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Has Socialism Failed? An Analysis of Health Indicators Under Capitalism and Socialism*

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ABSTRACT: According to a widely held position in academia and the mainstream press, capitalism has proven superior to socialism in responding to human needs. However, analysis of health conditions of populations continent by continent shows that, contrary to dominant ideology, socialism and socialist forces have, for the most part, been better able than capitalism and capitalist forces to improve health conditions. In the underdeveloped world, socialist forces and regimes have, more frequently than not, made greater improvements in health and social indicators than have capitalist forces and regimes. In the developed world, countries with strong socialist forces have been able to improve health conditions better than those countries without, or with weak, socialist forces. The socialist experience has, of course, also included negative developments that have negated important components of the socialist project. Still, the evidence shows that the historical experience of socialism has not been the failure of which it is accused. Quite to the contrary: it has been, for the most part, more successful than capitalism in improving people's health.

A MAJOR INTELLECTUAL POSITION reproduced in today's academic and mainstream press is that the historical conflict between two approaches to human social development has been resolved in favor of capitalism: capitalism has proved superior to socialism in responding to human needs. This position, best articulated by the U. S. State Department official Francis Fukuyama (1990), has gained wide acceptance in intellectual centers of the Western world. The position is not only descrip-

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tive but normative; socialism is to be avoided, and capitalism is to be promoted to resolve the dramatic realities of our world, where one child dies of hunger every two seconds and 15 million children die of malnutrition every year (MacPherson, 1987).

As stated by Pope John Paul II (1991) in his encyclical *Centesimus Annus,*

> should capitalism be the goal of the countries now making efforts to rebuild their economy and society? Is this the model which ought to be proposed to the countries of the Third World which are searching for the path to true economic and civil progress? . . . If by capitalism is meant an economic system which recognizes the fundamental and positive role of business, the market, private property and the resulting responsibility for the means of production, as well as for human creativity in the economic sector, then the answer is certainly in the affirmative.

In socialist circles in the Western developed capitalist world, two defensive positions have become dominant. One is the denial of the socialist character of those societies that have claimed to be socialist (Tabb, 1990). Socialism has not failed, it never even existed. The assumed failure of "socialist" societies to meet human needs does not have a bearing on the realization of the socialist project, since that project has not yet been tested. It is important to note that the overwhelming majority of theoretical contributions sustaining this position have been made in developed capitalist countries.

The other defensive position is to question the feasibility of comparing systems altogether. As stated by Adam Przeworski (1991, 14), "whether the socialist or the capitalist model has been more successful in practice is impossible to tell." It is unclear, however, why the extremely important question of whether capitalism is superior to socialism in responding to human needs cannot be the subject of scientific investigation. Since Przeworski's primary concern, expressed in the title of his most recent article "Could We Feed Everyone?", is whether capitalism or socialism is a better road to resolving the problems of hunger and malnutrition, an investigator could compare the evolution of the nutritional levels of populations currently living under two different regimes, but which had lived under similar capitalist conditions at the beginning of the historical period under study. The difficulty

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of standardizing variables can weaken the validity of the comparison, but rarely to the level of making the comparison useless. It is also likely that the comparison has an unavoidable bias in favor of capitalism, since the socialist experience always evokes enormous hostility, economic blockade, and even military intervention. Such a comparison would be not of capitalism versus socialism under normal circumstances but rather of capitalism under normal circumstances, articulated to a worldwide system in which capitalist relations are dominant, versus socialism under most abnormal circumstances. Still, in spite of this intrinsic bias, I believe that such comparisons have validity and can be presented to show the superiority of one system over another in responding to key human needs, which include the prevention of hunger, malnutrition, disease, and premature death. Indeed, in developed capitalist countries, where most Western theoretical production takes place, it is usually forgotten that the majority of human beings in our historical period do not have basic socioeconomic rights such as food, clean water, treated sewage, and the ability to read. The absence of these basic rights limits all other human rights such as civil-political rights, including the rights of organization and freedom of the press. President Franklin Roosevelt (1944) put it very well in his message to Congress on January 11, 1944: "necessitous men [and women] are not free men [and women]."

Contrary to Przeworski, I believe that the superiority of one system over another can indeed be shown. And one way of doing so is to present the evolution of health indicators (such as infant mortality, life expectancy, levels of nutrition, and low birth weight, whenever such data are available) in comparable countries that have followed different paths of development, capitalist versus socialist. Before focusing on the empirical information, however, several points need to be made.

