wealth, Health, and Democracy in East Asia and Latin America* provides an excellent account of why Costa Rica, Chile, Argentina, Brazil, Thailand, South Korea, Taiwan, and Indonesia have varied in their ability to reduce infant mortality.

In brief, McGuire claims that it was not the nations' wealth—that is, their level of GDP (gross domestic product) and domestic spending for

universal health care—that caused variations in infant mortality rates across Latin America and Asia. Instead, the national government's provision of effective social welfare programs emphasizing primary and maternal health care, as well as safe water and education, explained these varied outcomes. While democratic and military regimes did not expand the welfare state to provide universal health care for all, affordable, well-managed, targeted investments in primary health care nevertheless accelerated declines in infant mortality in countries such as Costa Rica, Chile, Taiwan, and Thailand. These findings suggest what matters is not massive health care spending but, instead, well-planned, effective primary health care programs. This book offers a compelling argument based on an impressive methodological design; perhaps its only shortcoming is its reluctance to further explore and test interesting hypotheses that emerge from the detailed country comparisons.

In this book, essentially two types of nations emerged in the effort to control the rate of infant mortality. The best-performing nations saw a rapid decline in infant mortality despite their modest GDP growth levels and social spending. What distinguished these nations—Costa Rica, Chile, Brazil, Thailand, South Korea, and Taiwan—was the presence of several historical and democratic preconditions: first, the national government's historic commitment to providing effective primary health care, family planning, education, and social services for the poor; and, second, the rise of civic movements mobilizing, pressuring, and at times infiltrating the health care bureaucracy. In addition to government interest in adhering to international norms and reputation building, as well as political leaders' leadership and empathy for the poor, these factors contributed to a rapid decline in infant mortality.

In other nations, the absence of these conditions slowed the rate of infant mortality decline. In Argentina and Indonesia, postcolonial bureaucratic commitments to primary health care were not as strong, and these nations did not have well-organized civic movements pressuring their ministries of health for effective primary health care programs. Also, because these nations were marked by adherence to international norms and reputation building and had histories of military suppression of or apathy toward women and the poor, there were few incentives for providing effective services.

Methodologically, this book is a gem. In addition to providing rich historical case studies, drawn from a plethora of sources ranging from archival materials to in-depth interviews, McGuire includes an impressive array of statistical data. Multivariable regression of the impact of GDP

and democratic institutions on infant mortality rates for a large sample of nations was conducted to show that while GDP coefficients in a given year are positively associated with a decline in infant mortality, when measured in terms of rate of change over time, the relationship between the two variables is not as strong. Historical case studies are then used to provide qualitative illustrations of his statistical findings (7). In addition, McGuire shows that long-term democratic trends, such as the presence of elections, also have a positive impact on the provision of social services, a hypothesis that was, as mentioned earlier, supported by rich case-study evidence.

To further illustrate his argument, McGuire also uses within-case analysis. In Argentina, Costa Rica, and Brazil, he shows that the absence of labor suppression, along with the presence of progressive state or community-based initiatives, led to the introduction of effective primary health care programs, which in turn increased these nations' rates of infant mortality decline. Given the limited number of qualitative case studies examined, the usage of within-case analysis is effective and provides an excellent example of what one can achieve with a limited amount of qualitative data.

Perhaps the only drawback to McGuire's comparative method is its ultimate goal: theory development (13). Following the theory-building approach associated with nested analysis,¹ case studies are used for two primary reasons: to illustrate—not test—the aforementioned statistical findings and to formulate alternative hypotheses (13). The case studies on bureaucratic capacity, political stewardship, international reputation, interest groups, informal civic networks, and democratic institutions pose new, important hypotheses. However, some chapters proffer all these propositions, while others do not. McGuire discusses international reputation as a catalyst for reform in some nations, such as Argentina, Thailand, and South Korea, but not in others. But if the goal is to develop gradually a theory that international reputation is important for prompting reforms, perhaps discussing its importance throughout the book would have been fruitful—especially given McGuire's claim that all nations are exposed to international norms and pressures (129).

That said, in the end McGuire provides no qualitative or quantitative confirmation of the newly proposed hypothesis and, consequently, no

1. In a nested approach, scholars begin with a large-*N* statistical analysis, then use case studies either to confirm the statistical findings or to build an alternative theory by using case studies to reveal variables that were not considered in the original statistical analysis.

reason to believe that one or all of them are important preconditions for aggressive primary health care programs and reductions in infant mortality. The reader is left to determine whether issues such as historical legacies, bureaucratic capacity, stewardship, democracy, and international reputation are necessary and perhaps sufficient preconditions for the launching of successful programs.

Despite these shortcomings, McGuire's book provides a seminal contribution to the burgeoning field of political science theory applied to public health. McGuire does a commendable job of carefully blending rigorous statistical analyses with in-depth qualitative evidence. Given the dearth of studies conducting this kind of methodological approach, this book is a must-read for any political scientist working on comparative public health policy.

Eduardo J. Gómez, Rutgers University

DOI 10.1215/03616878-1222748

In *Latin American Politics and Society* Vol. 53 No. 2 (Summer 2011), pp. 181-184.
Reviewer: Mary Clark, Tulane University.

James W. McGuire, *Wealth, Health, and Democracy in East Asia and Latin America*. New York: Cambridge University Press, 2010. Figures, tables, bibliography, index, 406 pp.; paperback \$29.99.

James McGuire breaks new ground by bridging the fields of political science, public health, and development studies. He asks a seemingly simple question: Why do some developing countries do better than others at reducing infant mortality figures? Here infant mortality stands in as a proxy for development, broadly defined as the expansion of human capabilities. Avoidance of early death is obviously a prerequisite to the development of capabilities. Infant mortality figures inform us about the degree to which a population's basic needs for health care, nutrition, water, sanitation, and education are being met. McGuire uses quantitative and qualitative analysis to explore three sets of hypotheses—the first focused on economic growth, the second on public health care spending, the third on democracy—about what causes rapid infant mortality decline.

The first set of hypotheses is called the “wealthier is healthier” approach. It postulates that rapid growth in GDP per capita brings down infant mortality rates, especially when accompanied by low income inequality. The public health approach suggests that higher public spending on health care, along with the provision of basic social services, lowers infant mortality. The political science perspective expects positive associations between democracy, public health spending, and lowered infant mortality.

Using data on the rate and degree of change in infant mortality figures between 1960 and 2005 for 104 developing nations, McGuire finds that wealthier is indeed healthier. It's just that the required acceleration in GDP per capita and shrinking of income inequality are well beyond feasible policy aims for most countries. A more feasible route to reducing infant mortality, according to this analysis, would be to effect change in variables more amenable to public policy, such as increasing the number of years of schooling for females and expanding the percentage of births attended by trained personnel.

Throughout the book, McGuire makes the point that these and other interventions, such as family planning programs, child immuniza-

tion campaigns, and improving water and sanitation, are relatively cheap, given their payoff in mortality declines. The statistical analysis also shows that while democracy is associated with the utilization of mortality-reducing social services, only long-term democracy is associated with lower infant mortality. McGuire admits that the magnitude and robustness of these associations are not as satisfying as we would want.

