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ENVY OF THE WORLD?
HOW THE UNITED KINGDOM'S NATIONAL HEALTH SERVICE CREATED A MORE
EQUAL SOCIETY

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ABSTRACT

In an era of rising socioeconomic inequality, the importance of studying institutions that have historically increased equality cannot be understated. One of the most notable institutions fitting this description is the United Kingdom's National Health Service, or NHS. This free, universal, and comprehensive healthcare system is not only fascinating in terms of health policy, but also as a cultural institution. Despite its shortcomings, the NHS is widely considered a pillar of modern British society. While such characteristics might seem odd to outside observers, they make perfect sense given the historical context that gave rise to the NHS. The history of NHS is the story of British society's fight to overcome class divisions and to build a more just society. In this thesis, I critically analyze the history of inequality in the United Kingdom through the lens of healthcare in order to understand the kinds of people, movements, and ideas needed to challenge the status quo and to institute equalitarian reforms. Ultimately, the goal of this thesis is to provide insight into how inequality is overcome and to offer a roadmap for future reformers.

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Introduction

Figure 1: London Olympics NHS Celebration, From S.A. Mathieson, https://samathieson.com/sa-mathieson/london-2012-nhs-confirmed-as-national-religion/, 27 July 2012.

In July 2012 the United Kingdom welcomed the Olympic Games to London with a dazzling

opening ceremony performance that has been described as an epic "love letter to Britain."[1] This

performance, entitled *Isles of Wonder*, depicted Britain's great historical and cultural

accomplishments. The show kicked off with a recreation of Glastonbury Tor rising above a

romanticized rendition of England's beloved countryside at the center of the stadium. From the

tower actors posing as Victorian Era industrialists, like Isambard Kingdom Brunel, watched as

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[1] Patrick Sawer, "London 2012: Opening Ceremony wows the Queen and the world with wit and drama," *The Telegraph*, 28 July 2012.

the greenery soon erupted into a dramatic explosion of smoke stack, railways, and other

revolutionary industrial innovations pioneered by the British. Against the backdrop of this

'pandemonium' a flurry of musical routines broke out depicting the rise of organized labor, the

women's suffrage movement, and the arrival of immigrants from across the British Empire.

After a moving tribute of red poppies to the British soldiers, who gave their lives in both World

Wars, the show took a more fanciful turn with 'Queen Elizabeth II' escorted by none another

than Britain's favorite spy, James Bond parachuting into the stadium. The show then transitioned

into a spectacularly gleeful celebration of British culture. Although this celebration expectedly

included world-renowned British literary characters like Mary Poppins and Harry Potter and

musical icons like the Beatles and Rolling Stones, its most elaborate routine stood out. In a grand

musical and dance performance that included over 600 performers, the British celebrated "the

institution that more than any other unites [the] nation": the National Health Service.[2]

From the other side of the Atlantic Ocean, I remember watching the 2012 Olympics and

being utterly confused by these ceremonies, especially the affinity for the British healthcare

system. The American press was similarly perplexed, with some media outlets dismissing it as

"socialized medicine" propaganda.[3] However, I found these explanations unsatisfying and was

left to question why the British care so much about their healthcare. What is this National Health

Service? Why is it so great? In the subsequent years, I have discovered that the answers to these

questions transcend healthcare and provide profound insights into the history of Britain's social

development, the long struggle for equality, and the pursuit of a better world.

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[2] Ibid.

[3] Paul Harris, "Olympics opening ceremony: US media reacts to "peculiar" British festival," *The Guardian*, 28 July 2012.

The National Health Service or NHS as it is more commonly known, is the universal healthcare system of the United Kingdom. Formally established on 5 July 1948, the NHS is based on three core principles: "that it meet the needs of everyone, that it be free at the point of delivery, and that it be based on clinical need, not ability to pay."[4] The NHS does this by operating a fully unified system of doctors' offices, hospitals, clinics, pharmacies, and ambulatory services almost entirely funded through general taxation. The cabinet level Minister or Secretary State for Health, appointed by the Crown on the advice of the Prime Minister, oversees the Department of Health and Social Care (previously known as the Ministry of Health), that in turn oversees the NHS. The NHS is itself divided into four regional units: NHS England, NHS Scotland, NHS Wales, and Health and Social Care Northern Ireland. While healthcare in Scotland, Wales, and Northern Ireland is the responsibility of those region's respective devolved assemblies, NHS England is overseen directly by the British Parliament. For the purposes of this thesis I will focus solely on NHS England, which by virtue of the region it serves is by far the largest (England is home to 55 million of the United Kingdom's 66 million inhabitants) and thus most important NHS division.[5]

Within England, the NHS owns, operates, or pays for virtually all health services. The only exceptions are a small number of private hospitals that mostly cater to foreigners and wealthy Britons. Although direct oversight of NHS facilities is executed through a complex organization of local bureaucracies, the system is fully unified in that all healthcare providers operate under the NHS banner. As a result, the NHS employees approximately 1.2 million medical professionals and support staff, making it the largest employer in the United Kingdom

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[4] "About the NHS," *NHS*, <https://www.nhs.uk/using-the-nhs/about-the-nhs/the-nhs/>, accessed 17 February 2019.
[5] Ibid.

and fifth largest in the world behind only the United States Department of Defense, McDonald's, Walmart, and the Chinese People's Liberation Army. As of 2018 the NHS operates on a budget of approximately £125 million per year, or just under 10% of the United Kingdom GDP, also making it one of the most cost-effective systems among OECD countries. In 2017, the Commonwealth Fund ranked the NHS the best healthcare system in the world in terms of medical outcomes (such as infant and disease mortality rates), fair access, and overall efficiency. For comparison, in that same report the Commonwealth Fund ranked the United States' private healthcare system, which represents nearly 18% of the country's GDP, last among OECD countries. The report also noted that, even though the NHS does fall behind many of its European peers in terms of delivering the most innovative treatments, its ability to provide preventive medicine and basic services at relatively low costs is unparalleled.[6] Consequently, given the NHS's impressive scale, efficiency, and outcomes, analyzing the history of how this system came into existence is assuredly a worthwhile endeavor. Nevertheless, these factors are far from the most historically momentous aspects of the NHS.

In this thesis, I will critically analyze the causes, effects, and outlook of inequality in the United Kingdom through the lens of its healthcare system. As clearly demonstrated by the 2012 Olympics, for the British, the NHS is far more than just a healthcare system. It is a cultural phenomenon, a national treasure, and an enduring symbol of the long march towards equality. Modern British history is the story of a society struggling to overcome its deep divisions. In the subsequent chapters, I will explore the origins of Britain's ancient class stratification, the reforms proposed to address inequality, the factors that shaped the development of the modern-day NHS,

[6] "About the NHS," NHS, accessed 17 February 2019, https://www.nhs.uk/using-the-nhs/about-the-nhs/the-nhs/.

and the need for further reforms. Given the inherently political nature of not only socioeconomic equality but also healthcare policy, a history involving both topics is best understood through politics. Thus, this thesis will be a political history that ultimately aims to illustrate what kind of people, movements, and ideas are needed to challenge the status quo and institute equalitarian reforms.

Chapter 1

Origins of Inequality

An Ancient Legacy

Throughout the centuries leading up to the modern era, the polities that would later constitute the United Kingdom experienced extensive class stratification. To understand the origins of modern-day Britain, historians must go back to the arrival of modern Britain's ancestors, the Anglo-Saxons during the final years of the Roman Empire. In the power vacuum created by the decline and fall of the Rome, feudalism became the primary framework of social organization in Europe. This system developed as former Roman slaves gradually evolved into tenant farmers bound to specific plots that were simultaneously being awarded by invading Germanic chieftains, like those of the Anglos and Saxons, to their loyal supporters or vassals. Over time this system created two distinct groups: an aristocracy of princes, lords, knights, and clergy that owned the land, and the peasantry of common folk that worked the land. Under this system, a significant difference in economic and social privilege became deeply entrenched.

For generations, aristocrats and the church subjugated the peasantry through a wide range of feudal dues including rights to all harvests, taxes, and even restrictions on movement. This insured that peasants would keep cultivating the aristocracy's land while only getting to keep the minimum sustenance needed for survival. As a result of this asymmetrical relationship in which a minority monopolized all the levers of power at the expense of the majority, social instability was an ever-present concern. To maintain their privileged position, aristocrats deployed the

religious legitimacy of the divine right of kings and brute military strength of their knights.
Although these forces were enough to keep the masses in check during most of the Middle Ages,
overtime they became increasingly ineffective.[7]

The religious upheaval of the 1500s initiated by the Protestant Reformation created class
instability in two ways. First, it undermined the legitimacy of the Catholic Church and the
institutions it legitimatized. Second, and perhaps more dangerously, it weakened aid to the lower
classes. During the age of feudalism, when the peasantry fell on especially hard times local
churches and monasteries provided aid to them. With the demise of many church institutions in
England, indigent peasants were left with little recourse. The situation became particularly dire
for peasants who were forced off their land, and as a result they became vagabonds forced to beg
in the streets for survival. By the time of Queen Elizabeth I's reign, vagabondage in England and
Wales was an increasingly distressing problem. To address this problem, the Queen issued the
Poor Law of 1597, which was further amended by the more comprehensive Poor Law of 1601.
These Poor Laws required members of local Anglican parishes to pay tithes based on the value
of their land, houses, and other assets to finance the distribution of alms to local poor. Even
though the 1601 Poor Law was not remarkably different from the previous Poor Law or some
churches' existing charity practices, it is significant in that it formed the legal foundation of
Britain's welfare system for the next three centuries.[8]

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[7] Malcolm Hamilton and Maria Hirszowicz, *Class and Inequality*, (Briton, Sussex: Harvester Wheatsheaf, 1993), 100–103.

[8] "Poor Law," *Encyclopedia Britannica*, <https://www.britannica.com/event/Poor-Law>, accessed 1 November 2018.

The Elizabethan Poor Laws can be considered the basis for the first basic health provision in the British Isles.[9] The Poor Laws provided aid to the indigent poor in two distinct ways. The first form was 'outdoor' aid where food, clothes, and sometimes direct monetary payments were given to the indigent poor throughout a given community. The second more common form was 'indoor' aid provided in workhouses, which were notorious for their harsh work and living conditions. These institutions employed the working poor in profitable enterprises that in theory, covered the cost of their room and board. Although the Elizabethan Poor Laws led to the establishing of workhouses in nearly every substantial parish, they were not an innovation. In fact, the origins of workhouses can be traced back to the 1300s and the severe labor shortages that afflicted England in the immediate aftermath of the bubonic plague epidemic. [10]

To keep wages stable and to maximize land usage the peasants not already bound to a particular plot of land were concentrated into workhouses, which ensured productivity by not only keeping a close eye on those under their care but also by maintaining a healthy work force. Realizing that England could not afford to lose any more of their labor force to untreated injuries, diseases, and endemic malnutrition, authorities provided basic care to insure even the poorest of the poor could keep working. It was in this way that workhouses became distribution points for health services, albeit very primitive services by today's standards. Under the Poor Laws, this practice only increased as the vagrant poor were compelled by threats of criminal internment to become inmates of workhouses, where at least they would have hot meals and places to sleep. This philosophy of providing basic services not simply out of sense of Christian

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[9] John E. Pater, *The Making of the National Health Service* (London: Kind Edward's Hospital Fund for London, 1981), 2.