First, contrary to prevalent belief, the level of health of a population is not primarily the result of medical interventions. If country A has better health indicators than country B, it is not because country A has larger medical expenditures. There is no correlation between level of medical expenditures and level of health. Nor, as an extensive bibliography has shown (see McKeown, 1979), does the level of health correlate with the level of medical consumption. Baltimore, for example, has an above-average utilization rate of prenatal care

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services for all sectors of the population, including the poor, but has one of the highest infant mortality rates in the United States due to the city's extensive poverty (Baltimore City Health Department, 1991). This observation is not intended to dismiss the importance of medical care in improving the health of the population. Rather, it is to indicate that the health of the population is the outcome of a whole set of social, economic, and political interventions, among which medical care plays a minor role. Country A with better health indicators than country B has, in general, better social and economic conditions for the majority of its citizens than country B. Thus health indicators are good indicators of social and economic development.

Second, we must clarify what is meant by capitalism and socialism. Capitalism is the production of goods and services for the profit of those who own the means by which they are produced. In capitalist societies, the major means of production are private. Socialism is a system of production and distribution in which the means of production are publicly owned, with the state playing the key role in production. This system is the outcome of an autonomous revolutionary process in which large sectors of the working class and/or peasantry are the major forces behind the establishment of the state. Excluded in this definition are those countries where socialism has been imposed from outside, such as Eastern Europe or Afghanistan, or by a military coup, such as Ethiopia. These cases have been the most frequently used to discredit the whole socialist project. In my opinion they are not socialist.

Third, the superiority of one system over another can be shown not only by looking at comparable countries with different regimes but also by analyzing comparable capitalist countries with different correlations of forces between pro-capitalist and pro-socialist elements. In other words, the superiority of, say, socialism over capitalism can be shown by comparing two similar capitalist countries, one with strong socialist forces (forces claiming a commitment to socialism) and the other without such forces. If the second country has larger unresolved human needs than the first, I believe the claim of socialist superiority is justified. In other words, even in the absence of socialist formations in the developed capitalist world, evidence from that world is relevant to the claim of the superiority of socialism.

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AN ANALYSIS OF THE SOCIALIST EXPERIENCE CONTINENT BY CONTINENT

Latin America

Starting with our hemisphere, Cuba's socialist performance can be measured against the performance of comparable Latin American countries with capitalist regimes. Most of these countries had a similar demographic distribution and similar or even better levels of economic and social development than Cuba in 1958 when the Cuban revolution took place. Since then, the health indicators have improved more rapidly in Cuba than in the rest of Latin America. In 1955 life expectancy in Cuba was 59.5 years, shorter than that in Paraguay (62 years), Argentina (62), and Uruguay (66), the countries with the highest life expectancies in Latin America. In 1985, life expectancy in Cuba was 75 years, higher than in all these countries, and in fact the highest in Latin America (PAHO, 1990, 26, Table 16). It is also noticeable that in Cuba increases in life expectancy took place at relatively high starting levels, where increases are often more difficult to achieve, and improvements in life expectancy were greater than in countries like Argentina and Uruguay, which had greater life expectancies to begin with and greater per capita incomes than Cuba. The improvement in mortality rates has occurred for all age groups. These rates are now lower in Cuba than in any other Latin American country (PAHO, 1990, 29, Table 17). The United States also provides an interesting comparison. Between 1950–55 and 1985–90, life expectancy in the U. S. increased from 69 to 75.4 years. During the same period, life expectancy in Cuba rose from 59.3 to 75.2 years (PAHO, 1990, 26, Table 16).

Similarly, in 1955 Cuba had an infant mortality rate of 81 deaths per 1,000 live births, higher than that of several other Latin American countries, including Paraguay, Uruguay, and Argentina (the countries with lowest infant mortality). In 1985 Cuba had the lowest infant mortality rate (13 per 1,000 live births) in Latin America (PAHO, 1990, 53, Table 1). The under-five mortality rate (per thousand live births) dropped from 95 to 19 in Cuba between 1960 and 1985. Even countries with lower under-five mortality rates in 1960 and higher per capita incomes (Trinidad and Tobago, Argentina, Uruguay) were outpaced by Cuba (UNICEF,