In the nested analysis pursued in this book, the large-N study found in chapter 2 is followed by eight country case studies, including Costa Rica, Chile, Argentina, Brazil, Taiwan, South Korea, Thailand, and Indonesia. The thick description of these cases attempts to tease out the relationships described above and to illustrate them in historical context. The mix of Latin American and Asian cases also allows this book to contribute to the larger literature on development strategies in the two world regions.

McGuire begins each chapter by describing the country's infant mortality figures for the common starting point (1960) and endpoint (2005). He summarizes the country's performance in terms of the changes in its infant mortality levels and the tempo of those changes. In all cases, McGuire can identify decades of particularly rapid or slow progress. He also informs us at the beginning of each chapter whether the country performed better or worse in decreasing infant mortality than its GDP per capita economic growth figures would have predicted. Thus, in most cases, McGuire sets up a puzzle of superior or inferior performance to be explained by his review of related political and policy developments.

Perhaps the paradigmatic case of dramatic infant mortality reduction under democratic auspices is Costa Rica. Costa Rica did much better in reducing infant mortality than its GDP per capita growth alone would have predicted. This was due to the rapid expansion of basic services such as clean water, sanitation, and family planning, and particularly to a health promotion campaign targeted at the poorest rural (and later urban) dwellers in the 1970s. McGuire argues convincingly that electoral incentives partly explain the pro-poor health drive of the 1970s, when politicians had substantial incentives to woo rural voters. And in the late 1990s, grassroots voices successfully pressured health authorities to sustain the expansion of primary health care teams throughout several changes of administration.

Taiwan comes closest to being the "poster country" for the "wealthier is healthier" perspective. At the end of 2005, it had the highest GDP per capita and lowest income inequality of all the countries studied in the book. Taiwan had also experienced the fastest annual GDP per capita growth of the eight countries. This rapid socioeconomic modernization went a long way toward "naturally" reducing infant mortality via improvements in the standard of living, expanded education, and

declining fertility. But McGuire shows that targeted policy interventions also played a role in Taiwan's success, especially inasmuch as public health services and disease control measures had already contributed to Taiwan's relatively low infant mortality rate at the start of its economic take-off.

Other countries present messier but no less intriguing pictures. Particularly interesting is the relationship between shorter experiences with democracy (in all countries save Costa Rica) and interventions affecting infant mortality. The quality of those democracies, especially in terms of how access to basic public services has now come to be defined as a right of citizenship, ranges from the firmly entrenched in Chile and Brazil to the disappointing experience of Indonesia. In general, the country chapters are hugely ambitious and very informative, although their length and detail make for a challenging read.

Across the chapters, there are at least two counterintuitive findings. One is that some authoritarian governments did a darn good job of reducing infant mortality levels. Particularly noteworthy is the rapid drop in infant mortality during the first decade of General Pinochet's military regime in Chile. While reducing the absolute level of public spending on health care, the Pinochet regime successfully targeted interventions to the poorest. It is not clear why the regime targeted infant mortality, but one of the explanations focuses on the dedication of an individual government technocrat, Miguel Kast (116). This is one of the few times we get a glimpse of what technocrats were thinking as they put successful policy interventions in motion. In general, the role of bureaucratic initiative in formulating, lobbying for, and implementing the relevant public health interventions is underexplored. More information about the policy decision process would shed greater light on what motivated reformers and how they dealt with the inevitable obstacles to their plans.

Another counterintuitive conclusion that spans most countries is that the expansion of formal health insurance schemes had very little to do with the reduction of infant mortality. For example, in Costa Rica, a country renowned for its near-universal public health insurance program, the expansion of coverage was not responsible for the dramatic reduction in infant mortality in the 1970s. Indeed, McGuire argues that sometimes the expansion of health insurance and social security programs actually worked against getting public health services to the poorest. Especially in the Latin American countries with a tradition of strong labor movements, such as Chile and Argentina, health insurance programs often benefited the urban formal sectors but excluded the rural poor and other marginal populations. Union leaders sometimes even blocked plans that would have spread benefits out to poorer sectors.

Wealth, Health, and Democracy in East Asia and Latin America represents superb research on a vitally important topic: why some countries perform better than others on that most basic of development indicators, survival. The way economic performance, public policy, and political competition affect mortality outcomes is extraordinarily complex, as McGuire shows. But the most important policy implication is encouraging. East Asian-style economic growth isn't necessary to attack infant mortality. The Latin American cases, in particular, demonstrate that relatively cheap and well-known public policy interventions work just as well.

Mary A. Clark
Tulane University

In *The Developing Economies* Vol. 49 No. 2 (June 2011), pp. 230-232.

Reviewer: Dhairiyarayar Jayaraj, Madras Institute of Development Studies

Wealth, Health, and Democracy in East Asia and Latin America by James W. McGuire, New York, Cambridge University Press, 2010, xviii + 406 pp.

The goal of this book, in the author's own words, "is to advance the understanding of the nature and causes of national development, and to shed light on policies and circumstances that may promote such development." Following Drèze and Sen,¹ development is assessed in terms of expansion of real freedoms and not just as enlargement of incomes. The author concentrates on a particular freedom: the freedom to live longer. More specifically, the focus is on reducing or avoiding infant mortality and early death.

Infant survival depends on two sets of factors: circumstances at birth and the nutritional and health status of the mother. Mortality due to factors such as birth injuries, sepsis, placenta previa, birth asphyxia, and intrauterine hypoxia could be reduced by improving circumstances at birth through hospitalization and effective obstetrical care.² Hospitalization crucially depends on access to healthcare. However, the other leading causes of infant mortality, such as pre-term birth and low birth weight, are associated with the health and nutritional status of the mother.³ This implies that infant deaths could also be reduced, to a large extent, by improving the nutritional status of the mother, particularly during pregnancy. The nutritional status of a mother depends not only on the amount of food consumed, but also on the nutrient intake capacity of her body. The nutrient intake capacity of the body depends on the presence or absence of conditions like amoebiasis, hookworm infestation, chronic diarrhoea, and malaria. These conditions could be controlled, to a large extent, by the availability of clean drinking water, sanitation, and clean fuel for energy requirements. For this reason, inexpensive public health measures and the provision of clean drinking water and sanitation assumes importance in reducing infant mortality. Reproductive health status, apart from being a function of the amount of food consumed and the nutrient intake and absorption capacity of the body, also depends on the reproductive burden experienced by women. Women who experience repeated pregnancies and births experience "maternal depletion syndrome."⁴ Maternal depletion syndrome is an

¹ Jean Drèze and Amartya Sen, *Hunger and Public Action* (Oxford: Clarendon, 1989).

² United Nations, *Foetal, Infant and Early Childhood Mortality*, vol. 1, *The Statistics* (New York: United Nations, 1954).