[10] "Workhouses," *Encyclopedia Britannica*, <https://www.britannica.com/event/workhouses>, accessed 1 November 2018.

charity, but more critically to preserve social order and abled body work force, became the underlying foundation of England's welfare philosophy until the industrial revolution. [11]

The Poor Laws and work houses continued to maintain social stability in England among the lower classes. However, the aristocracy faced a new threat from the emerging middle class. The English Civil War, or Great Rebellion, of the, mid 1600s, precipitated the transition from feudalism to the entirely new system of capitalism. Even though these conflicts were triggered by lingering dispute between Catholic members of the ruling Stuart dynasty and the primarily Protestant Parliament for control of the Church of England, in many ways they were more a product of the declining aristocracy's futile attempts to thwart the new merchant class' ascendancy. The Glorious Revolution of 1688 greatly diminished the power of the monarchy, the aristocracy, and the church. As a result, England soon became the cradle of liberalism. Encouraged by this philosophy as well as access to abundant resources from its growing colonial empire, industrialization gained increasing momentum during the late eighteenth and early nineteenth century, helping to further expand the middle class at the expense of the landed aristocracy. [12]

The Industrial Revolution

The Industrial Revolution produced a new form of inequality which required new policies. With their change in fortunes, aristocrats could no longer support the peasants on their land. As a result, many former peasants migrated to nearby cities for employment. Urban manufacturing

[11] Ibid.
[12] David Cannadine, *The Rise and Fall of Class in Britain* (New York: Columbia University Press, 2000), 4-5.

transformed the displaced English peasantry into the world's first proletariat. This new class

dynamic fundamentally created plentiful new opportunities, but also tested the Poor Law's

limits. In their pursuit for market dominance, the industrialists brutally exploited the working

class with stern factory discipline and low wages which led to increasing squalor in rapidly

expanding urban slums seething with tuberculosis, typhoid, and cholera.[13] Workers were

virtually powerless to challenge this position because the Great Reform Act of 1832 all but

formally enshrined the new elite's political hegemony.[14] To make matters worse, workhouses

experienced systematic failures in providing sufficient aid, especially in terms of medical

treatment. During the Great Irish Potato Famine of the 1840s, workhouses were overrun by

starving Irish farmers. As famine conditions worsened, starvation and treatable infection

decimated Irish facilities, with one workhouse in Cork experiencing approximately one

preventable death every hour during the winter of 1847.[15] Conversely in English cities, the

absence of the traditional workhouse infrastructure, which was built up in more agrarian rural

areas, left a gaping hole in services for the population most in need.[16] The Liberals because of

their own economic interests facilitated the repeal of the infamous Corn Laws in 1846, allowing

the import of much needed food supplies to Ireland.[17] Likewise, industrial capital financed the

rise of religious and philanthropic charities providing aid to the urban the poor.[18] Yet, the sense

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[13] Judith Flanders, "Slums," *British Libraries*, <https://www.bl.uk/romantics-and-victorians/articles/slums>, accessed 1 November 2018.
[14] Cannadine, *The Rise and Fall of Class in Britain*, 6.
[15] Francis Mulraney, Irish Central: Cork witnessed record shock at poverty and death during the Great Hunger, <https://www.irishcentral.com/roots/history/cork-city-irish-famine-deaths>, accessed 1 November 2018.
[16] Judith Flanders, "Slums," *British Libraries*.
[17] Cannadine, *The Rise and Fall of Class in Britain*, 6.
[18] Judith Flanders, "Slums," *British Libraries*.

of stability created by these minimal reforms quickly evaporated with the appearance of new specter in Europe: socialism.

In the 1840s the German political theorist and philosopher Karl Marx fundamentally altered the discourse surrounding class in Europe and throughout the world. For Marx, human history was the story of class struggle. The struggle of the mid-nineteenth century was between the oppressive bourgeoisie (capitalist elite) and the oppressed proletariat (working populace).[19] Despite recognizing capitalism, especially the surplus wealth it created, as preferable to the austerity of feudalism, Marx considered the system unsustainable. In his extensive writings, Marx built the case for inevitable revolution by the proletariat against the bourgeoisie. The proletariat would seize the means of production and establish a socialist state. Initially such predictions only gained traction among some European intellectuals but, once the popular Revolutions of 1848 swept the continent confronting Marxism became unavoidable for the mainstream. Even though the revolutions failed (with the notable exception of France that experienced significant political upheaval), the social changes were significant.[20] Supporters of Marx had successfully agitated the masses into developing a class consciousness or awareness of their oppression, which in turn created the first organized socialist movements with the power to threaten the status quo.

The rise of socialism forced Liberals and Conservatives alike to confront the grievances of the working classes and to reconsider their current policies. In the years leading up to 1848, the working classes of Europe were not void of insurrection. Starting in the 1830s Great Britain

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[19] Karl Marx, *Communist Manifesto* (London: Workers Educational Association, 1848), 1.
[20] Karl Marx, *The Revolutions of 1848*,
<https://www.goodreads.com/book/show/1512086.The_Revolutions_of_1848>, accessed 1 November 2018.

was rocked by violence from the Chartism movement. Chartism was a movement of working-class laborers dissatisfied with the limited nature of the Great Reform Act of 1832. While the working class like bourgeoise supported abolishing the aristocracy's historic parliamentary privileges, they felt betrayed by Liberal Party's refusal to include the lower classes in government. With this betrayal festering in slums across the British Isles, support for more extensive reforms as described by the People's Charter gained increasing traction.

The People's Charter called for universal male suffrage, a secret ballot, abolishment of property qualification, salaries for Members of Parliament, equally sized electoral districts, and annual elections. Chartists included these demands in three major petitions to parliament delivered during 1839, 1842, and 1848. When parliament rejected each of these petitions, riots erupted across the North of England and in Wales. In addition to the rejection of petitions, riots became increasingly common during economic downturns when wages were typically cut and food was becoming scarce.[21]

These violent protests led Karl Marx and his followers to remark that the military force of the British government was the only reason why Chartism did not develop into a full-fledged proletarian revolution.[22] For example, in 1839 soldiers killed 22 Chartists during a riot in the Welsh town of Newport. The 1848 riots posed the greatest potential challenge for the political establishment. However, many people in England were horrified by the chaos the 1848 Revolution caused in France.[23] As a result, Chartism lost much of its appeal and experienced a precipitous decline as the growing prosperity of the Victorian Era enhanced overall economic

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[21] "Chartism," *The National Archives*, <http://www.nationalarchives.gov.uk/education/politics/g7/>, accessed 1 November 2018.

[22] Cannadine, *The Rise and Fall of Class in Britain*, 6.

[23] Karl Marx, *England and Revolution*, <https://www.marxists.org/archive/marx/works/1848/12/england-revolution.htm>, accessed 1 November 2018.

security.[24] But Chartism sparked discussions within the British establishment about 'the problem of the English condition.'

Figure 2: Victorian Era Slum in London, c. 1901, From the Hulton Archive of Getty Images.

Scottish philosopher and Victorian social commentator Thomas Carlyle is credited with first introducing 'the problem of the English condition' into the lexicon of British politics.[25] In his writings about Chartism, Carlyle advanced the idea that the Industrial Revolution had divided England along class lines into "two nations."[26] This idea posed serious political, social, and ethical questions that captivated many English intellectuals. Prominent Victorian authors in particular used their works to explore the English class divide. The character of Tiny Tim in *A Christmas Carol* by Charles Dickens, whose works are probably the most famous instances of 'problem of the English question' as a popular literary trope, is emblematic of the working class's inadequate access to healthcare. While Dickens novels were widely read, the lesser-

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[24] Cannadine, *The Rise and Fall of Class in Britain*, 6.
[25] Thomas Carlyle, *Chartism* (Galway, Ireland: MW Books, 1840).
[26] Ibid.

known novel *Sybil* by British Prime Minister Benjamin Disraeli is perhaps more historically

relevant. The following passage was frequently quoted by Disraeli's contemporaries:

> Two nations, between whom there is no intercourse and no sympathy; who are as
>
> ignorant of each other's habits, thoughts and feelings as if they were dwellers in
>
> different planets; who are formed by different breeding, are fed by a different
>
> food, are ordered by different manners, and are not governed by the same laws . . .
>
> the rich and poor.[27]

This harsh indictment of Victorian inequality provides a fascinating insight into the mind of the

man who led Parliament for several decades during the second half of the nineteenth century and

defined modern British conservatism.

The Rise of Class Politics

Born to Sephardic Jewish parents who converted to Anglicanism, Benjamin Disraeli was an

unlikely candidate to ascend to the pinnacle of British politics. An outspoken opponent of

repealing the Corn Laws, Disraeli rose quickly through the Tory ranks to lead the party.[28] In this

position Disraeli reoriented British Conservativism towards taking the seemingly

counterintuitive position of advocating for the poor. As his literary works show, Disraeli was

greatly concerned about the dangers of inequality, stressing to fellow Conservatives that "the

palace is not safe when the cottage is not happy."[29] Consequently, he worked to broker an

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[27] Benjamin Disraeli, *Sybil; or, the Two Nations* (London: Colburn, 1845).
[28] "Benjamin Disraeli," *Encyclopedia Britannica*, <https://www.britannica.com/biography/Benjamin-Disraeli>, accessed 1 November 2018.
[29] Benjamin Disraeli, *Sybil*.

alliance between the working class and the aristocracy, which Disraeli claimed possessed an

historic prerogative of caring for the poor. This alliance painted the Liberals as little more than a

cabal of self-interested capitalists and became an effective tool for Disraeli throughout the

Victorian Era as he campaigned against his arch nemesis and Liberal foil William Ewart

Gladstone.[30] As the majority in the House of Commons swayed back in forth between these two

men, both Conservatives and Liberals were forced to offer the public solutions to the English

question. For Disraeli and the Conservatives, the answered lied in maintaining and strengthening

the paternalistic relationships through Poor Laws and philanthropy between nobles and

commoners to reunite the two nations. Although this philosophy forms the basis of the modern

Tory ideal of 'One Nation Conservatism', the Liberals' solution gained more traction at the

time.[31]

Victorian Conservatives were concerned about maintaining historic privileges of the

aristocratic institutions like the monarchy, House of Lords, and Church of England. Liberals

were concerned about maintaining a capitalist economy.[32] Even though the risk of a Chartist or

proletarian revolution appeared remote, the impact of Marxist ideology could not be ignored. In

his essay, *England and Revolution*, Marx acknowledged that "social revolution in Europe must

necessarily miscarry, unless the English bourgeoisie or the industrial and commercial supremacy

of Great Britain is shaken."[33] These words captivated Europe's Marxists who fantasized about

overthrowing British capitalism. As a result, Liberals increasingly accepted that Marxists would

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[30] "Disraeli and Gladstone: Opposing Forces" *BBC*,
<http://www.bbc.co.uk/history/british/victorians/disraeli_gladstone_01.shtml>, accessed 1 November 2018.
[31] "A Brief History of one-nation Conservatism," *The Economist*, 9 May 2017.
[32] "Disraeli and Gladstone: Opposing Forces" *BBC*.
[33] Karl Marx, *England and Revolution*.

eventually challenge them unless action was taken to close the gap between the two nations. However, questions abounded concerning what policies were best suited to address inequality.

British Liberals found inspiration for how to address domesticate inequality in the policies conservatives had used to neutralize socialism in Germany. Otto von Bismarck, founder and inaugural Chancellor of the modern German nation-state was one of the most influential conservative figures of the nineteenth century. A Prussian Junker (aristocratic land owner) and devout adherent to Lutheran Pietism, with a steadfast belief in the absolute monarchy of the Kaiser, Bismarck was a fierce opponent of liberalism and socialism. The Iron Chancellor, as many called Bismarck, was also a pragmatic politician.[34] The industrial revolution fundamentally transformed German society during the 1860s and 1870s. As the traditional feudal system was abolished, cities experienced exponential growth.[35] Like in Britain, growing social problems and rising support for the German Socialist party forced the government to respond.[36]

Initially, Bismarck attempted to simply use state authority to sideline the German Social Democratic Party by passing the *Sozialistengesetze*, laws banning socialist activities in 1878. Yet, these laws soon failed with Social Democrats winning seats to the Reichstag (German Parliament) that same year. Subsequently, Bismarck tried a different approach. Similar to Disraeli, the Chancellor sought to foster an alliance between conservative aristocrats and the working class with the goal of marginalizing the liberal bourgeoisie.[37] Bismarck also stressed the importance of aristocrats' Christian duty in providing alms to the poor, but his motives differed

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[34] "Otto Von Bismarck," *Encyclopedia Britannica*, <https://www.britannica.com/biography/Otto-von-Bismarck>, accessed 1 November 2018.

[35] Jürgen Reuleke, "Population Growth and Urbanization in Germany," *Urbanism Past and Present* No. 4 (Summer 1977): 21-28, <https://www.jstor.org/stable/44403540>, accessed 1 November 2018.

[36] David Khoudour-Castéras, "The German Welfare State and Labor Mobility," *The Journal of Economic History* Vol. 68, No 1 (March 2008): 211-243, <https://www.jstor.org/stable/40056781>, accessed 1 November 2018.

[37] "Otto Von Bismarck," *Encyclopedia Britannica*.

from English Conservatives like Disraeli. Bismarck wanted to use the alliance between

conservative aristocrats and working-class Germans to inspire loyalty between the people and the

monarchy of the young German Empire. Bismarck was not simply interested in maintaining a

status quo but instead, in building a stronger and more unified state.[38]

Over the course of the 1880s Bismarck laid the foundation of the world's first welfare

state, with laws for sickness insurance in 1883, accident insurance in 1885, and old age and

disability insurance in 1889. These programs, which were funded through a combination of

government, employer, and employee contributions, provided workers with a minimal standard

of living and access to basic healthcare. These programs gave German manual labors the security

of knowing physical injury or illness would not drive their families into destitution, a privilege

workers nowhere else in Europe or the United States could claim. Collectively Bismarck's

reforms helped to erode the growing support for socialism in Germany.[39] Witnessing the German

state's success, British Liberals desired to follow its example, but several structural obstacles

blocked their path.

A Public Health Crisis

By the end of the Victorian Era, support for enacting welfare reforms was gathering steam within

the British political establishment. However, such reforms still faced fierce opposition. The

Tories remained committed to their vision of alleviating poverty through traditional social bonds.

On the left, a split erupted within the Liberal Party between those committed to classical

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[38] Kees Van Kersbergen, *Comparative Welfare Politics: Development, Opportunities, and Reform* (Cambridge: Cambridge University Press, 2014) 38.
[39] Ibid.

liberalism and those more inclined to reform. William Ewart Gladstone, the unquestioned leader of the Liberals through much of the Victorian Era, kept the party more closely aligned to the former vision. Gladstone emphasized the classical liberal values of self-reliance and limited government.[40] Thus, throughout his lengthy tenure as party leader, the Liberals did not press for substantial reforms. Nonetheless, the Liberal schism over Gladstone's Irish Home Rule Bills allowed for the rise of more reform minded leaders.