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1986, 1987). Cuba also has the lowest level of malnutrition in Latin America for all age groups (PAHO, 1990, 91, Table 88; 193, Table 91), even though the levels of malnutrition, particularly in the rural areas, were high (Nutrition Survey, 1958), and comparable to those of most Latin American countries during the 1950s. Cuba is the Latin American country with the lowest percentage of infants with low birth weight and of children under five years old suffering from mild-moderate to severe malnutrition, and with the best daily per capita calorie intake as percentage of requirements (UNICEF, 1989, 97, Table 2). Also, in 1956 Cuba was one of the Latin American countries with the worst environmental conditions. Only 35% of the population lived in homes connected to water supply systems (cited by Diaz-Briquets, 1983) (compared, for example, with 63% in the Dominican Republic, 80% in Honduras, and 44% in Argentina) (PAHO, 1956). Also, only 42% of the population lived in homes connected to sewage disposal systems (Diaz-Briquets, 1983). By 1980 Cuba had one of the best records on environmental services. Seventy-four percent of the population lived in dwellings connected to water supply systems (only Trinidad had a larger percentage in Latin America, 91%) and 91% of the population had access to flush toilets, one of the highest percentages in Latin America (*Statistical Yearbook*, 1990). The age-adjusted death rate for enteritis and other diarrheal diseases was 2.8 per 100,000 population in 1988, one of the two lowest in Latin America (PAHO, 1990, 370, Table III). Cuba also has the highest literacy rate in Latin America (96% of the adult population). In the 1950s the rate of literacy was comparable to that in the rest of the Caribbean countries, ranging from 30% to 40% of the adult population (UNICEF, 1989, 101).

Table 1 shows some current health and social indicators of several Latin American countries.

Given this information, one could conclude that Pope John Paul's statement in *Centesimus Annus* defining capitalism as the best system to respond to human needs in the Third World, at least for Latin America, may not be fully justified. The great majority of peasants and workers — most of the population of Latin America — would have a higher quality of life with more substantial socioeconomic human rights under socialism than they are having under capitalism. If the rest of Latin America had the same infant mortality rate as Cuba, over two million children's lives would be

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TABLE 1
Social and Health Indicators in Latin America, mid-1980s

	Life expectancy at birth	*Infant mortality per 1000*	*Illiteracy rate (%)*	*Urban unemployment (%)*
Argentina	70	35	6.1	6.1
Brazil	63	71	25.5	5.3
Chile	71	24	8.9	17.2
Costa Rica	73	20	6.4	6.6
Dom. Rep.	63	63	27.0	20.3
El Salvador	64	70	38.0	30.0
Haiti	54	107	77.0	40.0
Jamaica	70	28	12.0	25.9
Mexico	59	82	17.4	11.8
Nicaragua	58	84	12.9	16.3
Peru	59	82	17.4	11.8
Uruguay	70	38	6.1[1]	13.1
Venezuela	69	39	15.3	14.3
Cuba	74	13	3.9	3.4[2]

NOTES: Mid-1980s is latest available figure. Infant mortality is defined as death before 1 year of age per 1000 born, rounded to nearest integer. Illiteracy rate is for those above 15 years of age.
1 1975 figure.
2 Urban and rural unemployment (1981 Census).
Source: *Multinational Monitor*, 1989.

saved each year. Cuba is currently facing major economic problems, due primarily to the discontinuity of the international network of support resulting from changes in the Soviet Union and Eastern Europe. But these difficulties are no larger than in most Latin American countries, which are facing one of the greatest depressions in this century. Malnutrition and hunger are reappearing in countries such as Argentina and Uruguay where these mass phenomena have not existed in the last 40 years (Escudero, 1986). The appearance of cholera at the continental level is yet another symptom of this socioeconomic deterioration (PAHO, 1991).

Asia

In Asia, People's China and India can be compared on the basis of their enormous population size, multinational composi-

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tion, and level of development at the time of the Chinese revolution. Tables 2, 3, 4 and 5 show how living conditions were worse in prerevolutionary China than in India. Since the revolution, however, indicators of well-being have improved far more rapidly in China than in India. Table 2 shows how life expectancy in China was shorter than that in India in the 1950s. Today, life expectancy in China is better than in India. Similarly, Table 3 shows that China's infant mortality, under-five mortality, and child (1-4 years) death rates were worse than those in India before the revolution, but are now much better than in India. Tables 4 and 5 show that China's under-five mortality and child (1-4 years) death rates improved more rapidly than India's. In the 1980s, China also had better nutritional levels and better literacy rates than India (Table 6).

It is important to note that if India's infant mortality rate, for example, were the same as China's, four million infant lives would be saved in just one year. The improvements in China were partly the result of improved nutrition. Tables 7 and 8 show that while

TABLE 2
Life Expectancy at Birth in China and India

Years	*China*	*India*
1940-45	27.7	
1945-50	30.5	
1950-55	34.1	41.4 (M)[1]
1955-60	34.8	40.0 (F)[1]
1960-65	37.7	
		47.9 (M)[2]
1965-70	49.0	45.5 (F)[2]
1970-75	57.3	48.4 (1972)
1975-80	64.2	51.7 (1977)
1982	67.8	55.0
1984	68.5	56.1
1986	69.1	57.3
1987	69.5	57.9

1 Estimates are for the period 1951-1960. Source: Halstead et al., 1985.

2 Estimates are for the period 1961-70. Source: Halstead et al., 1985.

Source: For China 1940-80: Jamison et al., 1984. For China 1982-88 and India: World Bank, 1989-1990, unless otherwise noted.