³ Shireen J. Jejeebhoy and Saumya Rama Rao, "Unsafe Motherhood: A Review of Reproductive Health," in *Women's Health in India: Risk and Vulnerability*, ed. Monica Das Gupta, Lincoln C. Chen, and T. N. Krishnan (Bombay: Oxford University Press, 1995).

⁴ Derrick B. Jelliffe, "The Assessment of the Nutritional Status of the Community," World Health Organization Monograph Series, no. 53 (Geneva: World Health Organization, 1966).

important determinant of reproductive success and child survival, and through this route fertility control influences infant mortality. From this brief discussion, it is clear that infant mortality reduction depends on a complex interaction of various factors related to income, environment, healthcare, and reproductive behavior.

Having noted the complex interplay of various factors, it is important to note that income growth serves only as an instrument to enhance human capabilities.⁵ Indeed, the results of the econometric exercises presented in the book do indicate that economic growth have significant but rather limited impact on expansion of freedom to avoid early death. It is important to note, in this connection, that apart from income growth there exist other factors which influence the expansion of human capabilities, as observed by Drèze and Sen: “(1) there are many influences other than economic growth that work in that direction [expansion of human capabilities], and (2) the impact of economic growth on human capabilities can be extremely variable, depending on the nature of that growth (for example, how employment-intensive it is, and whether the economic gains from growth are channelled into remedying the deprivation of the most needy).”⁶ The case studies presented in the book to which we turn our attention to in what follows clearly demonstrate that it is important to channel economic gains into remedying deprivation of the neediest for achieving reductions in early deaths.

It is difficult to capture the nuances of the case studies in a short review. Hence, the attempt here is to provide a bird’s-eye view of some general patterns and important contrasts that emerge from the case studies. The book presents case studies of eight countries: four each drawn from Latin America and East Asia. To begin with, in 1960, the four Latin American countries Argentina, Chile, Costa Rica, and Brazil were identified as the richest countries, in that order. However, Taiwan, the third-poorest among the eight societies, emerged as the healthiest country, and Chile, the second-richest country, is ranked the second-least healthy country in 1960. Notice also that Thailand, which was the poorest also emerged as the fifth-best in avoiding early death in 1960. Thus, the case studies reinforce the results from the econometric exercises that suggest that level of income is not the only factor that determines the level of human capabilities across societies. In the process, the case studies suggest that addressing the deprivation of the neediest had played a role in determining the levels of infant mortality across the eight societies compared in the book. Accordingly, the issue of how the countries have addressed deprivation of the neediest is discussed below.

All the eight countries had attempted to address the deprivation of the neediest, though such attempts varied a great deal across countries in terms of coverage, period of introduction, and extent of progressiveness. Accordingly, one could safely say that none of the eight countries relied exclusively on economic growth to improve the health of its citizens. Such attempts to address the deprivation of the neediest had also been found to be effective in improving the survival of infants. For example, in all countries, provision of primary healthcare was given importance, though, as suggested earlier, the coverage and the period

⁵ Jean Drèze and Amartya Sen, *India: Economic Development and Social Opportunity* (Delhi: Oxford University Press, 1995).

⁶ Drèze and Sen, *India*, p. 12.

of introduction of the program varied across countries. As could be inferred from table II.3 (p. 289) in the book, the introduction of the primary health program in every country coincided with sharp declines in infant mortality in those countries. Similarly, provision of clean drinking water, sanitation, school lunches, and maternal nutrition programs were also initiated in most countries as part of the social protection measures by the state. However, two countries, Taiwan and South Korea, had done exceptionally well in improving the health of their citizens. It is worth concentrating on the policies that separate these two countries from the rest.

Taiwan and South Korea appear to lead the list of countries in addressing the issue of the deprivation of the neediest. Both countries had (1) implemented land reforms, Taiwan in the late 1940s and early 1950s and South Korea in the early 1950s; (2) relied on labor-intensive export-oriented growth of the economy; (3) made public investment in basic education from the 1950s; and (4) put in place cautious macroeconomic policies. Consequently, income inequality is observed to be the lowest in Taiwan and second-lowest in South Korea. Land reforms, redistribution of the means of production, probably aided faster economic growth in these countries. As a result, Taiwan, from third-poorest in 1960, had emerged as the richest, and South Korea, from fourth-poorest, had emerged as the second-richest among the eight countries compared in the book. Notice also that, assessed in terms of infant mortality rate, South Korea and Taiwan had emerged as the healthiest countries in 2005 among the eight countries studied in the book. It could be inferred from the discussion that land reform and labor-intensive growth appear to be the two factors that separate the two most successful countries from the rest.

There is a clear and unambiguous message in the book for planners and policy makers. The message is that the expansion of human capabilities crucially depends on alleviating deprivation of the neediest, and in any such attempt land reform needs to play a central role. The organization of the book makes it difficult to directly access this message. A different chapter scheme might have helped to reduce the size of the book, and allow access to the central message more directly. In the present scheme for each country, a chapter is devoted to discussing progress made in various dimensions, and there is considerable repetition which, in my view, is unavoidable. For example, in the chapter on Taiwan, South Korea's progress in different spheres is compared, and in the chapter on South Korea, Taiwan's progress in different spheres is compared. Such repetitions make the book tedious to read and more importantly make it difficult to access the central message. An alternative scheme such as the one suggested here might help to avoid such repetitions. In this scheme, it is suggested to leave the first two chapters as they are. Following the two chapters, a chapter each could have been devoted to comparing and contrasting (1) progress, and (2) the role of the state in assisting such progress in all selected countries in each sphere: nutrition, healthcare, education, land reform, labor-intensive growth, and sanitation and clean drinking water. The final chapter could have been devoted to assessing the impact of such progress in different dimensions to expanding the capability to avoid infant death.

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the plethora of changes in the world of work and family. It is also a practical guide to policy makers regarding the features in designing pension policies to which one has to pay attention, in order to achieve not only prevention of poverty risks for all, but also gender fair results.

Wealth, Health, and Democracy in East Asia and Latin America, by **James W. McGuire**. New York, NY: Cambridge University Press, 2010. 406pp. \$30.00 paper. ISBN: 9780521139342.

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In *Wealth, Health, and Democracy in East Asia and Latin America*, James McGuire offers a cogent and provocative argument about the connections between democracy and health in developing countries. McGuire focuses on the decline of infant mortality as his key indicator of public health and development achievement, arguing that avoiding premature death is key to "an individual's capacity to live the life that he or she has reason to choose" (p. 1). Analyzing this focus consistently and systematically throughout the book, the author builds his core argument that provisions of relatively low-cost basic public health services are more important for lowering infant mortality than either the rate of economic growth or the amount of public health spending. What factors, then, would encourage the governments in developing countries to extend basic public health services to the populations that are most vulnerable to premature death? McGuire contends that long-term democracy is an important factor, not only because democracy may generate electoral incentives for government to adopt pro-poor policies, but also democracy generally cultivates the political environment for the mobilization of issue networks as well as the political culture in which disadvantaged citizens come to expect and demand social equality and human rights.