The 1885 general election left Britain with a hung parliament. The Liberals claimed the greatest number of seats, but Gladstone could not become Prime Minister without support from the Irish Home Rule Party. Consequently, Gladstone entered a pact with the Irish Members of Parliament, securing their confidence in his government on the condition that the Liberals would support extending limited self-rule to Ireland. This arrangement at first seemed like a political triumph for Gladstone as he became Prime Minister for the third time, but it soon proved to be a political catastrophe. As soon as the first Irish Home Rule Bill was introduced in 1886, a political firestorm engulfed Westminster. Appalled by the idea of jeopardizing the British union with a Catholic self-government in Ireland, many devoutly Protestant Liberals broke with Gladstone and formed the Liberal Unionist Party, which voted with the Conservatives to defeat the Home Rule Bill.[41] Although this split led to fall of Gladstone's third government and the election of a Conservative and Liberal Unionist Coalition in the 1886 snap elections, the vacuum left by the Liberal Unionist departure opened the door for more reform-minded Liberals to take over the party.

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[40] "Disraeli and Gladstone: Opposing Forces" *BBC*.
[41] "William Ewart Gladstone," *Encyclopedia Britannica*, <https://www.britannica.com/biography/William-Ewart-Gladstone>, accessed 1 November 2018.

Even with the ascendancy of modern liberalism in Parliament, it was not until the stalemate of the Anglo-Boer War that Bismarck style reforms were viewed as a necessity. In 1899, conflict erupted in South Africa between Britain and the Boers (descendants of Dutch settlers). Expecting a quick victory, the British dispatched a professional army of nearly half million men to subjugate the Boers and to bring South Africa fully under British control. However, this conflict became a quagmire with the British suffering numerous defeats at the hands of a volunteer army of no more than 35,000 Boer farmers. These events were humiliating for the British government and people, who scrambled to explain what went wrong. It was soon revealed that despite the professional training and size of the British Army, most soldiers were in poor health. Furthermore, it became known that in some British towns army recruiters rejected as many as nine out of ten young and seemingly able-bodied men due for health reasons related to untreated ailments and chronic malnutrition. Such inability to field an army suitable for fighting a relatively small insurgency of Dutch settlers in Africa, let alone another professional army from an imperial rival like Germany, created a national panic.[42] The fact that a lack of basic healthcare access within the lower classes had now created a generation of young men incapable of protecting the Empire finally galvanized support for overhauling Britain's healthcare system.

Following the Anglo-Boer War, the Committee on Physical Deterioration was established to examine why the physical wellbeing of potential army recruits was so poor and how these conditions could be improved. In 1903, the Committee released its findings to Parliament and offered recommendations on what policies could improve the quality of British army recruits and the general health of the British people. The most significant of these policies focused on

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[42] "The Boer Wars" *BBC*, <http://www.bbc.co.uk/history/british/victorians/boer_wars_01.shtml>, accessed 1 November 2018.

working-class, school-aged children whom the Committee asserted should have access to

medical care, free meals, and maternal education within schools. Recognizing the public concern

about the poor physical condition of the British lower classes and in turn, popularity for the

Committee's recommendations the Liberal party incorporated healthcare reform into its platform

for the 1906 General Election. This strategy proved a tremendous success with Liberals winning

a landslide victory and unquestioned majority in Parliament.[43] From this strong position, the

Liberals embarked on a quest for comprehensive reforms that can be seen as the birth of the

modern British welfare state.

Although the Liberals were committed to enacting extensive social reforms, questions

lingered about what form these initiatives would take. Essentially, the question was whether the

new Liberal Reforms be created within the existing framework of the Poor Laws. While the Poor

Laws could be considered the origins of Britain social and healthcare infrastructure, by the turn

of twentieth century, Poor-Law-related organizations only represented a small portion of

Britain's social service delivery networks. The philanthropic movements that developed in

response to the hardships of the early industrial working classes led to the founding of the

voluntary hospitals that served many British towns. Likewise, the Sanitary Revolution, which

erupted after doctors discovered that outbreak of diseases such as cholera in urban slums were

the direct result of poor hygiene, led to the advent of public housing options and sanitariums.[44]

Nearly all of these institutions were operated by doctors whose only formal association was with

the British Medical Association and who were completely independent from the government,

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[43] "Achievements of Liberal Welfare Reforms," *The National Archives*,
<http://www.nationalarchives.gov.uk/education/britain1906to1918/g2/gallery2.htm>, accessed 1 November 2018.
[44] John E. Pater, *The Making of the National Health Service*, 2.

Anglican Parishes, and workhouses that administered Poor Law aid. As a result, Liberals looked to reports by the Royal Commission on the Poor Laws and Relief of the Distressed for ways to reconcile the public welfare services of the Poor Law system with those of private healthcare providers.

After four years of extensive research, the Royal Commission on the Poor Laws and Relief reported its findings. The Commission could not agree on a single report. The Majority Report argued that responsibility for administering the Poor Laws should be transferred from parish guardians to local government councils, who would in turn appoint appropriate professionals, which in the case of health meant doctors form the British Medical Association. Furthermore, the Majority Report recommended replacing workhouses, which were now infamous thanks to a series of scandals, with voluntary hospitals, where poor workers could pay a small subscription to seek services from approved doctors.[45]

Conversely, the Minority Report, penned by prominent social researcher Beatrice Webb, argued that the Poor Laws should be completely abolished, with local government councils being placed in charge of a new unified system of services. In terms of health, the Minority Report also advocated against any subscription or insurance schemes for healthcare because they thought they would create competition amongst doctors, who would be incentivized to bribe patients with unneeded prescriptions and illness certificates. Instead the report advocated for hiring salaried doctors paid with tax revenues. Patients should be able to visit these doctors regardless of need.[46] Although these competing visions of reform framed the general debate, both failed to become the basis of the Liberals' actual reform proposal.

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[45] Pater, *The Making of the National Health Service*, 3.
[46] Ibid.

The People's Budget

With the House of Commons firmly under their control after 1906, the Liberals tackled a variety

of social ills, including implementing the Committee on Physical Deterioration's

recommendation for school children, but they did not make a major push to directly address

inequality until 1909.[47] By this point, Liberal Prime Minister, H.H. Asquith, had delegated issues

relating to welfare reform to his Chancellor of Exchequer, David Lloyd George. Lloyd George

considered ill health to be the root of inequality in Britain and viewed Bismarck's Reforms as a

model Britain should replicate.[48] Consequently, he traveled to Germany to study the German

welfare state and began crafting a series of reforms that also took into consideration aspects from

both the Royal Commission on the Poor Laws and Relief's Majority and Minority Reports.

The product of these efforts was bills for an old age pension scheme, unemployment

insurance scheme, and national health insurance scheme.[49] These programs would be separate

from the Poor Laws, which would remain in existence as a parallel system. In this way, Lloyd

George successfully amalgamated aspects of both reports but while simultaneously managed to

alienate supporters of both sides. Even still, the reform bills enjoyed public popularity, especially

among the increasingly powerful Trade Unions, who in 1900 formed the new socialist Labour

Party. The Liberals feared the nascent Labour Party as the rebirth of Chartism and a burgeoning

threat in parliamentary elections.[50] Therefore, Lloyd George pushed through his reform

proposals, seeing them as an opportunity to close the British class divide, to coopt would be

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[47] "David Lloyd George," *BBC*, <http://www.bbc.co.uk/history/historic_figures/george_david_lloyd.shtml>, accessed 1 November 2018.
[48] Pater, *The Making of National Health Service,* 4.
[49] "David Lloyd George," *BBC*.
[50] "Achievements of Liberal Welfare Reforms," *The National Archives*.

socialists into the liberal fold, and improve the nation's overall health, but one question still remained. Where would the money for these programs come from?

As Chancellor of the Exchequer, David Lloyd George was tasked with presenting Parliament an annual budget. Thus, with the Liberal reforms ready to be enacted, in 1909 he proposed a radical budget to raise taxes on the wealthiest British subjects in order to provide aid to the poorest. In presenting what would become known as the "People's Budget" to Parliament, Lloyd George declared:

> This is a war Budget. It is for raising money to wage implacable warfare against poverty and squalidness. I cannot help hoping and believing that before this generation has passed away, we shall have advanced a great step towards that good time, when poverty, and the wretchedness and human degradation which always follows in its camp, will be as remote to the people of this country as the wolves which once infested its forests.[51]

Given the strength of the British economy, Lloyd George and the other Liberals viewed higher taxes primarily in the form of land duties, which would only affect large landowners like the aristocracy, as a small price to pay for a better overall society. Yet, the Conservatives balked at this budget. While they did not necessarily disagree with the form or scale of the Liberal Reforms, the Conservatives vehemently opposed paying for them through land taxes. True to their historic penchant for protectionism, the Tories instead suggested paying for the reforms via higher tariffs. Also, true to their historic penchant for free trade, the idea of new tariffs was wholly rejected by the Liberal government. As a result, the Liberals pushed forward with a vote

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[51] Ibid.

on the People's Budget, which garnered the overwhelming support of the House of Commons.[52]

However, the People's Budget would not enjoy the same success in the aristocratic House of

Lords.

When the People's Budget came before the House of Lords, the mostly-Conservative

land-owning peers in the chamber broke the historic precedent of supporting bills passed by a

majority of Commons by vetoing the budget. This vote triggered a constitutional crisis that

forever changed the structure of Parliament. In 1910, Liberals called snap elections that they

hoped would give them a mandate to strip the 'undemocratic' House of Lords of its power and

thus implement the People's Budget. However, in large part due to the failure of the Liberals to

successfully coopt Labour voters, the election produced a hung Parliament. H.H. Asquith was

only able to remain as Prime Minister with the support of Labour and Irish Nationalist members

of Parliament. Without an electoral mandate, the crisis continued until King Edward VII

threatened to dilute the voting power of the Conservative Lords with new Liberal peers. Facing a

total loss of power, the House of Lords relented on the condition that the Land Tax be stripped

from the People's Budget.[53] Lloyd George agreed to the compromise by closing the funding gap

with a progressive income tax that would still redistribute wealth but not single out land owners.

Hence, by 1911 the Liberal Reforms came into law and British subjects gained access to a

system of national health insurance.[54]

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[52] Ibid.

[53] "House of Lords Reform: Parliament Act of 1911," *United Kingdom Parliament Archives*, <https://www.parliament.uk/about/living-heritage/evolutionofparliament/houseoflords/house-of-lords-reform/from-the-collections/from-the-parliamentary-collections-the-parliament-act/parliament-act-1911/>, accessed 1 November 2018.

[54] Pater, *The Making of National Health Service*, 4.

Although the National Health Insurance improved access to healthcare for Britain's poor, it was a deeply flawed system. The independence of the program from the Poor Law infrastructure made it more appealing to working class Britons who refused Poor Law aid due to the long-standing stigma against the system. Participation in the program was limited to workers earning less than 160 pounds per year, did not cover workers' dependents, and only offered coverage for basic services from primary physicians. Additionally, the British Medical Association developed a hostile relationship with the government and in particular David Lloyd George over the program's implementation, which further stymied progress.[55] Once World War I broke out, all of Britain's attention became focused on the war. As a result, healthcare did not greatly improve, class inequality remained entrenched, and the Liberal Reforms were increasingly viewed as a major disappointment.[56] This fact, combined with public's unhappiness with the war, led many Liberal voters to switch allegiance to the now-ascendant Labour Party, which focused its energy on inequality and became the champions of a new national healthcare system.

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[55] Pater, *The Making of National Health Service*, 3-5.
[56] "Achievements of Liberal Welfare Reforms," *The National Archives*.

Chapter 2

War and Reform

The Labour Movement
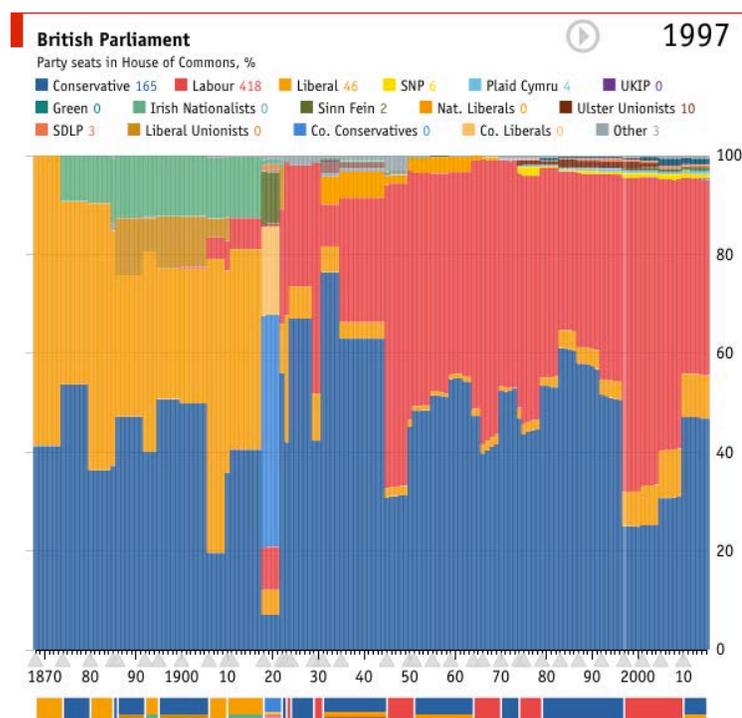
Figure 3: Political Parties in British Parliament 1870-2015, From The Economist Blog, March 26, 2015.