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TABLE 3
Infant Mortality Rate (per thousand live births)
in China and India

Years	*China*	*India*
1940–45	290	192 (1941–50)
1945–50	265	
1950–55	236	140 (1951–60)
1955–60	229	
1965–70	137	
1970–75	96	135 (1972)
1975–80	65	126 (1977)
1985[1]	36	105
1987	32	99

1 Source: UNICEF, 1987.
Source: For China 1940–80: Jamison et al., 1984. For India 1940–70: Halstead et al., 1985. Remaining years (for both India and China): World Bank, 1989–1990, unless otherwise noted.

nutritional conditions were worse in China than in India before the Chinese revolution, they improved more rapidly in China than in India. Rates of increase in height per decade for children five to seven years of age in China over the last 20 years have been as high or higher than increases per decade in the 20th century European experience, where incomes have been very high and rapidly growing (World Bank, 1984).

Furthermore, although health indicators have improved significantly in China as compared to India, they have done so at similar levels of per capita GNP. China has much better health indicators at similar per capita GNP levels (World Bank, 1989–1990) (Table 9).

TABLE 4
Under-5 Mortality Rates (per thousand live births)
in China and India, Selected Years

Year	*China*	*India*
1960	340	300
1983	55	165

Source: UNICEF, 1986.

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TABLE 5
Child (1-4 years) Death Rates for China and India, Selected Years

Year	China	India
1960	26.1 (1964-65)	26.2
1965	17.7	23.2
1970	10.7	20.7
1975	10.3	19.0
1977	9.0	18.6
1979	7.4	17.8
1981	7.2	17.0

Source: World Bank, 1983.

TABLE 6
Literacy Rate, School Enrollment, and Nutritional Levels in China and India, Selected Years

	India	China
Percent of adults who are literate, male/female, 1985	57/29	82/56
Percent enrolled in primary school, male/female, 1982-84	100/68	100/93
Daily per capita calorie supply as percent of requirements, 1983	96	111

Source: UNICEF, 1985, 1986, 1987.

TABLE 7
Calorie Supply Per Capita (as percentage of requirements) for China and India, Selected Years

Year	China	India
1960	78.8 (1964-65)	95.6 (1961-65)
1965	n/a	n/a
1970	88.7	90.4
1975	94.3	81.8
1977	96.6	88.7
1979	104.9	94.2
1981	107.0	87.5
1983[1]	111.0	96.0

1 UNICEF, 1987.
Source: World Bank, 1983, unless otherwise noted.

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TABLE 8
Protein Supply Per Capita (grams per day) for China and India, Selected Years

Year	*China*	*India*
1960	49.6 (1964-65)	53.6 (1961-65)
1965	n/a	n/a
1970	53	49.7
1975	58.1	45
1977	59.7	48.3
1979	65.5	50.6
1980	66.8	46.6

Source: World Bank, 1983.

It is also important to note that the dramatic rate of improvement in infant mortality in the period 1949 to 1980 has slowed down since the introduction of elements of capitalism in China in the early 1980s. Table 10 shows how infant mortality declined significantly until 1981, at which time the rate of decline in rural areas slowed down quite considerably, while in urban areas the infant mortality rate (for the period 1983-89) reversed its decline

TABLE 9
Current GNP Per Capita in China and India, Selected Years (US dollars)[1]

Year	*China*	*India*
1968	90	100
1970	120	110
1972	130	110
1974	160	140
1976	170	160
1978	220	190
1980	300	240
1982	320	280
1984	330	280
1986	310	290
1988	340	340

1 GNP per capita estimates at current purchaser values (market prices) in current U. S. dollars, calculated according to current World Bank Atlas methodology.
Source: World Bank, 1989-1990.

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TABLE 10
Infant Mortality (per thousand) in China, Various Sources

	U.N.	*Ministry of Public Health of People's China*	*UNICEF*
Before 1949		200	
1950	195		
1954		138.5[1]	
1955	179		
1958		80.8[2]	
Cities		50.8	
Counties		89.1	
1960	121		
1965	81		
1970	61		
1973–1975		47.0[3]	
1975	41		
1980	38		
1981		34.7[4]	
1983			
Cities		13.6[5]	
Counties		26.5[6]	
1985			36
Cities		14.0[7]	
Counties		25.1[8]	
1989			
Cities		13.8[9]	
Counties		21.7[10]	

1 From a survey conducted in 50,000 population in 14 provinces.
2 From a survey conducted in most of the cities and counties in 19 provinces.
3 From the national retrospective study on cancer mortality in China.
4 From the third Census (1982).
5 From 28 cities.
6 From 58 counties in 12 provinces.
7 From 36 cities.
8 From 72 counties in 15 provinces.
9 From 32 cities.
10 From 72 counties in 15 provinces.