Wealth, Health, and Democracy relies on both qualitative and quantitative analysis. The introductory chapter sets up the

framework for how the book dialogues with the literatures on public health and comparative politics of development. Chapter Two offers a detailed quantitative analysis of 105

cases, followed by eight chapters of case studies (four developing countries in Latin America and four in Asia). The concluding chapter revisits the book's major theoretical arguments.

The evidence that McGuire marshaled together in this study is truly impressive. The book's massive amount of data on health policies and various health indicators makes it a goldmine for researchers interested in comparative politics and single cases alike. On the theoretical front, the book broadens the conventional framework of discussions on development; drawing on Amartya Sen, McGuire challenges scholars to conceptualize development not only in terms of economic growth, but also citizens' capacities. In this light, the argument that democracy encourages certain health-promoting policies is particularly innovative, as it depicts authoritarian developmental states *not* as a necessary evil that citizens in developing countries have to endure for the sake of development, but as a fundamentally flawed engine for development itself.

While readers will appreciate the clarity of McGuire's core arguments, they will also find it interesting that these arguments are nuanced and, in some cases, inadvertently qualified, in his case studies. On the ground, the connection between democracy and public health services appears to be more complicated and at times not entirely sustainable. For instance, in Taiwan, South Korea, and Chile, the author shows us that most of the basic health services responsible for bringing down infant mortality rates were established under authoritarian rules. (McGuire argues that, for Chile, the democratic years preceding Pinochet contributed to cultivating a certain political culture. But even if this were true, the same pattern does not exist in Taiwan or South Korea.) Conversely, in Indonesia, Suharto is depicted as a populist leader who was sympathetic to the rural poor, but ultimately did not do enough to provide basic health services to this population. The author explains this puzzle by invoking various factors, including the rural dwellers'

priorities, Indonesia's geography, and institutional arrangements—factors that are not directly related to the absence of democracy. Furthermore, McGuire's interesting historical studies reveal that, as much as democracy can empower the poor, democracy is equally likely to encourage the mobilization of the not-so-poor, which channels resources away from the poor *while* allowing the government to claim the credit for having responded to the will of the "people." This empirical pattern suggests that it is the successful mobilization on behalf of the poor, not democracy *per se*, that may put pressure on the government to provide basic health services. This observation is important in and of itself, yet it is not fully incorporated into the book's theoretical arguments.

McGuire's book raises important questions for future scholars to consider, even if it does not fully address them. One such question relates to the "deviant" cases—countries that have successfully brought down infant mortality without having democratized (such as China), and countries that have democratized yet continue to suffer persistently high infant mortality (such as India). It would be unfair to question why the author did not incorporate these two cases into his study, but future research can benefit from extending and qualifying McGuire's theory by considering these two rapidly-developing countries. Similarly, some readers may find it less than entirely satisfying that, as creative as the author is in applying Sen's capacity theory to development theories, the book focuses on a single indicator, infant mortality, as the measure of citizens' capacities. It may be fruitful for future studies to expand McGuire's endeavor, exploring the potentially multifaceted role of citizens' capacities in the reconceptualization of development.

Wealth, Health, and Democracy in East Asia and Latin America is a well-researched study that offers an innovative theoretical argument. It will no doubt be an important contribution to studies of public health and comparative politics of development.

Divergent Social Worlds: Neighborhood Crime and the Racial-Spatial Divide, by **Ruth D. Peterson** and **Lauren J. Krivo**. New York, NY: Russell Sage Foundation, 2010. 157pp. \$37.50 paper. ISBN: 9780871546937.

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In *Divergent Social Worlds*, Ruth Peterson and Lauren Krivo address the important questions of whether, and why, there are differing crime levels based on the racial/ethnic composition of neighborhoods. The most striking characteristic of this book is the tour de force scholarship represented by the data collection undertaken. The authors attempted an incredibly daunting task: collecting crime data for neighborhoods (generally defined as census tracts) in nearly 100 large cities selected randomly. Such a data collection is unprecedented, and that collection effort alone is worth the price of admission. Anyone who has dealt with a police department in an effort to obtain data on crime events in neighborhoods understands the difficulty of collecting such data for one or two cities. To do so for over 90 cities is amazing.

The payoff of this large data collection is the important narrative that Peterson and Krivo are then able to weave. Although prior research has illuminated the neighborhood processes that occur within a single city, this study sheds light on how these processes differ across numerous cities. An important theme is the divergent worlds of whites and minority groups (particularly African Americans), and the consequences for levels of crime. Although the fact that minority groups live in more disadvantaged neighborhoods with more crime is not novel, the documentation of these facts is useful, and the narrative provides genuine insights. After an introductory chapter that provides a brief historical context for race relations in the United States, four analytic chapters explain this process.

The first analytic chapter describes the degree of segregation that exists between racial/ethnic groups in the United States, especially between whites and African Americans. Although pointing out the existence of such segregation is not novel, the

Book Reviews

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In the fields of public health and comparative politics, little is known about the politics of children's health and infant mortality. Despite the obvious importance of this topic—it is one of the key policy initiatives in President Barack Obama's 2009 Global Health Initiative as well as a central policy initiative among international health organizations—policy makers and scholars know little about how nations respond to infant mortality. Reducing infant mortality has been viewed as important for ensuring individual prosperity and long-term growth in developing nations. Yet few if any political scientists have addressed this issue. Most comparative scholars are often drawn to bigger topics, such as HIV/AIDS, which conjures up a lot more media attention and funding. Nevertheless, we now have James McGuire's book that not only compares nations on the politics of infant mortality decline but also displays methodological rigor, theory advancement, and impressive historical scholarship.

McGuire's primary claim is that the wealth of nations, that is, the government's level of GDP (gross domestic product), does not determine its ability to reduce infant mortality. Instead, the government's provision of well-financed, well-managed, and well-targeted social welfare services—especially primary health care—does. Although the presence of democratic elections certainly encourages politicians to provide these services, mainly it is the presence of a long history of well-implemented social welfare policies that distinguishes nations in their effort to curb the spread of infant mortality. Although McGuire submits both telling statistical data and rich historical analysis, in the end the only limitation to his methodological approach is its overall goal, that is, theory building rather than establishing broader claims about the political preconditions necessary for a successful government response.

McGuire begins his book by introducing sophisticated multivariable regressions examining the claim that country wealth influences infant mortality; moreover, he examines if the long-term presence democratic elections leads to a rapid decline in this outcome. By obtaining data from several international and country sources—that alone is quite an accomplishment—McGuire shows that country wealth does not necessarily predict government success in reducing infant mortality. And this is especially the case when one examines mortality rates over time, rather than focusing on a particular year. On the other hand, the presence of democratic elections, freedom of speech, citizen mobilization, and long-term social expectations of state assistance is shown to have a positive effect on infant mortality through the increased provision and utilization of mortality-reducing services.