Founded in 1900, the Labour Party grew out of a partnership of former Chartists, socialist

groups, left-wing intellectuals, and trade unions. The expansion of voting rights by Gladstone's

Liberals in 1884 finally gave the working class a voice in parliamentary elections. However, the

fact that rank-and-file members of Parliament continued to not receive compensation for their

services meant that parliamentary representation would continue to be overwhelmingly biased in

favor of the upper classes. It was not until trade unions raised enough funds to start patronizing

their own members of Parliament that this situation began to shift. In 1900 the various trade

unionist groups in Parliament convened in London and agreed to unite into a single Labour Party

under Keir Hardie, the Scottish trade unionist and Member of Parliament.[57] In the subsequent

years, Hardie aligned Labour with the Liberals despite their efforts to coopt working class voters

with their aforementioned reforms. When the Liberal Reforms fell flat in the eyes of many

voters, the Labour Party capitalized on their shortcomings to greatly expand their base.

Furthermore, World War I era concessions put trade unions in a very strong position by the end

of the conflict.[58] Embracing this strength, the Labour Party transformed itself from a minor party

and occasional kingmaker during hung parliaments to a major rival of both the Conservatives

and Liberals with the ability to form its own government.

The First World War unleashed unprecedented death and destruction. Over forty million

soldiers and civilians perished. This number does not even include the tens of thousands of

colonial troops from across its Empire who were massacred in battles like the infamously bloody

siege of Gallipoli. Britain also suffered over one hundred thousand civilian causalities. The war

not only drained Britain's pre-war surplus but also forced the government to liquidate valuable

American assets in order to borrow money from its former colony. To further compound these

costs the war indirectly led the British to lose control over its Irish colony. The 1916 Easter

Rising paved the way toward Irish independence in 1921 and encouraged independence

movements in other colonies such as India.[59]

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[57] "Labour's History," *Labour*, <labour.org.uk>, accessed 1 December 2018.

[58] "Labour Party," *Encyclopedia Britannica*, <https://www.britannica.com/topic/Labour-Party-political-party>, accessed 1 December 2018.

[59] "World War I," *Encyclopedia Britannica*, <https://www.britannica.com/topic/World-War-I>, accessed 1 December 2018.

Despite its high cost, World War I served as a catalyst for much needed cultural and social shifts in Britain and helped to unify Britain's deeply divided population. The threat of foreign enemies and the shared experiences of persevering through the conflict brought people of all classes together like never before. While many of the causalities were the young sons of working-class families, upper-class families including those of Prime Ministers H.H. Asquith and Andrew Boner Law, lost sons during the war. Collective traumas like these helped to accelerate the progressive erosion of the rigid social class distinctions that defined the Victorian and Edwardian eras. Similarly, the unprecedented scale of World War I required the mobilization of the entire British population. Every man, woman, and child in Britain needed to make their own contribution whether in the trenches of France or the factories in the Midlands. This kind of mobilization required extensive planning and central coordination that can only be achieved through the auspices of the state.[60] As a result, the British state expanded considerably during the war, touching nearly all aspects of its citizens' lives. While the state proved effective at managing the war, one of the greatest challenges was reaching an agreement with the trade unions.

Once the Royal Commission on Trade Unions and Employers' Associations legalized the organization of workers in 1867, trade unionism rapidly expanded across the British Isles.[61] As trade unions penetrated every industry, elevating more and more workers into their ranks, they became an increasingly important stakeholder in the British economy. The strength of this

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[60] "Britain and the War," *The National Archives*, <http://www.nationalarchives.gov.uk/help-with-your-research/research-guides/first-world-war/>, accessed 1 December 2018.

[61] K.W. Wedderburn, "Report of the Royal Commission on Trade Unions and Employers Associations," The Modern Law Review Vol. 31, No. 6 (November, 1968), 674-682, <https://www.jstor.org/stable/1094189>, accessed 1 December 2018.

position became plainly evident during World War I, as the government struggled to maintain the high levels of industry productions needed to keep British troops armed and supplied. These struggles became particularly acute during the 1915 "Shell Crisis." With hundreds of artillery shells being fired back and forth across the trenches on the western front every day, shell manufacturing became an indispensable part of the war effort. Thus, when it was uncovered in 1915 that the private firms the British military had contracted with to produce shells were falling behind in both the number and quality of shells produced a scandal erupted. The public uproar over the scandal forced the government to create the Ministry of Munitions to directly oversee shell production. Through this new ministry and others similar entities the government was compelled to work with the trade unions representing workers like shell builders who could jeopardize the war effort with a strike. To avoid such a confrontation the government began making substantial concessions to trade unions that both insured British arms manufacturers would be able to out produce their German counterparts and that the unions would become more influential than ever before.[62]

The trade-union-backed Labour Party made addressing inequality through comprehensive reforms the basis of its platform. Labour reform proposals were based on ideas and studies articulated by the members of the left-leaning Fabian Society, most notably Beatrice Webb. Born in 1858 to a family of upper middle-class merchants with close ties to the Liberal Party, Webb would go on to become the United Kingdom's preeminent social researcher. After ending a lengthy courtship with Joseph Chamberlain, the unionist's leader during the Liberal schism, she met and married fellow-intellectual Sidney Webb. Together the couple would lay the

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[62] "Britain and the War," *The National Archives*.

groundwork for Labour's social policies. Despite the Liberal Reform's partial incorporation of her Minority Report from the 1909 Royal Commission on the Poor Laws, Webb remained dissatisfied with the programs established by the People's Budget, including the National Health Insurance scheme. Hence, Webb pushed the Fabian Society and, in turn, the Labour Party to advocate for a new round of reforms.[63] Nevertheless, these calls fell on deaf ears in Westminster, which remained in Liberal hands throughout most of the first two decades of the twentieth century.

It was not until 1922, when an internal dispute between Asquith and Lloyd George led the Liberals into another disastrous schism, that Labour's calls for reform started to seriously matter. Lloyd George used his popularity as wartime Prime Minister and his alliance with Conservative leader Andrew Boner Law, to purge parliament of Asquith and his supporters. This had the seemingly counterintuitive consequence of drastically reducing the number of Liberal seats, which in turn allowed Boner Law to form a government after the wars conclusion. However, the vacuum created by the Liberals' decline finally opened the door for Labour to gain a foothold in the opposition and to form its first government.

The Great Depression

While World War I helped to reduce inequality and unify the United Kingdom, the return of peacetime reversed these trends. The dependence of the British economy on unsustainably high wartime production, inevitably led to a deep post-war recession. The recession in the United

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[63] "Beatrice Webb," *Encyclopedia Britannica*, <https://www.britannica.com/biography/Beatrice-Webb>, 2 April 2018.

Kingdom led to soaring unemployment, which created needs far behind the capacity of the Poor

Laws or the Liberal's new welfare programs. As the crisis deepened, due to the failure of Boner

Law's Conservative government to expand these programs, elections had to be called. After the

1923 General Election led to a hung Parliament, King George V invited Labour leader Ramsay

MacDonald to form a minority government with the support of Asquith's resurrected Liberal

faction. In addition to being the first Labour government, MacDonald's cabinet was the first to

include members of the working class, including the Prime Minister himself.[64] Even though this

government was ultimately short-lived, with the Conservatives regaining power by the end of

1924, Labour's political ascendancy represented an important political shift.

As the balance of power in Parliament shifted back and forth amidst the economic

difficulties of the 1920s, a consensus regarding the need for more extensive social reforms was

developing among policy makers. For example, in 1919 Lord Bertrand Dawson of Penn, a

leading British doctor who would later serve as the royal family's private physician, was

commissioned by the Ministry of Health:

> To consider and make recommendations as to the scheme or schemes requisite for
>
> the systematized provision of such forms of medical and allied services as should,
>
> in the opinion of the Council, be available for the inhabitants of a given area.[65]

Created by the wartime coalition government as part of its overall expansion of the state, the

Ministry of Health was intended to oversee programs like the National Health Insurance scheme

and encourage coordination among local health authorities. This mandate for coordination soon

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[64] "Beatrice Webb," *Encyclopedia Britannica*.
[65] Bertrand Dawson, "Future Provision of Medical Services: Lord Dawson on the Consultative Councils Report," *British Medical Journal* 1, no. 3102 (27 May 1920): 800-02. doi:10.1136/bmj.1.3102.800.

led the ministry to convene a council of advisors chaired by Lord Dawson to develop a strategy

for systemizing the disparate health services provided by government. The report highlighted

how the inadequacies of Britain's current system were leading it to fall behind both peer nations

and its Canadian and Australian colonies, and thus recommended the unification of healthcare

providers into a single system.[66]

The main conclusion of the Dawson Report was that the increasingly advanced and

complex nature of healthcare required the creation of a new system that would ensure

widespread access for doctors and patients to the most innovative care available.[67] In fact, the

report argued that:

> Under existing conditions doctors are frequently without such provision or
>
> opportunity; they have imperfect access to such resources as those of
>
> Bacteriology, Biochemistry, Radiology, Electrotherapeutics; and they have
>
> inadequate means of assistance from consultants or specialists. Consequently,
>
> they cannot always do justice to their patients or themselves.[68]

Essentially, the report recognized the fact that since most modern healthcare technologies and

techniques were not accessible through national health insurance or even provided by many local

authorities, the existing system was further entrenching inequality rather than addressing it. To

correct these discrepancies, the report argued for creating a five-tier hierarchy of healthcare

providers under a central authority.[69]

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[66] Ibid.
[67] Pater, *The Making of National Health Service*, 8.
[68] Dawson, "Future Provision of Medical Services: Lord Dawson on the Consultative Councils Report."
[69] Ibid.

DIAGRAM OF AN AREA
SHOWING ALL SERVICES.
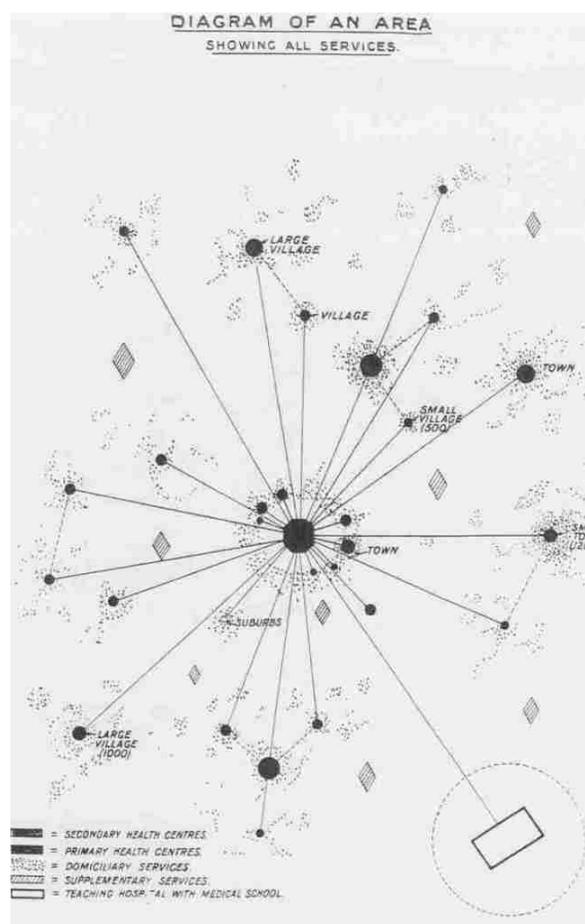
Figure 4: Regional Health Facilities as envisioned by the Dawson Report, From the "Interim Report on the Future Provision of Medical and Allied Services 1920", Socialists Health Association.