Source: Ministry of Public Health of the People's Republic of China, various years (mimeos).

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TABLE 11
Food Consumption in People's China[1]

Year	All Cereals	Grain	Meat[2]	Poultry	Fish
		Of the Rural Population			
1978	248.00	123.01	5.76	0.25	0.84
1982	260.00	192.14	9.05	0.78	1.32
1985	257.45	209.31	10.97	1.03	1.64
1988	259.51	210.46	10.71	1.25	1.91
		Of the Urban Population			
1981		145.44	18.60		7.26
1982		144.56	18.67		7.67
1985		131.16	20.16		7.80
1988		137.17	19.75		7.07

1 All consumptions are in kilograms.
2 Pork, beef, and mutton.
Source: Statistical Yearbook, 1991.

and started to increase. Table 11 shows that the rate of increase in cereals consumption in rural areas has declined since 1983, while the consumption of grains, meat, and fish has reached a plateau after rising quite rapidly since the 1970s. In urban areas the consumption of these goods has also reached a plateau and declined.

It is noteworthy that in India, a capitalist country, the state in which the social well-being of the population has improved most substantially is also one of the states where pro-socialist forces have been stronger. Since 1957 socialist forces (of the Leninist tradition) have been in government in Kerala for lengthy periods of time. Table 12 shows how infant mortality rates were fairly similar in Kerala and in the rest of India until at least the late 1950s. Figures from the 1970s onward — the period with the highest socialist participation in Kerala's government — show a dramatic reduction of infant mortality in Kerala. If we compare infant mortality rates (IMR) in Kerala and India in the 1950s (before the election of socialist forces) to rates for the 1980s (after almost three decades of predominantly socialist policies in Kerala), it is clear that the IMR in Kerala dropped 73% during this period, compared to a 26% drop in all India (Table 13).

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TABLE 12
Infant Mortality (per thousand) in Kerala and India, Selected Years

Year	*Kerala*	*All India*
1911-20	242	278
1931-40	173	207
1951-60	120	140
1971-75	57	134
1976-80	46	124
1981-85	32	104
1986-88	27	95

Source: 1911-60: compiled from various census of India publications in Halstead et al., 1985. 1971-88: Mari Bhat and Irudaya Rajan, 1990.

Similar changes can be observed for data on life expectancy. As in the case of infant mortality, there is no important difference between rates of increase in Kerala and in all India until 1961-70 (Tables 14, 15). Improvements in literacy rates, especially for females, between the 1950s and the 1980s are also marked (Tables 16, 17). It is also important to point out that all improvements in Kerala took place at per capita incomes similar to those of all India (Table 18).

Another major country in Asia with a great diversity of nationalities was the Soviet Union. A comparison of the Asiatic republics of the USSR with comparable countries on their borders shows that health indicators are much better today in what used to be the socialist republics of the USSR than in the bordering capitalist countries, even though these indicators were equally poor before socialism was established in the USSR. Table 19 shows the

TABLE 13
Decrease in Infant Mortality in Kerala and India Between the 1950s and the 1980s

	Kerala	*All India*
Rate for 1951-60 (per thousand)	120	140
Rate for 1981-85 (per thousand)	32	104
% reduction between two time periods[1]	73%	26%

1 As percentage of 1951-60 rate.
Source: Based on Table 12 above.

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TABLE 14
Life Expectancy in Kerala and India, Selected Years

	Kerala		*India*	
Years	*Male*	*Female*	*Male*	*Female*
1911-20	25.5	27.4	22.6	23.3
1921-30	29.5	32.7	26.9	26.6
1951-60	49	48.3	41.4	40
1961-70	59.3	59.3	47.9	45.5
1971-75	60.5	63	49.7	48.3
1976-80	63.5	67.4	51.7	51.8
1981-85	65.2	71.5	54.5	54.9
1986	67.5	73	56	56.5

Source: 1911-70: Halstead et al., 1985. 1971-86: Mari Bhat and Irudaya Rajan, 1990.