McGuire then provides an in-depth comparative analysis of several Latin American and East Asian countries: Costa Rica, Chile, Argentina, and Brazil, followed by Thailand, South Korea, Taiwan, and Indonesia. Drawing on extensive archival evidence, interviews, and published material, McGuire supports his overall claim that the construction of effective national social welfare services mattered more than country wealth as well as democratic institutions. Country evidence is essentially divided into two groups: effective national government responses and faster declines in infant mortality, versus weaker government responses and a more gradual decline in these outcomes.

With regard to those nations exhibiting more aggressive responses, as seen in Costa Rica, Chile, Brazil, South Korea, Taiwan, and Thailand, the historic presence of state-driven social welfare programs, political stewardship, international reputation, democratic elections, and social expectations of social welfare assistance prompted elites to implement effective primary health care programs, even during periods of low economic growth. In contrast, in Argentina and Indonesia, the absence of historic state commitments to constructing effective social welfare (especially primary care) programs, apathy toward international pressures and reputation building, low levels of bureaucratic capacity, and indifference to interest group pressures created few incentives for political elites to respond in a similar manner.

But where did these alternative hypotheses come from? They stem from McGuire's overall methodological goal, that is, theory building rather than establishing generalizable claims (see p. 13). Indeed, realizing that the presence of effective state health and social welfare programs could not explain the entire story, McGuire used each historical case study to flush out other causal factors that may have been important in explaining variations in infant mortality rates, such as bureaucratic capacity, international reputation, interest group pressures, civic movements, long-term social expectations of state assistance, and electoral incentives. But there are two problems with this

approach. First, only a handful of cases exhibited the presence of all of these alternative hypotheses (e.g., South Korea, Chile, Brazil, and Thailand), thus limiting McGuire's ability to demonstrate which were more important. Second, there was no effort to empirically test these alternative hypotheses, thus falling short of accomplishing his overall goal of developing a theory about the conditions most conducive for a decline in infant mortality.

Nevertheless, these limitations pale in comparison to the overall methodological design of this book. In addition to being very clear and candid about his overall methodological intentions, this book combines large-*N* statistical analysis with not only historically rich case studies but also within-case analysis. In Chile, Argentina, and Brazil, for example, McGuire scaled down to the state level to show that the presence of conditions absent at the national level, such as long-term state-level commitments to providing effective health care programs, bureaucratic capacity, and electoral incentives, led to a faster decline in infant mortality rates when compared to the national level. This provides an excellent example of what can be achieved with few case studies that are nevertheless rich in subnational political activity, history, and policy outcomes.

In closing, McGuire's book provides a seminal contribution to an emerging field in comparative politics. Not only does it advance our understanding of the politics of domestic and international health, but it also builds on existing theoretical frameworks discussing these issues while highlighting the importance of examining other neglected diseases. HIV/AIDS is not the only health threat curtailing a nation's development potential. Therefore, I join McGuire in suggesting that comparative scholars begin to explore the politics of infant mortality and other diseases that arguably pose even more challenges to a nation's developmental trajectory, such as TB, chronic heart disease, and, more recently, obesity and type 2 diabetes. That said, McGuire's focus on infant mortality, as well as his innovative methodological approach, provides a must-read for any serious scholar and policy practitioner striving to better understand the conditions under which nations are most effective at combating health epidemics.

Wiliarty, S. E. (Ed.). (2010). *The CDU and the Politics of Gender in Germany: Bringing Women to the Party*. Cambridge, UK: Cambridge University Press.

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Under what conditions has the German Christian Democratic Union (CDU) responded to gender policy demands since the 1960s? Sarah Wiliarty's insightful book addresses this question by building on the work of seminal party

feminist-inspired family planning programs within his broader struggle against poverty, noting that “he viewed family planning as a means to reduce poverty, rather than to promote women’s rights” (p. 91). Rather than let us think that this sort of behavior has no precedent, earlier in the book Ewig points to “a continuum of policies in Peru dating back to the nineteenth century that have viewed women’s bodies as a tool of economic development” (p. 7). More specifically, it has been indigenous women’s bodies that have been devalued, manipulated, and controlled.

As Ewig rightly notes, references to and theories of intersectionality are increasingly common. She discusses the value of an intersectional approach and takes into consideration gender, race, class, and location in examining the development and implementation of health reforms and policies to provide a well-balanced theoretical, as well as empirical, analysis. While its focus is Peru, the sort of analysis and general categories presented here could also serve as a useful model for scholars focusing on the health sector and its impact on individuals in other regions of the globe. It is also part of a growing and recent body of work by feminist scholars that engages and further develops intersectional lenses to examine institutions, individual lives, and policies in Peru. Ewig does not refer to any works by these authors, yet Jelke Boesten’s *Intersecting Inequalities: Women and Social Policy in Peru, 1990–2000* (2010) on women and social policy, as well as my own book, *The Woman in the Violence: Gender, Poverty, and Resistance in Peru* (2010) on intersecting forms of violence in mestiza and indigenous women’s lives, both published in the same year as Ewig’s book, also employ and refine intersectional lenses to provide both theoretical and empirical examinations of contemporary issues relevant to Peruvianist gender studies.

Ewig’s research included interviews with feminist activists in NGOs. She refers to Peruvian feminists in many parts of the book, particularly in discussing their relationship to the state under Fujimori and how his co-optation of feminist discourse to promote family planning services resulted in large-scale human rights abuses. Through her interviews, she found that feminists were interested in family planning but generally disengaged from broader activism and discussions dealing with health-sector reforms that were not directly related to family planning. She also notes that feminists were divided regarding their allegiance to the Fujimori government. A different approach could have included a more in-depth discussion of feminists’ relationship to race in Peru historically, and of how those feminist legacies may have affected contemporary views and activism. At points, I also wanted to know more about the educational, geographic, racial, and class background of feminists she referred to, and of the relationship of individual, self-identified feminists to the state. The book, however, contains a significant amount of information and this is one small point

among many other very good points and analyses provided by the book.

Because of its multidisciplinary grounding and multi-method approach, *Second-Wave Neoliberalism* may be an especially good fit for interdisciplinary courses, such as those in gender and women’s studies and Latin American studies, as well as for methods courses. It would also work well in political science, anthropology, and sociology courses and for those interested in health policies. In 2012, a Spanish edition of the book will be published in Peru, making Ewig’s work accessible to even more readers.

Wealth, Health, and Democracy in East Asia and Latin America. By James W. McGuire. New York: Cambridge University Press, 2010. 424p. \$99.00 cloth, \$29.99 paper.

Challenging Neoliberalism in Latin America. By Eduardo Silva. New York: Cambridge University Press, 2009. 336p. \$89.00 cloth, \$28.99 paper.
doi:10.1017/S1537592712000886

— Frances Hagopian, *Harvard University*

Democratic governments in all developing countries today face the daunting challenge of extending social welfare in an age of global free trade and mobile capital while simultaneously balancing the books. In Latin America, they have the added burden of ameliorating inequalities generated recently by the market’s expanded role in the provision of goods and services, as well as those inherited from a development model that unequally distributed economic resources, opportunities, and basic rights of citizenship. Unlike the experience in East Asia, where the model of export-oriented industrialization once critiqued for its exploitation of cheap labor eventually resulted in better-educated labor forces and greater equality, children of the rural and urban informal poor in Latin America often died before they stepped foot in school.