In this system, the lowest tier would be domiciliary services, like maternity care and the treatment of venereal diseases, which would be throughout every community. The second tier would be primary health centers, housing the doctors and nurses providing domiciliary services in the surrounding area as well outpatient clinics, dental surgery rooms, and ambulance stations. Cases beyond the scope of primary health centers would be referred up to the next tier, secondary health centers, which would only be located in select cities and would provide

inpatient and specialized treatment like dermatology or orthopedics.[70] Teaching hospitals

associated with universities would represent the fourth tier, dealing with the most specialized

cases and experimental treatments. In addition, any cases that required treatment in a separate

facility, for instance, patients suffering from tuberculosis or mental illness, would be respectively

referred to sanatoriums or psychiatric facilities.[71] Figure 4 is an illustration from the Dawson

Report that depicts a map demonstrating where each tier of services would be placed in a given

community. The report also suggested providers in every tier be financed by the respective local

authorities as Beatrice Webb had recommended in the Minority Report. However, it did not offer

a clear recommendation on whether these services should be free of charge or paid for through a

more comprehensive National Health Insurance scheme. Likewise, the Dawson Report offered

mixed suggestions for regulating the voluntary hospitals and other private providers suffering

from their own plethora of problems.[72]

Although voluntary or private hospitals had historically provided higher-quality services

than their public counterparts, the combination of increasing healthcare costs and the costs

imposed by the war led to mounting budget deficits and a depletion of the endowments on which

they relied. For example, despite donations to voluntary hospitals raising 67% from 1913 to 1921

the average the costs of treating patients rose an average of 138% during the same period. As a

result, the quality of care at voluntary hospitals throughout Great Britain rapidly declined

throughout the 1920s. The Dawson Report argued its policies would help remedy this situation

by taking pressure off the private system and suggested they could be further helped through

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[70] Ibid.

[71] Dawson, "Future Provision of Medical Services: Lord Dawson on the Consultative Councils Report."

[72] Pater *The Making of National Health Service*, 9.

integration into the public system. On the other hand, the Cave Committee, commissioned by the

Ministry of Health to specifically evaluate the issue, asserted that grants and other public funds

would be needed to stabilize the private system. Regardless, voluntary hospitals and many

private doctors in the British Medical Association balked at any proposal that would infringe on

their autonomy. Consequently, when Labour returned to government in 1929, the new

government focused its efforts primarily on reforming the public system.[73]

In response to continued high unemployment and a labor lockout affecting over one

million British miners, the trade unions organized a general strike in 1926 that led to nearly two

million workers striking for nine days.[74] Although the Conservative government of Stanley

Baldwin was able to end the strike with minimal concessions, the uproar over the incident

galvanized support for the Labour Party, which secured a plurality of seats in Parliament after the

1929 general election. With the support of David Lloyd George and the remaining Liberals,

Ramsey MacDonald again formed a government that the Fabian society and trade unionists

hoped would start implementing the social reforms debated throughout the previous decade. The

Great Depression shattered these hopes. Beginning in 1929, this economic crisis forced the

government to cut rather than expand public services.[75] Nonetheless, MacDonald did preside

over the enactment of reforms ordered by the Local Government Act of 1929, which the

Conservatives passed before the election. These reforms completely overhauled the Poor Law

system by severing its ties with parishes, abolishing guardianship bodies, and transferring most

of its functions, including all those regarding healthcare, to local government councils—fulfilling

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[73] Ibid, 9–13.
[74] "1926 General Strike," *Encyclopedia Britannica*, <https://www.britannica.com/event/General-Strike-of-1926>, accessed 1 December 2018.
[75] "Labour Party," *Encyclopedia Britannica*.

one of the Royal Commission on the Poor Laws and Reliefs key recommendations.[76] The

consolidation of public health services also helped to achieve some of the Dawson Report's

aims. The Labour party soon split over MacDonald's refusal to allow deficit spending and the

Conservatives returned to power.[77]

With the election of Adolf Hitler in Germany, it became clear to many members of the

British government that preparations for another war were necessary. Although the government's

defense policy during the 1930s did lead to the postponement of social reforms, it brought about

a variety of changes in the health system. With the memories of Boer War still seared in Britain's

collective psyche, maternal and child health service were expanded to help ensure an abled

bodied population.[78] Likewise, the government made new investments in local health authorities

and changed the structure of Poor Law institutions under their control. Instead of local health

authorities hiring doctors and paying them a salary to treat Poor Law beneficiaries, now these

patients would be able to choose their own doctors who would receive a capitation fee from the

local health authority. Horrified by reports of mass causalities from air raids in the Spanish Civil

War, Conservative Prime Minister Stanley Baldwin also directed the expansion of hospital

capacity and organization of comprehensive emergency medical services to treat the wounded in

the event of similar attacks on the Britain.[79] While these changes helped put Great Britain on war

footing and brace it for the difficult battles ahead, the disparities in health services remained. It

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[76] Pater, *The Making of National Health Service*, 15.
[77] "Labour Party," *Encyclopedia Britannica*.
[78] Pater, *The Making of National Health Service*, 17.
[79] Pater, *The Making of National Health Service*, 20.

would take another war of unprecedented scale to finish what the First World War started and allow the United Kingdom to unite against inequality.

World War II

Despite France and the United Kingdom's attempts to avoid war through appeasement and territorial concessions to the Nazis, Germany invaded France in 1940. After France capitulated, the British government had to decide whether to seek peace with Germany. The burden of this momentous decision fell on the newly-named Prime Minister Winston Churchill. Born into the English aristocracy, Churchill first gained notoriety as a journalist and prisoner of war during the Boer War. Although he later served in H.H. Asquith's Liberal cabinet helping David Lloyd George pass the People's Budget, after World War I Churchill joined the Conservative Party. Following the war-related resignations of Stanley Baldwin and Neville Chamberlain he became head of the wartime coalition and Prime Minister in 1941. As Prime Minister, Churchill faced increasing pressure to cut a deal with the Nazis and save Britain from the horrors of another war. Nevertheless, Churchill recognized the existential threat fascism posed to not only Europe but the entire world and vowed to "never surrender."[80] Consequently, for nearly two years, before the United States and Soviet Union entered the war, Churchill used his great strategic acumen and famous oratory skills to lead Britain in a solitary and very costly fight against fascism. From September of 1940 to May 1941, Germany engaged in nearly continuous bombing raids on the urban centers of Britain's industry and population, especially the capital city of London. During the Blitz whole neighborhoods were leveled, which caused approximately 43,000 civilian deaths

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[80] Roy Jenkins, *Churchill: A Biography* (London: Pan Books, 2001).

and at least another 140,000 injuries.[81] Yet, the British population remained resilient, thanks in part to healthcare reforms and increasing social solidarity.

Churchill's predecessor, Neville Chamberlain, allowed the Nazis to solidify their control of central Europe. The much-maligned appeasement policy, however, was a calculated attempt to gain time for Britain's war preparations. In addition to investing in military infrastructure, the government also invested heavily in civilian infrastructure and particularly in healthcare. Chamberlain expanded on Baldwin's efforts to expand hospital capacity and emergency medical services by transferring the Air Raid Precautions Department, first aid programs, mobile units, and ambulance services from the Home Office to the Ministry of Health. The Ministry of Health began preparing the British healthcare sector for war with upgraded surgical wards, staff increases, thousands of new hospital beds, stockpiling medical supplies, and developing elaborate protocols for managing nationwide mass casualty events. All these activities required unprecedented coordination between voluntary and local authority hospitals. Fatefully, the improvement of this cooperation was a favorite project of Neville Chamberlain. As Health Minister under Stanley Baldwin, Chamberlain had pushed for social reforms in order to win over former Liberal voters. One such reform was to start integrating voluntary hospitals into local health authorities. Although Chamberlain's plans faced vehement opposition from voluntary hospital administrators during the 1920s, the imminent threat of war during the 1930s eliminated nearly all opposition. Consequently, the Ministry of Health began integrating private and public

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[81] "The Blitz: Sorting the Myth from the Reality," *BBC*, <http://www.bbc.co.uk/history/events/the_blitz>, accessed 1 December 2018.

providers to develop a unified network akin to a primitive version of that outlined by the Dawson Report. This was especially true in the realm of emergency medical services.[82]

The Emergency Medical Service or Emergency Medical Scheme, as it was officially called, was developed by the Ministry of Health during the late 1930s. Under this scheme existing local government and voluntary hospital administrators continued to manage their hospitals but under the direction of the Ministry, which coordinated all services in a given region. This was done so that large number of doctors and beds would remain available to accommodate heavy casualties in urban areas. Moreover, by coordinating local services, certain hospitals could be designated for treatments that required a high degree of specialization such as burns and plastic surgery. For example, in London, the Ministry of Health divided the city into wedge shape sectors radiating out from the center, each with a teaching hospital (capable of providing highly advanced treatments). This system allowed for patients to simultaneously receive treatment and be evacuated from the area of London, where bombing was the most severe. Even at the peak of the Blitz, the sector system allowed doctors to efficiently and effectively treat thousands of bombing victims and save countless lives. In addition to mitigating the bodily impact of the Blitz the Emergency Medical Service led to great innovations in British healthcare by facilitating major advances in pathology, blood transfusions, pharmacology, and rehabilitation services. Furthermore, after the bombing raids, the Emergency Medical Scheme was expanded to include treatment of sick civilians throughout Britain, with the Ministry of Health taking increasing responsibility for furnishing and paying healthcare providers.[83]

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[82] Pater, *The Making of National Health Service*, 14–21

[83] Pater, *The Making of National Health Service*, 21.

However, all these advances pale in comparison to the social transformation caused during the Blitz.[84]

While World War I helped to break down traditional social barriers in Britain, World War II and, in particular, the Blitz created a new and truly profound sense of social solidarity. Whereas during World War I and most other major military conflicts in recent British history, the war and home fronts remained distinct from one another, World War II afforded no such separation. German aerial assaults placed the homes of ordinary British citizens on the war's front lines. In this conflict, it was not just family's sons fighting in trenches on foreign soil: whole families of men, women, and children fought day and night to survive an onslaught that did not discriminate on the basis of class.[85] As a result of the collective struggle, Britons from all walks of life developed a sense of comradery typically reserved for soldiers. Disraeli's two nations could now bond over the traumas of those like that of Margaret Chifeny, a young woman who happened to attend a dance in Coventry during one of the worst bombings and wrote in her diary that:

> Every building seemed to be on fire and in the distance, flames were lighting up
> the cathedral. I was petrified and couldn't move. A warden dragged me to the
> ground as the scream of another bomb came, but he left me to run to a woman
> who was on fire. He rolled her on the ground to put out the flames and took her to
> a shelter.[86]

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[84] "The Blitz: Sorting the Myth from the Reality," *BBC*.
[85] "The Blitz: Sorting the Myth from the Reality," *BBC*.
[86] Carol Harris, "Letters from the Blitz: Memories from the wars darkest days," *The Daily Mail*, 2010.

Shared experiences like these united Britain's rich and poor, who worked together building

shelters, sharing precious rations, and evacuating children to the countryside.[87] It was in this way

that the Blitz became the "People's War" and in turn completely tore apart and rewove the social

fabric of Great Britain. Out of the crucible of the war's devastation a new, more unified, and

revolutionary nation was born.

The Beveridge Report

In November of 1942, Sir William Beveridge, delivered the Social Insurance and Allied Service

Report to Parliament. This report would lay the foundations of the modern British welfare state.

Like previous reports, the government only intended the Beveridge Report (as the document was

colloquially known) to make a simple set of policy recommendations with no expectation that

any aspect of it would actually become law.[88] However, Sir Beveridge had others plans. Rather

than delivering an esoteric policy analysis, Beveridge released an overt political manifesto

stating:

> Now, when the war is abolishing landmarks of every kind, is the opportunity for
>
> using experience in a clear field. A revolutionary moment in the world's history is
>
> a time for revolutions, not for patching.[89]

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[87] "The Blitz: Sorting the Myth from the Reality," *BBC*.

[88] "On this day in history (1 December 1942): Beveridge Lays the Foundation of the Welfare State," *BBC*, <http://news.bbc.co.uk/onthisday/hi/dates/stories/december/1/newsid_4696000/4696207.stm> accessed 1 December 2018.

[89] William Beveridge, "Social Insurance and Allied Service Report," <https://archive.org/stream/in.ernet.dli.2015.275849/2015.275849.The-Beveridge_djvu.txt>, accessed 1 December 2018.

Beveridge realized that the upheaval produced by World War II gave reformers a historic opportunity to reshape society. Consequently, he used his report to outline the new policies and institutions that would remedy the ancient inequality among Britain's classes. To achieve this daunting task, the Beveridge Report argued that the government had to address the "Five Giant Evils" of squalor, ignorance, want, idleness, and disease through the creation of a cradle to grave welfare state. This assertion would come to dominate discourses surrounding post-war reconstruction and form the basis of the National Health Service.[90] In order to understand how the Beveridge Report reached this conclusion, it is necessary to look at Beveridge's background.

Sir William Beveridge was born in 1879 in Rangpur, British India in modern day Bangladesh. The son of Scottish-born British Imperial Civil Servants, Beveridge returned to England for schooling. He eventually attended Balliol College at Oxford, obtaining first class honors in the classics and mathematics. Although Beveridge started his career as a lawyer, he soon switched trajectories to become a social policy researcher after meeting Beatrice Webb. Under Webb's tutelage, Beveridge quickly became a leading policy expert, particularly in the areas of unemployment insurance and pensions. Consequently, Webb introduced him to Winston Churchill, the President of the Board of Trade under H.H. Asquith's Liberal government. Through Churchill, Beveridge advised David Lloyd George in the crafting of the People's Budget. After the war, Beveridge became director of the London School of Economics, which had recently been founded by leading members of the Fabian Society. At the London School of Economics, Beveridge published extensively on a wide range of social policy topics. With the outbreak of World War II, Beveridge was recruited once again to help coordinate war logistics

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[90] Ibid.

alongside Minister of Labor, Ernest Bevin. In 1941, when the government commissioned a report

on how to rebuild Britain after the war, Beveridge seemed like a perfect fit for the project.[91]

Nobody expected a pedantic policy wonk like Beveridge to offer the bold proposals he did.[92]

Beveridge combined the immense body of research and unquenchable idealism of his many

mentors to finally create a comprehensive reform package.