TABLE 15
Increases in Life Expectancy in Kerala and India
Between the 1950s and the 1980s

	Kerala		*India*	
Years	*Male*	*Female*	*Male*	*Female*
1951-60	49	48.3	41.4	40
1981-85	65.2	71.5	54.5	54.9
Years increase	16.2	23.2	13.1	14.1

Source: Based on Table 14 above.

TABLE 16
Literacy Rates in Kerala and India (as percent of total population), Selected Years

	Kerala			*India*		
Year	*Total*	*Male*	*Female*	*Total*	*Male*	*Female*
1951	40	50	32	17	25	8
1961	47	55	39	24	34	13
1971	60	67	54	30	40	19
1981		75	66		47	25

Source: Halstead et al., 1985.

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TABLE 17
Changes in Literacy (as percent of population) Between 1951 and 1981 in Kerala and India

	Kerala		*India*	
Year	*Male*	*Female*	*Male*	*Female*
1951	50	32	25	8
1981	75	66	47	25
Difference	25	34	22	17

Source: Based on Table 16 above.

evolution of infant mortality rates in the Soviet republics, including the Asiatic republics. The estimated Central Asian infant mortality rate of 46 per 1,000 live births in 1975 was considerably better than that of Turkey (153 per 1,000), Afghanistan (269), and Iran (120).

In brief, the empirical data presented in this section on the Asiatic experience do not seem to confirm the position that capitalism has done better than socialism in improving the health of populations.

Africa and Europe

In Africa, the socialist experience is too new to be able to detect significant changes.

In Europe, the comparison is not so favorable for socialism. The European republics of the Soviet Union do not have better health indicators than the majority of capitalist countries in Western Europe. It is this situation that has provided the ammunition

TABLE 18
Per Capita Income in Kerala and India, Selected Years (at 1960-61 prices, in rupees, unless otherwise noted)

Years	*Kerala*	*India*
1950-51	304	296
1955-56	312	308
1960-61	326	336
1980-81[1]	1,382	1,571

1 Estimates are in 1981 prices.
Source: Halstead et al., 1985.

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TABLE 19
Soviet Infant Mortality Rates (per thousand live births), Republics and Major Cities, 1960-1974

Republic (City)	*1960*	*1967*	*1970*	*1974*
Slavic Republics				
R.S.F.S.R.	37.0	25.0	23.0	23.0
Ukraine	30.0	18.4	17.3	17.4[1]
Byelorussia	34.9	21.0	19.0	17.0
Baltic Republics				
Estonia	31.2	19.2	17.8	17.6
Latvia	27.0	17.0	18.0	19.0
Lithuania	38.0	20.5	19.3	19.4
Transcaucasian Republics				
Armenia	50.0	28.0	—	—
(Erevan)			(26.7)	(21.4)
Georgia	36.8	29.0	—	—
(Tbilisi)			(21.3)	(33.9)
Azerbaidzhan	43.0	38.0	—	—
(Baku)			(24.1)	(20.7)
Central Asian Republics				
Kazakhstan	36.8	26.0	—	—
(Alma Ata)			(26.7)	(29.2)
Kirghizia	30.0	43.0	—	—
(Frunze)			(25.3)	(24.1)
Tadzhikistan	30.0	38.0	—	—
(Dushambe)			(46.7)	(51.8)
Turkmenistan	—	—	—	—
(Ashkhabad)			(32.4)	(46.4)
Uzbekistan	28.0	31.0	—	—
(Tashkent)			(40.0)	(45.5)
Moldavia	—	—	—	—
(Kishinev)			(16.8)	(24.4)
All USSR	35.3	26.0	24.7	27.9

1 1973 data.
Source: Davis and Feshbach, 1980, Tables 2 and 4.

for those who define the achievement gap as a failure of socialism. The following statement, which appeared in 1981 in one of the most influential intellectual publications in the United States, the *New York Review of Books* (Eberstadt, 1987), is representative:

There is not a single country in all of Europe in which lives are so short or babies' deaths are so high — not even impoverished, half-civilized

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Albania. In the realm of health, the Soviet Union's peers are to be found in Latin America and Asia.