The two books under review, while focusing on quite different questions—episodes of mass contention against neoliberal reform in Latin America and health-care outcomes in several countries of Latin American and East Asia—both engage enduring questions about the sorts of governments, strategies of economic development, and particular features of economic and social policy that are best equipped to provide public goods to their citizens. They allow us to entertain the possibility that state and market reforms need not always be exclusionary, just as they alert us to the political fallout and disastrous consequences in human terms when they are.

Challenging Neoliberalism in Latin America seeks to explain why waves of mass protests swept four countries that experienced such reform—Argentina, Bolivia, Ecuador, and Venezuela—to the point that they forced elected presidents out of office. Drawing from rich ethnographic accounts that include testimonies from participants, the book impressively traces the roots of protests that many,

blinded by a single-minded focus on a traditional labor movement weakened by soaring unemployment and deindustrialization, did not see coming. Contentious politics among the unemployed, landless, and the just plain poor in far corners of national territories was initially made possible because declining unions adapted, embraced informal sector workers, and lent their knowledge of organizing to new groups. But it was only when protests shifted from the workplace into urban neighborhoods and rural communities that unemployed miners and oil workers, retirees, teachers, displaced coca growers, and mothers struggling to feed their families could find common cause and contention could become so widespread. Moreover, protesters that could not stop production developed new tactics to disrupt commerce—pickets of the unemployed flown in, roadblocks of key ground transport routes, and the turnout of entire towns to back up those on the front lines of antigovernment protest.

Episodes of contention had multiple triggers and targets. Some protests were clear reactions to the injustice of rates of unemployment that reached 45% in some areas, but others—like protests against spikes in food and gasoline prices that resulted from cuts in government subsidies—have a long tradition in Latin American politics. Still others, such as demands for rights to indigenous language, customs, and control of natural resources and land and against coca eradication, were not necessarily motivated by neoliberal reform. Although the reader may have wished that Eduardo Silva had not labeled all varieties of protest in all countries as anti-neoliberal and that he had parsed his explanation for the disparate origins of protest, he crucially draws our attention to the transformation of these diverse protests, whatever their origins, to broader movements opposing privatizations and International Monetary Fund and free-trade agreements; to their relocation from the provinces to the capitals; and to the shift of their targets from neoliberal economic policies to the *governments* that implemented them.

What accounts for such impressive outpourings of public anger? Invoking Karl Polanyi's (*The Great Transformation*, 1944) classic notion of collective defense against market society, Silva treats the mobilization of protest against state and market reforms as a natural response to neoliberal policies that impoverished the population in the service of international capital. Yet as we know from decades of theoretical and empirical advances in the field of contentious politics, deprivation and genuine grievances do not inevitably lead to protest. His welcome use of divergent cases where protest failed to materialize in the 1990s—Peru because of repression and Chile because of remedial government action to expand social protection—moves us in the right direction but does not really settle the questions of when and why specific grievances became powerful waves of contention. It suggests, that barring

repression and remediation, a steady accumulation of citizen frustration over economic exclusion, political betrayal, and repeated violations of electoral mandates by arrogant governments under pressure from international creditors will eventually boil over.

Yet the historical record does not confirm such a linear progression. In Argentina, for example, Carlos Menem resoundingly won his reelection bid in 1995 despite 17% unemployment and a neoliberal surprise implemented largely by decree. Why was neoliberalism tolerated in 1995 but not in 1999? Possibly, as Susan Stokes contended in *Mandates and Democracy* (2001), citizens forgave mandate violations when economic outcomes were good, at least in the sense that prices were stabilized, but not when the economy tanked. Or perhaps public tolerance for mandate violations wore thin when governments were repeat offenders, and the people, fooled once by price stability, were not apt to be fooled twice. There is a third possibility. Although *Challenging Neoliberalism* implies that all protest against neoliberal reform—even that with the explicit goal of removing elected presidents before the end of their terms in office—is legitimate, governments may also have fallen victim to disloyal oppositions.

Indeed, is *any* state and market reform admissible? While most readers of goodwill join Silva in objecting to shredding social safety nets for the most vulnerable, reasonable people might disagree about the desirability of providing free university education for the elite, investing state resources in antipoverty programs rather than modernizing steel mills, and reducing the privileges of upper- and upper-middle-class public sector employees in order to extend the provision of basic education, health, and human services to the rural and informal poor. Is it ever possible to do the latter without the former?

Wealth, Health, and Democracy in East Asia and Latin America zeroes in on precisely this possibility in the context of the provision of public health and, specifically, lowering infant mortality rates and raising life expectancy. By means of statistical analysis and eight careful case studies, James McGuire contends persuasively that wealth alone does not determine mortality rates, but that public policy plays a critical role through the provision of basic health care, one of the most fundamental of human rights. The book rigorously analyzes four Latin American and four East Asian cases, with an ideological objectivity that is as refreshing as it is rare, and that guarantees the book will be an essential reference in the comparative literature on social policy in developing countries.

Contrary to the long-standing assumption that the best way to reduce poverty is first to grow, McGuire's study finds that the best way to keep children alive is not to give all priority to economic growth. While economic wealth does tend to determine the level of infant mortality, the causal relationship between faster growth and steeper rates

of decline is weaker. Some of the periods of sharpest decline in infant mortality, moreover, came during decades of anemic growth when inexpensive programs that included health education, family planning, and water and sanitation services were made available to the very poor. Once having definitively demonstrated the critical role of the targeted public provision of basic health care to the needy, McGuire tackles the question of where the impetus to public provision comes from, especially since not all of the success stories showcased in the book were democracies. More important than regime type, the author contends, is the “habit” of democracy, and the inculcation over the long term of what citizens could come to expect of their states. Even dictators worried about their base of support and international reputation, taking care to cultivate their reputations.

McGuire chose his cases to highlight different democratic traditions and growth rates—his variables of primary interest. But they are also instructive for what they say about the possibilities and pitfalls of neoliberal economic reform. Paradoxically, in the most ruthless of neoliberal experiments the world has perhaps ever known—the bloody dictatorship of Augusto Pinochet in Chile—infant mortality rates fell precipitously. After leveling off, they fell again impressively after a democratically elected center-left coalition assumed the presidency in 1990, but that government, which invested more resources in health-care provision, did not dismantle Pinochet-era neoliberalism. In Brazil, economic reform inspired episodic protests against IMF agreements, privatizations of state-owned enterprises, and the restructuring of state commitments to public sector workers, but it also enabled successive governments, beginning in the mid-1990s, to transform Brazil from a “laggard” to a “leader” in the provision of basic health care to vulnerable populations. In East Asia, the impressive decline in infant mortality rates in Taiwan is attributable not to the introduction of universal health insurance in the mid-1990s but to “shared growth”—a rapid rise in GDP per capita coupled with the most equitable distribution of income outside of Europe—and the effective public provision of basic health-care services to the poor in earlier decades. South Korea, which first had to recover from the ravages of war in the 1950s, also dramatically reduced infant mortality with rapid growth and low income equality, as well as the provision of family planning, water and sanitation, and maternal and infant health care and nutrition.