It can be argued that the main problem Beveridge wanted to demonstrate was the inability

of the existing piecemeal programs to address inequality. The archaic Poor Law infrastructure,

schemes established by the Liberal Reforms, various local-government initiatives, and programs

launched during the war had produced a patchwork of assistance options for indigent Britons that

were neither individually adequate nor collectively compatible. As a result, the existing programs

did little to address the disparity between different classes. The five areas Beveridge identified as

the most acute disparities were want for basic necessities, idleness due to unemployment, squalor

caused by affordable housing shortages, ignorance from lack of education, and disease relating to

inadequate healthcare access. Collectively these shortcomings formed "Five Giant Evils" that the

Beveridge Report tried to conquer. While some existing programs tried to separately tackle

particular elements of these issues, Beveridge recognized that they needed to be addressed

together: because ignorance and disease can lead to idleness, which can lead to want and squalor,

which can further increase ignorance and disease. This meant that to break this vicious cycle a

comprehensive solution was required. Consequently, the Beveridge Report recommended the

establishment of a Social Security or National Insurance Scheme.[93]

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[91] Jose Harris, *William Beveridge: A Biography* (Oxford: Oxford University Press, 1997).
[92] "Beveridge Report: From 'deserving poor' to 'scroungers'?" *BBC*, 26 November 2012,
<https://www.bbc.com/news/magazine-20431729>, accessed 1 December 2018.
[93] Beveridge, "Social Insurance and Allied Service Report."

Under this scheme, all working British subjects would make weekly contributions to a national insurance fund that would provide benefits to the unemployed, the disabled, retirees, widows, and orphaned children. Additionally, the scheme would not require means testing, since Beveridge astutely understood that such prerequisites would create a poverty trap. The National Insurance scheme was the centerpiece of Beveridge's reform proposal, but he also made several additional recommendations. The report did advocate for the state guaranteeing a minimum standard of living for all British from birth until death, but it did not view the relationship between state and individual as one-sided.[94] If an individual wanted to exceed the basic minimum afforded by the state, then they would have to by their own volition. Thus, to encourage Britons to rise beyond the basic minimum provided by national insurance as well as ensure the scheme would not become overburdened, the state would increase educational opportunities, promote access to affordable housing, and follow Keynesian economic policies promoting full employment.[95] Likewise, the state would take responsibility for providing healthcare to all citizens through a nationwide system that the Beveridge Report viewed as essential to closing the class divide.

In addition to the establishment of a National Insurance Scheme, the Beveridge Report called for the establishment of a National Health Service. Taking cues from Beatrice Webb's Minority Report and the Dawson Report, the Beveridge Report argued for a system where:

> Medical treatment covering all requirements will be provided for all
>
> citizens by a national health service organized under the health
>
> departments and post-medical rehabilitation treatment will be provided

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[94] "On this day in history (1 December 1942): Beveridge Lays the Foundation of the Welfare State," *BBC*.
[95] Ibid.

for all persons capable of profiting by it.[96]

Effectively, the Beveridge Report recommended the government take the Minority Report's suggestion of completely replacing the antiquated Elizabethan Poor Law programs with a centralized public healthcare system like that envisioned by the Dawson Report. The report viewed healthcare as a right, asserting that it is the state's obligation to restore all ill persons to health.[97] However, Beveridge drew a distinction between hospital and domiciliary services, with the former considered a public right provided by the state and the latter a private service procured by individuals. Beveridge's National Health Service would equip hospitals with general practitioners capable of providing a full range of preventative medicine and specialists capable of providing optical, dental, maternity and other advanced services. Despite the Beveridge Report's heavy emphasis on detail for many of its proposals, the report considered the specifics of organizing a National Health Service beyond its scope. The only logistical detail it offered related to finances. Beveridge contended that funding a National Health Service through general taxation would be too burdensome on the exchequer. Instead the National Health Service should be financed through an insurance scheme.[98] Regardless of the details, when the report reached Parliament and eventually the public its healthcare policies became a major topic of debate.

Many of the Conservatives were greatly alarmed by the radical nature of the report and tried to suppress it. However, once the report became public it received overwhelming support. Traditionally, accepting state aid was widely seen an encroachment on individual autonomy and was highly stigmatized. The war completely changed these sentiments by forcing the state to

[96] Ibid.
[97] Ibid.
[98] Ibid.

play a much greater role in individuals' lives. Instead of being viewed as an intrusion people

throughout Great Britain not only warmly received the new state support but also began asking

for more.[99] Thus, even Beveridge's most extreme proposals elicited praise. The popularity of the

report was so great in fact that it many ways it became a cultural phenomenon. In February 1943

a mere three months after the report's release, *The Times* wrote:

> In the course of few weeks the word "Beveridge" had come to mean a great deal
>
> more than a name upon a report. It was new word in the vocabulary; it meant
>
> confidence that want could be prevented, and not by miracles, the poor need not
>
> always be with us, that a condition of independence and security could be
>
> achieved. It had become a synonym for social progress."[100]

Likewise, as early as December 1942 the *Observer* began dedicating whole pages to discussing

the Beveridge Report, an unparalleled honor considering the strict rationing of paper during the

war.[101] With so much popularity politicians from across the political spectrum were forced to

embrace the report's proposals with the Labour Party becoming the most enthusiastic supporters.

The Labour Reforms

The general election of 1945 was one of the most surprising in British history. The end of the

war reopened several domestic policy debates. Despite different governments, the same grand

coalition of Conservative, Labour, and Liberal politicians had essentially dominated Parliament

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[99] Larry Elliot, "As the 1942 Beveridge Report said: in a crisis be revolutionary," *The Guardian*, 18 September 2011.
[100] "The Beveridge Report," *The Times*, 25 Febuary 1943, <http://tinyurl.galegroup.com/tinyurl/99vCS6>, accessed 1 December 2018.
[101] Margaret Holborn, "Beveridge Report: archive 1942," *The Guardian*, 1 November 2017.

since the start of the Great Depression. Due to the war, a general election had not been held since 1935 and many politicians were anxious about returning to the polls. This was especially true for members of the Labour Party, whose support had grown exponentially thanks to the transformative effects of the war. Labour wanted to translate this increase in public support into an increase in Members of Parliament. However, Churchill and the Conservatives had other plans. Churchill insisted that the Coalition remain intact until the surrender of Japan and overall conclusion of peace negotiations. Wartime Labour leader, Clement Atlee, resisted these overtures and pulled his support from the coalition leading to King George VI to dissolve Parliament in June 1945.[102] For the following month Atlee and Churchill went head to head in a fight over who would decide how to rebuild Britain.

Most people expected Churchill, now a venerable war hero, to easily lead the Conservatives to victory, but Atlee's campaign exceeded all expectations. In addition to capitalizing on a distasteful gaff by Churchill, where he said Labour would need its own authoritarian "Gestapo" to enact its policies, Atlee attracted thousands of new voters by laying out a clear plan for rebuilding Great Britain as a more equal society. On Election Day, these voters gave Labour a resounding majority in Parliament. Labour candidates captured nearly all the constituencies held by both factions of the Liberal Party and over 200 Conservative seats to claim an unprecedented majority of nearly 400 seats in the House of Commons.[103] With such unquestionable authority in Westminster and a resounding mandate from the people, Atlee assembled a team of reformers to enact Labour's ambitious proposals.

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[102] "Why Churchill Lost in 1945," *BBC*, <http://www.bbc.co.uk/history/worldwars/wwtwo/election_01.shtml>, accessed 1 December 2018.
[103] Ibid.

Once in power, Labour quickly moved to address all five of the great evils of squalor, idleness, ignorance, want, and disease highlighted by the Beveridge Report. The devastation of the Blitz only compounded the squalor Beveridge derided, so the Labour government invested heavily in rebuilding ruined urban centers across the British Isles with an emphasis on greatly expanded affordable public housing options. Additionally, through the New Towns Act of 1946, the government began planning and building twelve entirely new towns to reduce overcrowding in older industrial centers. To combat idleness and help rebuild war torn industries the government nationalized steel, iron, gas, coal, electricity, and railway industries. To further tackle unemployment the government also focused on beating the evil of ignorance. Consequently, the government began requiring that all local governments provide access to primary, secondary, and further education to all of their residents and guaranteed free education for everyone up to the age of fifteen. Labour also moved to guarantee cradle-to-grave social security by passing the National Insurance Act, which implemented the comprehensive scheme Beveridge had championed. The advent of National Insurance, as well as a variety of other public assistance and tax credit programs greatly reduced want or poverty nationwide.[104] All these reforms paled, however, in comparison to the Labour plan for fighting disease, which would never had been possible without the visionary leadership of Aneurin Bevan.

Aneurin or Nye Bevan is by far the most important person in the history of British healthcare. Bevan was born in 1897 to a family of poor coal miners from the notoriously destitute Welsh mining town of Tredegar. Bevan experienced poverty firsthand: he dropped out of school at thirteen and took a job in a colliery to support his family. While working in

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[104] "Labour Reforms –Welfare State 1945-1951," *BBC*, https://www.bbc.com/bitesize/guides/zt4hvcw/revision/1.

Tredegar's mines, Bevan joined the local trade union and quickly became an activist. Thanks to

his activism Bevan won a trade-union-scholarship to study at Central Labour College in London,

where he became a committed Marxist. Afterwards, Bevan doubled down on his activism and

emerged as the leader of miners in South Wales during the 1926 General Strike. Consequently,

Bevan was elected to Parliament in 1929 and soon became a key figure on the Labour Party's

left wing, which in turn allowed him to quickly rise to the top of Labour leadership. When Atlee

formed a government following the 1945 Labour landslide, Bevan was given the powerful

position of Minister of Health with the daunting task of reforming the British healthcare

system.[105]

By rallying the support of Labour's left wing and recalling the popular success of the

wartime Emergency Medical Scheme, Bevan successfully lobbied for the creation of National

Health Service that would provide free universal healthcare. Even though the mainstream of

Labour was most inclined to a system like that outlined in the Beveridge Report, more centrist

Labour leaders and Conservatives pushed for a more moderate approach. Such proposals

included continuing the gradual expansion of public health services or creating a dual system,

where voluntary hospitals maintained their autonomy but the state operated facilities for indigent

patients. Even though these would have certainly been most practical, Bevan and his allies

insisted on taking full advantage of the revolutionary moment World War II gave them. Bevan

insisted on creating a single national health service encompassing all aspects of healthcare that

would be free to all patients at point of entry.[106] In 1946, when the National Health Service Act

came before the House of Commons, Bevan's view won out with legislation mandating that:

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[105] Michael Foot, *Aneurin Bevan: A Biography* (London: Farber and Farber, 2009)
[106] Pater, *The Making of the National Health Service*, 105-106.

It shall be the duty of the Minister of Health to promote the establishment in

England and Wales of a comprehensive health service designed to secure

improvement in the physical and mental health of the people of England and

Wales and the prevention, diagnosis and treatment of illness, and for that purpose

to provide or secure the effective provision of services in accordance with the

following provisions of this Act.[107]

It is important to note that this piece of legislation only applied to England and Wales. Health

reform in Scotland and Northern Ireland was handled separately but followed a similar pattern.

The National Health Service Act became the founding document of Britain's National Health

Service or NHS.[108] In addition to the investiture of powers in Bevan's health ministry to

overhaul the British healthcare system, the most important part of the law was that it guaranteed

all Britons "the services so provided shall be free of charge."[109] This provision established

healthcare access as right for all Britons regardless of their ability to pay. Bevan and his Labour

allies deemed such a right essential to improving the health of the British population and to

creating a more equal society. By providing all people with equitable treatment the NHS would

greatly increase equality in the most fundamental aspect of life, physical and mental health.

Labour argued that such equality would inaugurate a new era, with Bevan declaring that the NHS

would make Britain "the envy of the world."[110] Though, as soon as the first NHS hospital opened

its doors in July 1948, it attracted not only widespread popularity but also great controversy:

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[107] "1946 National Health Service Act," *United Kingdom Parliament Archives*,
<https://www.parliament.uk/about/living-heritage/transformingsociety/livinglearning/coll-9-health1/health-01/nhs-act-page-2/>, accessed 1 December 2018.
[108] "The Effectiveness of Labour's Social Welfare Reforms, 1945-1951," *BBC*
<https://www.bbc.com/bitesize/guides/zwhsfg8/revision/4>, accessed 1 December 2018.
[109] Ibid.
[110] "Birth of the National Health Service," *BBC*, <http://www.bbc.co.uk/archive/nhs/>, accessed 1 December 2018.

proponents saw the NHS as an indispensable means for developing a more just society, while

opponents saw it as paternalistic and authoritarian.