Empirical information, widely available to scholars in the United States, does not confirm this statement. Life expectancy in the USSR in 1975 was 70.4 years, just *8 months shorter* than life expectancy in the USA for the same year. Soviet life expectancy was higher than that in Finland, Yugoslavia, Romania, Poland, Hungary, Czechoslovakia, Albania, and Portugal. It was considerably higher than in most countries of Latin America (Mexico 64.7 years, Chile 62.6, Brazil 61.4, Argentina 68.2) and Asia (Afghanistan 40 years, Iran 51, Turkey 56.9). Actually, life expectancy in the USSR was only slightly lower than that of the major advanced capitalist countries such as the UK (72.4 years), Japan (72.9), and West Germany (71.3). Similarly, the infant mortality rate in the USSR in 1974 (27.9 per 1,000) compared favorably with the 1975 rates for Austria (21 per 1,000), West Germany (20), Italy (21), the UK (16), and Australia (17) (Szymanski, 1982). Health conditions in the USSR had improved quite substantially since World War II. It was in the middle 1960s that infant mortality began to increase and life expectancy to fall, especially in the Asiatic republics; this situation has been the subject of extensive debate. But the available evidence does not confirm the conclusion of the *New York Review of Books* that the health peers of the Soviet Union were to be found in the underdeveloped world.

Still, the Soviet socialist project has not done as well as the majority of capitalist counterparts in the West. I have published a detailed critique of the Soviet model elsewhere. The gap between the Soviet Union and the capitalist countries has made the Soviet model unattractive to Western populations and eventually to the Soviet populations as well (Navarro, 1976).

This international survey shows that at least in the realm of underdevelopment, where hunger and malnutrition are part of the daily reality, socialism rather than capitalism is the form of organization of production and distribution of goods and services that better responds to the immediate socioeconomic needs of the majority of these populations. Of course, in spite of important improvements in health indicators, the situation of underdeveloped countries imposes serious constraints on socialism and often leads to limitations of political rights such as rights of organization,

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political diversity, and freedom of the press. This explains the disenchantment of large parts of the intelligentsia of Western capitalist developed countries with that type of socialism. But its superiority over capitalism in the promotion of socioeconomic rights, including health rights, explains the enormous attractiveness of the socialist project among the populations of the underdeveloped world. Witness the enormous political success of the recent popular socialist movements of Lula's party in Brazil, Cardenas in Mexico (whose victory in the presidential elections was stolen by the current undemocratic regime), the African National Congress in South Africa, and the socialist forces in Nepal, to mention just a few political events in the last year. Socialism has not been inferior to capitalism in the world of underdevelopment, and its attractiveness for the populations of the underdeveloped countries remains high.

SOCIALISM IN DEVELOPED CAPITALIST COUNTRIES

While Leninism has been, at least until recently, the predominant form of socialism in underdeveloped countries, social democracy has been the predominant version in developed capitalist countries. It is important to stress that for most of this century, the two socialist traditions differed in their means but not in their ends. Indeed, social democracy for most of this century aimed at the establishment of socialism. As stated by one of the most influential social democratic parties, the Swedish Social Democratic Party, "We aspire to completely transform the organization of bourgeois society and bring about the social liberation of the working class." The socialist project called for "abolishing exploitation, destroying the division of society into classes, ending the wastefulness of capitalist production, and eradicating all sources of injustice and prejudice." This required the socialization (or collectivization or nationalization, terms used with deliberate ambiguity in the economic programs of most social democratic parties) of the means of production. Social democrats and Leninists differed primarily on the means to achieve that goal. While Leninists supported the insurrectional uprising and takeover of the state, social democrats favored the electoral road, believing that "universal suffrage is incompatible with a society divided into a small class of owners

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and a large class of unpropertied. Either the rich and the propertied will take away universal suffrage, or the poor, with the help of their right to vote will procure for themselves a part of the accumulated riches" (all quotations from Przeworski, 1980, 45).

Reformist socialism, as opposed to insurrectional socialism, aimed at the gradual transformation of society through the electoral process. But, as Kautsky (1971, 186), the main theorist of the Socialist International, indicated, reforms were perceived not as a substitute for social revolution but as a road to it. The constitutions of most social democratic parties in developed capitalist countries (except the Portuguese Social Democratic Party) claim allegiance to the socialist project and the need to transcend or break with capitalism. Even as late as 1981, the French Socialist Party won the elections (in alliance with the Communist Party) with a call to break with capitalism!

The original aims and tactics of the social democratic parties had to be modified because of the need — determined by the electoral process that they chose to obey — to establish electoral alliances and broaden their base to reach the much needed electoral majorities. This need explains the changes in their economic and social policies. Among the economic policies, the most important change was the redefinition of collective control of the means of production. It was believed that control did not require actual state ownership. The state was considered the agent that could direct and regulate the means of production without owning them. One way of regulating production was by controlling or influencing credit and by determining the level of overall consumption that would mitigate, through welfare measures, the inequities established by the market.