McGuire’s conclusions are unambiguously hopeful. While shared growth and long democratic traditions are most propitious, it would seem that any government that sets its mind to it can scare up the resources to keep children alive, make them healthier, lay the foundation for them to lead productive lives, and serve the cause of social justice. Hope can turn to heartbreak and rage, however, when his account is juxtaposed to Silva’s. The reader of

both books will inevitably ask, given McGuire’s powerful conclusions: What level of ideological blindness or sheer greed would allow any government to stand by while children die of preventable diseases? It is to be hoped that these works will contribute to ensuring that citizens demand that governments apply these lessons to the improvement of the human condition.

The Quality of Government: Corruption, Social Trust, and Inequality in International Perspective.

By Bo Rothstein. Chicago: University of Chicago Press, 2011. 304p.

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— Robert Klitgaard, *Claremont Graduate University*

What is “quality of government” (QoG)? How much does it matter, and why? And—a crucial practical issue for a world in need and upheaval—how can it be improved?

To address these questions, Bo Rothstein deploys philosophy, statistics, psychological experiments, and history. He reviews what political scientists have written, adds a touch of public administration, and occasionally refers to the work of economists.

Citing John Stuart Mill, John Rawls, and Brian Barry’s *Justice as Impartiality* (1995), Rothstein boils down good government to impartiality, which is different from, and conceptually preferable to, democracy, the rule of law, and efficiency/effectiveness. Democracy is rejected because “it is not difficult to find examples where a majority of voters support corrupt politicians, clientelism, and outright discrimination against ethnic minorities” (p. 13). For Rothstein, political legitimacy is less about democracy than about the government’s impartiality in implementing policy (p. 92). The impartial administration of public programs, he argues, leads to better implementation, with the result that those programs are better funded, more popular, and more effective—and this in turn leads to more trust and well-being.

Health is one example: “The main finding is that ‘good governance’ is a critical factor in making national health care systems work, and that public spending on health care is inefficient with low QoG” (p. 65). Social welfare is another. Among 18 countries of the Organization for Economic Co-operation and Development, higher QoG is positively related to the size and generosity of the welfare state and to the effect of working-class mobilization on welfare state generosity.

Conversely, bad government causes many social evils: “Since social trust is an important intrinsic value (personal happiness, optimism about the future) and also has a political value (support for fair institutions, minority rights, tolerance, etc.) and an economic value (its positive relation to individual earnings and aggregate economic growth), it may be that dysfunctional government institutions are the worst social ill of all” (p. 162).

Book Reviews

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James McGuire, *Wealth, Health and Democracy in East Asia and Latin America* (Cambridge and New York: Cambridge University Press, 2010), pp. xviii + 406, £55.00, £17.99 pb; \$95.00, \$29.95 pb.

There is an established tradition of comparing the economic performance of Latin America to that of various parts of Asia, but less has been done to develop regional comparisons of welfare performance. James McGuire's book does much to fill this gap and will also be of interest to anyone concerned with the relationship between politics and public policy. This is an ambitious volume, both in terms of its geographical scope and the scale of the issues it addresses. McGuire's fundamental question is whether democracy can be demonstrably linked to improved health outcomes for the poor. His answer is that it can.

Chapter 1 reviews orthodox explanations of mortality decline, including the 'wealthier is healthier' view and the effect of total public health spending. It also justifies the book's focus on child mortality, with reference to wider indicators of well-being, human capability and development. This is followed by a chapter providing a multiple regression of key factors understood to be associated with mortality reduction across 105 low- and middle-income countries in 1990. As well as the conventional socio-economic factors (female education, nutrition, and so on), McGuire includes a set of political determinants based on the quality of democracy (including electoral competition, executive power concentration and strength of opposition). Interestingly, these show that democracy is associated not with overall levels of health spending, but rather with higher rates of utilisation of the sorts of basic services that do the most to reduce infant and child mortality. Put simply (and doing some injustice to the sophistication of McGuire's argument), he demonstrates that 'democracy' (according to his criteria) is good for pro-poor health policies.

This large-scale comparative analysis is followed and complemented by eight country chapters, which provide case studies of four Latin American countries (Argentina, Chile, Costa Rica and Brazil) and four Asian ones (Taiwan, Thailand, South Korea and Indonesia). These country studies form the main part of the book and provide a satisfying combination of statistical analysis and more informed and nuanced work. McGuire selects countries that do not fit neatly into the predictions of his regression analysis and explores mortality trends over a 50-year period. A final chapter includes some comparative analysis of the case studies and relates them back to the quantitative analysis.

Each country chapter follows the same structure. Initial sections review available data on growth, poverty and mortality rates. This is then followed by a discussion of the wider determinants of infant and child mortality, such as access to education, nutrition and sanitation. Each chapter then focuses on health services, providing an overview of the health sector (including its historical development) and assessing the extent to which it has helped or hindered infant mortality reduction. Finally, each

chapter examines the wider political drivers of health services and public policy, including the development of democratic traditions, the role of interest groups and the strength of pro-poor electoral incentives. By following this structure, each chapter provides a comprehensive and sure-footed analysis of mortality trends linked to wider national development experiences.

McGuire's main argument is that infant mortality rates, as well as other health outcomes, are significantly determined by the provision of cheap, basic and relevant health services to the poor. He rightly observes that these services are easily affordable, regardless of national economic performance, but that different countries have implemented them to varying degrees. McGuire argues that this variation is primarily driven by political factors and that, defined broadly, an established democratic tradition is associated with better service provision for the poor.

McGuire's thesis stands up remarkably well against the wealth of evidence reviewed in the book, and I had no sense that evidence had been filtered to support it. McGuire recognises that the link between electoral politics and health for the poor is neither inevitable nor simple. In the case of Argentina, for example, the dominance of Peronism reduced genuine competition for the votes of the poor and hence the urgency of pro-poor health policies. Labour aristocracies can capture notionally democratic regimes and promote policies focused on relatively privileged groups. McGuire does not deny that non-democratic regimes, most notably Chile under Pinochet, did rather more to reduce child mortality than their democratic predecessors, although he attributes much of the credit for this to the establishment of democratic traditions over previous decades. Rather than weakening McGuire's main argument, demonstrating the complexity and, in many cases, indirect nature of links between democracy and pro-poor health policies makes his position more nuanced and persuasive.

In fleshing out his main argument, McGuire makes a large number of important and sometimes original observations. For example, he questions the widely held view that decentralising health services enhances outcomes, showing that this is context-dependent. He shows that Indonesia's decentralisation has probably done more harm than good, leading to a shortfall of funding at the local level and a disconnection between central policy-making and local implementation. Brazil's decentralisation appears to have done more to enhance outcomes, but was linked to the establishment of a unified, universal health system and upgraded resourcing. McGuire questions the usefulness of health insurance in enhancing access to basic services, observing that it can deflect resource allocation to less essential services. This focus on the supply of basic service provision challenges a strong demand-side bias in global health policy. More generally, the discussion of influential individuals such as Chile's Miguel Kast and Brazil's José Serra, and of issue networks, is both revealing and fascinating. The Asian chapters are less rich in this respect, but this is understandable since McGuire's main expertise is in Latin America.