Chapter 3

A New Nation

The Post War Consensus

After World War II, Britain was a fundamentally different nation than it was just a mere decade earlier. The combination of the war's transformative effects and consequent domestic reforms created a different society governed by a completely different system of principles. While the monarchy and Parliament remained intact, the politics of British society scarcely resembled those of the previous decades. For much of the modern era, intense conflicts between political parties representing different social classes dominated British politics. Representatives of the aristocratic Conservative Party, the bourgeois Liberal Party, and eventually the working class Labour Party battled one another to defend or promote their interests. World War II helped to overcome these deep divisions. After the war, British politics and arguably society as a whole developed a unified set of principles that some historians now dub the post-war consensus. According to these historians, the socialist ideals of Labour's sweeping reforms defined this consensus, most notably the National Health Service. The overwhelming popularity of the NHS's egalitarian mission made it the cornerstone of the post-war consensus and in turn an almost sacred issue for representatives from across the political spectrum.[111] As a result, the welfare state especially the NHS become immune from public critique in a way that masked the restive controversies fermenting deep beneath the surface.

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[111] Duncan Fraser, "The Post-War Consensus: A Debate Not Long Enough?" *Parliamentary Affairs*, Volume 53, Issue 2, (April 2000), Pages 347–362, <https://doi.org/10.1093/pa/53.2.347>, accessed 1 February 2019.

The NHS and the rest of the landmark post-war reforms were the product of Clement Atlee's Labour government and Liberal intellectual initiatives like the Beveridge Report. Therefore, it is surprising that the opposition Conservatives embraced the reforms. This significant change in ideology may be the most unusual and perplexing element of the so-called post-war consensus. How could the Tories support policies as inherently socialist as the NHS? The answer is a culmination of unlikely factors. As previously discussed under the guidance of Benjamin Disraeli, the Conservative Party transitioned from simply representing the interests of wealthy land owners to also including the masses victimized by capitalist exploitation under the mantra of one nation conservatism. For a time, this conversion made the Conservatives more committed to equality than the Liberals. While the Liberals, in response to an insurgent Labour movement, eventually developed a Bismarck-style welfare state, the combination of unpopularity stemming from World War I, internal discord, and the British electoral system led to a virtually inevitable split in the party's supporters between Labour and the Conservatives. With the migration of many former Liberal Members of Parliament and voters into the Conservative ranks, the party become more moderate.[112] But it was the crushing electoral defeat of 1945 that convinced a majority of Tories to embrace socialist policies. If the party wanted to return to government, it had to evolve.

In an effort to rebrand themselves, the Conservatives drafted their own policy manifesto known as the *Industrial Charter of 1947*. Spearheaded by the recently reformed Conservative Research Department, the *Industrial Charter* was a widely distributed pamphlet showcasing the Tories' support for many of Labour's socialist style reforms but also calling for bureaucratic

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[112] Ibid.

reforms to make these institutions operate more efficiently. The *Industrial Charter* attracted

much public attention, with many claiming it as a bold distillation of a distinctly conservative

approach to reform. For example, in op-ed published in the *New York Times*, Conservative

Research Department director R.A. Butler argued that:

> The third group –the Conservatives—were just as conscience as Liberals and
>
> Socialists of the evils of industrialism, but their solution was of quite a different
>
> character. They did not believe that the vote would rebuild the slums or straighten
>
> warped limbs or prevent the exploitation of the community by economic power
>
> groups within it. Social revolution, on the other hand, would, they believed, mean
>
> the destruction of centuries of civilization, and merely substitute one set of
>
> exploiters for another. Instead, therefore, they stood for practical social reform.[113]

The Conservatives embraced institutions like the NHS on purely pragmatic grounds. Many of the

same Tories who had denounced Nye Bevan's original NHS bill as "Hitlerian" and claimed that

it would "sap the very foundations on which our national character has been built" and "enslave

doctors" continued to occupy the Conservative back benches. The front benches, however, began

working on improving rather than dismantling the NHS.[114]

In the early post-war years the Conservative opposition engaged in some ideological soul

searching. Clement Atlee's government continued to navigate the everyday struggles facing

Britain in the war's immediate aftermath. Rationing continued into the 1950s, and the

government was increasingly dependent on financial assistance from the United States, mostly

through the Marshall Plan. Yet, Atlee continued to pursue his party's ambitious reform agenda,

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[113] R.A. Butler, "A Conservative Presents His Manifesto*,*" *New York Times*, 14 December 1947.
[114] Poly Toynbee, "The NHS is our religion: it's the only that saves it from the Tories," *The Guardian*, 3 July 2018.

especially regarding the NHS. His government devoted a significant amount of resources to fulfilling Bevan's promise of providing British healthcare specialists with "all the facilities, resources, apparatus and help I [Bevan] can, and then to leave you alone as professional men and women to use your skills and judgment without hindrance."[115] Despite the economic challenges of the late 1940s and early 1950s, the NHS quickly developed into the comprehensive system outlined in the Dawson and Beveridge Reports. By 1950, the NHS (including the separate systems of England, Wales, Scotland, and Northern Ireland) employed over half a million people, in what later was described as a Tripartite System.

Under the Tripartite System, the NHS for England was divided into three sections: hospital services, general practitioners, and local health authorities. The first section consisted of all the voluntary and local government hospitals nationalized during and after the war whose employees now all become salaried staff of the NHS. All of these hospitals fell under the purview of one of fourteen Regional Hospital Boards, which further delegated authority for day to day operations to nearly four hundred hospital management committees which directly oversaw the nearly 3,000 NHS hospital. Only teaching hospitals were overseen by independent boards of governors directly responsible to the Ministry of Health since their services were national not regional in nature. The second section consisted of 138 executive boards, who oversaw independent general practitioners like dentists, optometrists, and family doctors. These physicians in turn acted as a "gatekeeper" for patients needing prescriptions for pharmaceuticals or referrals to specialists. Under this system, general practitioners were all paid by executive boards but considered self-employed or, after 1955, part of a private physician's group. The third

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[115] Charles Webster, *The National Health Service: A Political History* (Oxford: Oxford University Press: 1996), 30.

section consisted of the local health authorities that previously oversaw government hospitals, now oversaw public health clinics, home health services, disease control, and other community services all funded by the NHS. Establishing this system, which forms the foundation of today's NHS, was a massive project that quickly delivered advanced health services to millions of previously underserved Britons.[116] However, the costs of such a project soon forced the government to face a budgetary reckoning.

In 1951, Atlee's Chancellor of the Exchequer, Hugh Gaitskell, proposed charging NHS patients' fees for dental care and eye prescriptions in an effort to control the government's rapidly growing budgets. Although the newly proposed fees were by all objective standards low, they incited an intense conflict within the Atlee cabinet over the NHS's equalitarian principles. Nye Bevan, now the Minister of Labor condemned the fees as "undesirable in principle, and politically dangerous for the Labour Party to abandon the conception of free Health Service."[117] Bevan argued that "in a budget of over £4,000 million it should not be difficult to find so small a sum as £13 million in some other way which would not breach the principle of free health service."[118] Essentially, Bevan and his supporters saw Gaitskell's prescription fees as wholly incompatible with the ideal of providing healthcare solely on the basis of medical need regardless of ability to pay. Therefore, the establishment of any fee regiment, no matter how slight, would at best stall and at worst reverse the progressive pursuit of a more equalitarian society. Even though Bevan's ideological concerns found widespread support of Labour's left

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[116] Geoffrey Rivett, *National Health Service History*, <http://www.nhshistory.net/shorthistory.htm>, accessed 1 February 2019.

[117] "Cabinet Conclusions, 22 March 1951," *The National Archives*, <http://www.nationalarchives.gov.uk/education/resources/fifties-britain/aneurin-bevan-resigns/>, accessed 1 February 2018.

[118] Ibid.

flank, they could not overcome the financial reality facing the government who succeeded in imposing the first ever fees on NHS patients. In response, Bevan and his supporters in the Cabinet resigned in protest. Later that year resurgent Conservatives narrowly defeated Labour in a snap election. R.A. Butler subsequently ascended to the position of the Chancellor of the Exchequer, pursuing a closely collaborative relationship with his Labour counterpart Gaitskell. Together, they formed the political backbone of the post-war consensus, which many began referring to simply as Butskellism.[119] Going forward Labour's left flank, colloquially known as the Bevanites declined in power as the party that embraced the more moderate ideology of "Labour Revisionism" epitomized in Anthony Crosland's 1956 book *The Future of Socialism*.[120] While the realignment of major parties to support a practical and solvent NHS allowed the system to flourish, changes in British society would present a new era of challenges for equal access to healthcare.

The 1950s and 1960s were simultaneously a time of political upheaval and tranquility. Rising Cold War era tensions between the United States and the Soviet Union produced a series of embarrassing political incidents like the Suez Crisis, which formally singled the end of Britain's imperial hegemony. However, domestic institutions like the NHS remained remarkably stable.[121] Despite four different Conservatives serving as Prime Minister during this period, the party remained resolute in their support for the welfare state, as result of the constant influence of R.A. Butler. With the exception of maintaining Gaitskell's prescription fees, the Conservatives did very little to seriously alter the structure of NHS. In fact, throughout this

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[119] "Britain from 1914 to the present: Society, State, and Economy" *Encyclopedia Britannica*, <https://www.britannica.com/place/United-Kingdom/Britain-from-1914-to-the-present>, accessed 1 February 2018.
[120] Roy Hattersly, "To imagine Labour's future rewind 50 years," *The Times*, 15 September 2006.
[121] "Britain from 1914 to the present: Society, State, and Economy," *Encyclopedia Britannica*.

period both parties made campaign promises to "shower gifts on this favoured child of the welfare state."[122] Such promises helped the Conservatives keep their majority in spite of the scandals surrounding their leadership and were, in fact, implemented by a Health Minister who would soon become one of most controversial political figures in British history: Enoch Powell.

The son of a Welsh family who migrated to the heavily industrialized English Black Country, Powell first rose to prominence as an exceptional student of the Classics at Cambridge. He later immigrated to Australia, where at only the age of 25 he became of a tenured professor of Greek at Sydney University. A vocal critic of appeasement, he returned to England to join the war effort. Afterwards he joined the Conservatives as a Member of Parliament and was quickly promoted through the party ranks.[123] Powell had attracted unwanted attention for his controversial remarks regarding the Commonwealth, which he rejected on the basis that with the formal demise of the Empire Britain should focus solely on itself. However, he was still named Health Minister by Harold MacMillan in 1960. As Health Minister, Powell delivered on his party's promises to improve the NHS by overseeing a series of major building projects that expanded the network of NHS facilities with new hospitals and clinics. However, he was also criticized for dismantling the NHS's asylum and psychiatric hospital infrastructure in favor of a community-based treatments with modern pharmaceuticals that consequently was condemned by both policy makers and physicians.[124] This criticism pales in comparison to the uproar generated by his infamous "Rivers of Blood" speech.

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[122] Webster, *The National Health Service: A Political History*, 30.

[123] "Enoch Powell," *Encyclopedia Britannica*, <https://www.britannica.com/biography/Enoch-Powell>, accessed 1 February 2018.

[124] Simon Heffer, *Like the Roman: The Life of Enoch Powell* (London: Faber and Faber, 2014).

Following the return of a Labour government under Prime Minister Harold Wilson in 1964, Powell became the Shadow Minister of Defense. Through this position he spoke at the 1968 Conservative Party conference in Birmingham, where he addressed the issue of emigration from the Commonwealth. Pointing to immigrants from former colonies, especially in the Caribbean and India he stated:

> They [British men] found their wives unable to obtain hospital beds in childbirth, their children unable to obtain school places, their homes and neighbourhoods changed beyond recognition, their plans and prospects for the future defeated; at work they found that employers hesitated to apply to the immigrant worker the standards of discipline and competence required of the native-born worker; they began to hear, as time went by, more and more voices which told them that they were now the unwanted.[125]

It is noteworthy that he highlighted access to healthcare in arguing for immigration restrictions. Foreshadowing this infamous speech as Health Minister, Powell questioned R.A. Butler about restricting immigration in order to defend the NHS from sick immigrants that nationalists feared would syphon off resources from it.[126] Given the immense popularity and importance of the NHS to ordinary Britons, such fears about immigration stirred visceral emotions among the people, with polls indicating that over three quarters of the adult population agreed with Powell.[127] However, the Conservative leader Edward Heath sacked Powell from his shadow

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[125] "Enoch Powell: Rivers of Blood Speech," *The Telegraph*, 6 November 2007.
[126] Heffer, *Like the Roman: The Life of Enoch Powell*.
[127] Marcus Collins, "Immigration and opinion polls in post-war Britain," *Modern History Review*, 18(4), (2006) 8-13, <https://dspace.lboro.ac.uk/dspace-jspui/bitstream/2134/21458/3/Collins_984497.pdf>, accessed 1 February 2018.

cabinet the following day.[128] Eventually tensions simmered down and no major action was taken to ban immigrants or foreigners from using the NHS even once the Conservatives reclaimed the majority (a victory that many historians attribute to Powell's rhetoric).[129] While it might seem odd that such an uproar collapsed so quickly, the continued comfort and achievements of the post-war era largely subdued fears about scarce resources even within the NHS.