At the social level, the need to broaden alliances led to the establishment of universalism as a main principle of social policy. The introduction of universal and comprehensive health programs, in which the labor movements and their political instruments (the social democratic parties) played a key role, was a direct outcome of the need for the social democratic parties to become people's parties rather than just working-class parties. This focus on the realm of consumption led to the establishment of the welfare state, a creation for the most part of the social democratic parties in the post–World War II period. In the late 1960s and early 1970s, the establishment and expansion of the welfare state, stimu-

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lated by radicalization of labor and popular demands and the appearance of the social movements, led to a questioning of the relations of property in production. I have shown elsewhere how social democratic parties in the 1970s moved from the politics of consumption to the politics of production (Navarro, 1991, 585). The famous Meidner proposals of the Swedish Social Democratic Party, for example, aimed at collectivizing the means of production. As a major theoretician of the party put it, "the implementation of these proposals would make Sweden the first country in the world to have taken decisive and virtually irreversible steps toward socialist relations of production in a democratic and reformist manner" (Himmelstrand, 1982).

These universalist policies led to a growth in the attraction of the electorate to the social democratic parties. The socialist decades were the 1970s and 1980s. Table 20 shows the growth of socialist parties in Europe.

In 1989, the left bloc (social democratic parties, communist parties, and the Greens) became the majority bloc in the European Parliament. However, the socialist experience in capitalist developed countries during this century has been short. Until very recently the governmental experience of social democracy has been limited: the overwhelming majority of social democratic parties have never governed in a majority. They have had to establish alliances with pro-capitalist parties, and this has constrained the

TABLE 20
Countries Where the Labor Movement has Topped Fifty Percent of the Vote in National Parliamentary Elections since 1965

Country	*Election year*
Austria	1971, 1975, 1979
France	1981
Finland	1966
Greece	1981
Sweden	1968, 1970, 1982
Norway	1969
Spain	1982, 1986
Portugal	1976

Source: Therborn, 1984, 8.

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realization of their socialist programs. Only in Sweden and Norway did the socialist period of incumbency exceed that of the pro-capitalist parties in the period 1945 to 1978, with Sweden having the longer period of socialist government. Not surprisingly, it is also Sweden that has made the only serious attempt to move beyond the welfare state and focus again on production politics (with the Meidner plan).

How to Evaluate the Socialist Experience under Capitalism

The evaluation of socialism in developed capitalist countries has to take into account the degree of influence of socialist parties on government policies and also their organizational strength as measured by trade union density and unity of the labor movement, the main constituency of the socialist parties (Korpi, 1983). The influence on government policies is measured by the stability and duration of socialist party control over the government and by the level of participation (majority or substantial majority) during the period under study. Another element, linking political with economic power, is the level of unionization and the articulation of the union movement with the socialist party or parties, i.e., whether the unions are organized along class lines and see the parties as their political instruments or are organized by religious, political, or corporatist interests. Until the late 1970s, only three countries — Sweden, Norway, and Denmark — had social democratic majority governments, and only in Sweden and Norway had the pro-socialists been in power longer than the pro-capitalists. By 1970, Sweden had had a socialist government for 24 years, Norway for 20 years, and Denmark for 16 years. All these countries have a high level of unionization; the unions follow class lines without divisions on religious or political grounds, and see the political parties as their political instruments. Immediately after World War II all three countries had health indicators similar to or even worse (in the case of Denmark) than those of the United States, the capitalist country with the weakest pro-socialist and strongest pro-capitalist governments during this period (1947–1978). By 1980, all three countries had improved their health indicators most dramatically, achieving some of the best health indicators in the Western world (see Table 21).

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TABLE 21
Number of Years of Socialist Rule, Union Membership, and Infant Mortality in the Social Democratic Countries and the United States

	Number of years of socialist rule 1945-1970	*Union membership*	*Infant mortality (per thousand)*	
			1950	*1980*
Sweden	24	75%	20	6.9
Norway	20	52%	24	8.1
Denmark	16	50%	31	8.4
United States	0	23%	29	12.6

Based on this information one could hardly conclude that socialism is less effective than capitalism in responding to the health needs of the population. I do not deny that capitalism has been effective in some parts of the world, and that in some limited instances — limited both in space and time — capitalism may have been even more effective than socialism. But the empirical evidence presented in this article shows that, contrary to what is widely claimed today, the socialist experience (both in its Leninist and its social democratic traditions) has been more frequently than not more efficient in responding to human needs than the capitalist experience. Unfortunately, the socialist experience has also included very negative developments that have negated important components of the socialist project and forced a much needed reevaluation of the socialist project and the best road to reach it. The distance between socialist theory and practice has too frequently resembled the distance between the Sermon on the Mount and Christianity in the 2,000 years of its existence. Still, the historical experience of socialism is quite short. Capitalism has existed for over three centuries. Socialism, on the other hand, has just begun.

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