Given the importance of the issues it addresses and the range and depth of its analysis, this book is a must-read for anyone interested in public health and development, or the relationships between political processes and social policy. It will be going straight to the top of my course reading lists.

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PETER LLOYD-SHERLOCK

James McGuire
Wealth, Health, and Democracy in East Asia and Latin America
Cambridge, 2010, 406 p.

Reviewed by Sara Niedzwiecki
University of North Carolina, Chapel Hill

Niedzwiecki, Sara (University of North Carolina, Chapel Hill).
Critical Reviews on Latin American Research 3 (2013) http://www.crolar.org/index.php/crolar/article/view/52/html_14

This book seeks to answer a central question for comparative politics: What are the causes of national development? Situated in the intersection between political science and public health, the author takes a “development-as-capabilities” perspective. He defines development as the capacity to avoid premature mortality. “To live the life one chooses, one has to be alive” (15). The main finding of the book is that both policy and politics matter for explaining the probability of early death. In terms of policy, the public provision and financing of government programs that provide free basic health care to uninsured people decreases the probability of infant mortality. On the politics side, more years of democracy (measured through polity IV) promote the existence of the aforementioned mortality-reducing social services. The research includes both large-N analysis of 105 developing countries in the year 1990 and case studies of eight middle-income societies in Latin America and East Asia, namely: Argentina, Brazil, Chile, Costa Rica, Indonesia, South Korea, Taiwan and Thailand.

James McGuire is a professor in the Department of Government at Wesleyan University. His previous work focused on Peronism and democracy in Argentina, and now specializes in comparative politics, democracy, and public health. This book challenges the “wealthier is healthier” proposition. This competing theory includes three dimensions: higher levels of GDP per capita will achieve lower levels of infant mortality, steeper rises of GDP per capita will achieve steeper declines of infant mortality (progress), and periods of high GDP per capita growth will achieve further reductions in infant mortality (tempo). Partly confirming the rival theory, the author finds that socioeconomic factors have a stronger effect on the levels but social provision is a better predictor of progress or change towards reducing infant mortality. The tempo of early death contradicts the “wealthier is healthier” theory. Periods of slow or negative GDP per capita growth coincided in some countries with sharp decline in infant mortality. In Argentina, Brazil, Chile and Thailand intervals of greater GDP per capita growth were, on average, periods of slower infant mortality decline. Accordingly, in a context of good performance on income-related indicators, Indonesia and Thailand slowed the pace of infant mortality.

The quantitative chapter is a cross-sectional analysis of all developing countries in the year 1990. McGuire finds that the utilization of basic social services statistically and significantly reduces infant mortality. Moreover, long-term democratic experience is associated with both increases in the provision of social services and with reductions in infant mortality. The following variables statistically and significantly reduce infant mortality thus confirming “the wealthier is healthier” hypothesis: higher GDP per capita, lower inequality, higher population density, higher urbanization, lower ethno-linguistic fractionalization, lower fertility and having a population that is less than 90 percent Muslim (to represent potential obstacles for finding resources for girls, 36).

Eight country studies throughout 40 years allow McGuire to unravel the causal mechanisms through which economic factors and the provision of basic social services determine the pace and extent of infant mortality decline from 1960 to 2005. These cases indicate two routes to the decline in infant mortality. The first of these is the growth-mediated security path followed by Taiwan and South Korea, which involves rapid GDP growth and decrease in income inequality, as well as effective provision of education, family planning and basic health care, together with the redistribution of land and the promotion of labor intensive manufacturing. The second of these two routes is the support-led security route followed by Chile and Costa Rica, which involves the provision of basic health care to mothers and children in a context of slow economic growth and relatively high inequality. Although the first route may be more desirable, the second one is often more feasible (22).

Bringing the quantitative and qualitative evidence together, McGuire concludes the book with his main argument: “Democracy (especially long democratic experience) generally did promote the public provision and expanded utilization of basic health care, education, family planning, water, and sanitation services, in more diverse ways than is often recognized. These social services, in turn, were associated with lower infant mortality, even after economic, demographic, geographic and cultural circumstances were taken into account” (278). Democracy enhances policies that expand human capabilities as well as it encourages discussions of the most basic needs. Democratic regimes achieve these goals through providing freedom of expression and association and through citizens’ expectations of social rights; all of which influence the different stages of policy making (296).

The “wealthier is healthier” thesis received partial support as an alternative path towards infant mortality reduction. Both regression analysis and process tracing showed that South Korea and Taiwan’s reduction in infant mortality is mostly explained by the seven socioeconomic variables included in the analysis. Brazil, Indonesia and, to a lesser extent Argentina, also seem to follow this path. Contrarily, Chile, Costa Rica and Thailand provide further support for the policy-oriented or support-led security route. In these cases, the government provided improved basic health services to the poor.

The main shortcomings of the book are the choice of a cross-sectional (and not time series cross-sectional) model and the measurement of democracy. The choice of a pure cross-sectional model around the year 1990 is problematic since the processes that the author is interested in explaining are inherently dynamic. In the four decades covered by the book, there are both changes within countries over time and changes between countries. The decision to only analyze cross-country changes around the year 1990 greatly diminishes the explanatory power of the research. By the same token, the choice of taking the mean values of the variables is also problematic. In particular, long-term democratic experience measured as a country’s mean polity from 1900 to 1990 is deficient since the mean throughout such a long trend could be reflecting very different democratic patterns. In other words, the assumption is that different democratic trajectories that end up with similar average values impact infant mortality equally. Given this measurement error, three regression results are surprising: democracy does not seem to be associated with health spending, democracy is associated with access to improved water but not to sanitation, and long-term democracy significantly accounts for a higher share of births attended by trained personnel but not more child immunization coverage. Finally, and as McGuire (32-33) discusses, using Polity IV as an indicator for long-term democracy allows for covering long time periods and countries, but is conceptually problematic. In particular, Polity IV rests on a minimalist conceptualization of democracy that neglects popular participation and civil liberties.

In spite of these critiques, this book is an excellent example of theoretically and politically relevant research, addressed to academics and policy makers alike. Theoretically, the book successfully shows the mechanisms through which democracy contributes to the implementation of mortality-reducing policies in particular contexts. Additionally, and against the “wealthier is healthier” thesis, good quality primary health care programs can reduce infant mortality even in the context of economic downturns. Politically, the main policy advice is the need to develop “effective public provision - free of charge to the user and regardless of insurance coverage - of inexpensive basic health services to people experiencing a high risk of early death” (309). These basic health care programs, which proved to significantly reduce infant mortality, are inexpensive. Therefore, these policies are attainable goals.