Under the post-war consensus, the NHS succeeded not only in providing access to innovative medical treatments but also in reducing inequality. For the first time in British history, the NHS provided widespread access to comprehensive healthcare services. Gone were the days of the archaic Poor Laws, highly disparate voluntary hospitals, and scarce general practitioners. Through the NHS, hospital care was standardized across Britain, and doctors were now easy to access regardless of ability to pay. The NHS's emphasis on accessibility did not derail innovations. During the 1950s and 1960s researchers working in concert with NHS physicians and facilities discovered DNA and uncovered the deadly link between smoking and lung cancer. NHS teaching hospitals also became pioneers in organ transplants and provided women with access to contraceptives and other birth control techniques long before their American counterparts.[130] The NHS and other welfare state programs like the national insurance and pension schemes also helped to reduce socioeconomic inequality.[131] Based on the Gini Coefficient (a statistical measure of wealth distribution) the wealth gap in the United Kingdom decreased dramatically during the war and in subsequent decades.[132] The redistribution of wealth

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[128] Heffer, *Like the Roman: The Life of Enoch Powell*.
[129] Heffer, *Like the Roman: The Life of Enoch Powell*.
[130] Dennis Campbell, "Nye Bevan's Dream: A History of the NHS," *The Guardian*, 18 January 2016.
[131] "How Has Inequality Changed?" *The Equality Trust*, <https://www.equalitytrust.org.uk/how-has-inequality-changed>, accessed 1 February 2018.
[132] Ibid

helped to address many of the physical impairments that resulted from a lack of treatment and poverty. Given these factors it is easy to see how Powell's fearmongering about the NHS largely fell flat. However, the tremendousness successes of the welfare state would not last forever. During the 1970s political and economic crises began to challenge the wisdom of the post-war consensus and initiated a new ideological era.

The economic boom that much of the Western world had enjoyed since the end of World War II came to a crashing halt in the 1970s. After the war, Britain's adept use of Keynesian economics through the welfare state allowed it to maintain full employment and make a seemingly successful transition from the metropole of a global empire to a member of the progressively integrating European Community. Yet, the government could do nothing to control the chaotic fallout of the 1973 Oil Embargo. The subsequent run-away inflation, combined with the growing currency volatility triggered by the Heath government's 1971 decision to take the pound off the gold standard, forced the British government to seek a historically unprecedented loan from the International Monetary Fund. Furthermore, an internal power struggle between Harold Wilson and James Callaghan weakened the Labour Party, which had returned to power in 1974. This convergence of factors created a perfect storm for an economic and social catastrophe that reached its peak in the winter of 1978/1979. Trade union strikes shut down transportation, created rolling blackouts, hobbled industry, and generally upended daily life for virtually every Briton. The so called "Winter of Discontent" undermined policy makers' faith in Keynesian economics, public support for the post-war consensus, and overall confidence in the Labour Party's ability to govern.[133] As a result, the Conservative Party embraced a new platform that

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[133] Andy Beckett, *When the Lights Went Out: Britain in the Seventies* (London: Farber and Farber, 2009).

rejected Keynesian economics and the post-war consensus. In 1979, following a historic victory,

the Conservative leader Margaret Thatcher became Britain's first female Prime Minister.

Thatcherism

The appointment of Margaret Thatcher as Prime Minister in 1979 not only inaugurated a new

ideological era in British history but also called into question whether the so-called post-war

consensus ever really existed. The daughter of small-town grocers, Margaret Thatcher, who later

studied chemistry at Oxford, at first glance, did not appear to harbor the makings of a

conservative icon. However, her unyielding ideological commitments and defiant persona

propelled her to the top of British politics and lead many to call her the Iron Lady. Thatcher first

gained national notoriety while serving as Heath's Secretary of State for Education and Science,

when she abolished free milk for school age children earning her the derogatory nickname:

"Maggie Thatcher the milk snatcher."[134] After the Conservative loss in the election of 1974,

Thatcher successfully challenged Heath for party leadership thanks to strong support from the

party's right wing, who disliked Heath's handling of the economy and trade unions.[135] With the

party leadership firmly within her grasp, Thatcher began greatly diverging from the policy

precedents established by her predecessors especially with regards to the welfare state. In the

1979 Conservative Party Manifesto, Thatcher laid out her vision for a post-consensus society that

included restricting organized labor, deregulating industry, cutting government spending,

lowering taxes, and privatizing state owned enterprises including the NHS. The election

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[134] "Margaret Thatcher," *Encyclopedia Britannica*, <https://www.britannica.com/biography/Margaret-Thatcher>, accessed 1 February 2019.
[135] Ibid.

manifesto even raised the possibility of "replacing the NHS with an insurance funded system."[136]

Yet, the Conservatives still won the largest victory since 1945. Why did a majority of voters

support the dismantling of the post-war consensus's most successful and popular program? One

answer is that the consensus never really existed and that since its inception many Britons

harbored disdain for the paternalistic and arguably authoritarian nature of the NHS. While the

elites of both parties kept these sentiments mostly muted for decades, Thatcher sought to exploit

them. Ironically, renewed concerns about inequality would ultimately thwart her effort.

As soon as Thatcher became the Prime Minister, she instituted her policy vision which

soon became known as Thatcherism. She called for a thorough liberalization of British society

including the NHS. Thatcherism (as well as its American equivalent Reaganomics) was largely

inspired by the writings of Fredrick Hayek, particularly his 1944 study, *The Road to Serfdom*.

The text originated in the 1930s as a memo that Hayek, a London School of Economics

Professor, sent to the institution's director, Sir William Beveridge.[137] Hayek disputed the

prevailing portrayal of fascism as the product of extreme capitalism and instead argued that all

totalitarian regimes were the product of economic policies that limited personal freedom.

Therefore, in the spirit of protecting individual liberties, Thatcher believed that the government

needed to reduce its economic footprint by privatizing state-owned businesses. Thatcher

abolished many of the economic regulations set up after World War II, greatly liberalizing the

economy and allowing her to finally break the stalemate with trade unions. Likewise, the

Thatcher government pursued aggressive privatization policies: it sold public housing units to

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[136] Michael White, "What is Thatcherism?" *The Guardian*, 8 April 2013.
[137] Melissa Lane, "The Genesis and Reception of *The Road to Serfdom*." In: Leeson R. (eds) Hayek: A Collaborate Biography. Archival Insights into the Evolution of Economic Series. Palgrave MacMillan, London 2013.

tenants, utilities to investors, and state-owned industries on the open market.[138] As a result of these actions the NHS remained one of the last major institutions that was administered by the state. But before the 1983 election, Thatcher reversed her position on the NHS.

Thatcher's shifting views on the NHS were shaped not only by the pressure of popular opinion but also by pragmatic policy choices. In the lead up to the 1983 election, Thatcher and her fellow Conservatives rejected their past reform ambitions by proudly declaring that the NHS is "Safe in Our Hands" and promising to maintain equitable access to free healthcare.[139] The immediate factor motivating this change was continued economic unrest and popular backlash to many of the Conservatives' reforms. Thatcher succeeded in breaking the powerful coal miners' union, but only after tense months of strikes and walk outs. Rising unemployment contributed to violent urban riots in 1981 often involving immigrants and local authorities. To avoid a popular conflict, Thatcher, like her Conservative predecessors, embraced the inherently socialist NHS. This move combined with the onset of economic recovery and the British victory in the 1982 Falklands War allowed Thatcher to expand her parliamentary majority.[140] While political expedience certainly was a factor, the financial benefits of the NHS also played a role. By virtue of its centralized structure, the NHS has a fixed budget set by the government each year. This in turn gave providers like hospitals, general practitioners, and local authorities set allotments without incentives to maximize spending. These factors make the NHS uniquely well suited to controlling rising costs and was one of the least expensive health systems in the developed world, and thus conducive to Thatcher's goal of containing government spending.[141]

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[138] White, "What is Thatcherism?"

[139] Rudolph Klein, "Why Britain's Conservatives Support a Socialists Healthcare System," *Health Affairs*, (Spring 1985), <https://doi.org/10.1377/hlthaff.4.1.41>, accessed 1 February 2019.

[140] White, "What is Thatcherism?"

[141] Klein, "Why Britain's Conservatives Support a Socialists Healthcare System."

Consequently, Thatcher came to accept the continued existence of the NHS despite her ideological disagreements. Nevertheless, Thatcher's government did tweak certain key aspects of the NHS and, in the process, helped to revive concerns about inequality.

The biggest change regarding the NHS to occur during Thatcher's tenure was announced in 1991. Even though these reforms did not affect ordinary NHS patients, they had a profound impact on the system's internal operations. In the government's surprise announcement, Thatcher's Health Secretary William Waldegrave declared that "starting today, the NHS will operate on the basis of district health authorities buying health care from competing hospitals."[142] Essentially, new regionally and specialty-based NHS Trusts would begin directly purchasing care for patients under their purview from various NHS and sometimes even private providers at prices set by the individual providers. This change created a new division between purchasers and providers and in turn a "competitive marketplace." To facilitate this organizational spilt, Waldegrave also announced new managerial policies under which NHS facilities would be run by specifically designated mangers instead of by medical staff consensus and that the government would provide £300 million for administrative improvements. The British Medical Association or BMA vehemently opposed these policies arguing that medical providers were inadequately prepared for the shift and that the increased bureaucracy would take away resources from medical doctors, nurses, and most importantly patients. Waldegrave responded by asserting:

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[142] David Brindle, "Market-force NHS 'will be irreversible," *The Guardian*, 1 April 1991.

"It [the health service] is an administrative slum, designed in the 1940s, and it
needs to be updated on that side if the caring professions, doctors and nurses and
others, actually can do their job properly."[143]

Ultimately, there was nothing the BMA or any other opponents could do to stop these reforms, and they gradually went into effect despite the sudden end of Thatcher's eleven-year premiership. Thatcher's Conservative successor John Major pressed ahead with the managerial reforms and oversaw the establishment of NHS Trusts. As the consequences of reforms became more evident their downsides also became apparent, helping to fuel the return of Labour under Tony Blair.
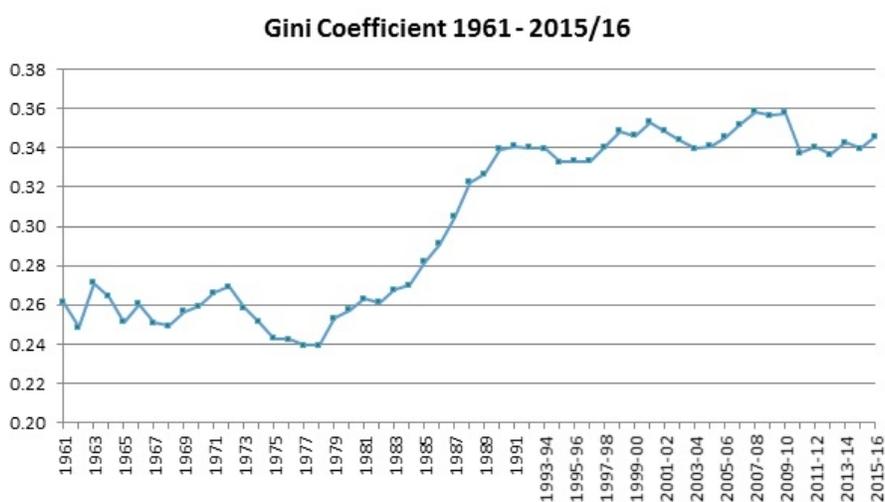

Figure 5: U.K. Economic Inequality as measured by the Gini Coefficient, From the Equality Trust.

The figure 5 shows that Thatcher's reforms, including the establishment of NHS Trusts, reversed the post-war trend by increasing economic inequality. From Thatcher's appointment in 1979 until John Major's resignation in 1997 the Gini Coefficient for the United Kingdom rose

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[143] Ibid.

from 0.24 and 0.36. For comparison, between 1961 and 1979 the Gini Coefficient hovered

around 0.26 and bottomed out during the economic recession of the late 1970s. This rise can be

directly attributed to Thatcher's economic reforms, decreased public spending, and tax cuts for

the wealthy.[144] Likewise, Thatcher's NHS reforms contributed to an acute rise in regional

inequality. The decentralization of healthcare services into localized entities greatly disrupted the

uniformity of services that had defined the NHS in its early years by entrenching local economic

disparities. As a result, a so called 'postcode lottery' developed where patients access to

healthcare was defined by their residence. The quality care of care in the North or Midlands

became increasingly inferior to that of London and the wealthy region in the Southeast. A series

of reports compiled by the NHS and by investigative journalists documented this phenomenon.

For example, according to the *Guardian*,

> The most stark contrast shows up in the rate of prescribing anti-dementia drugs,
>
> with patients in some parts of the country – such as North Lancashire – prescribed
>
> 25 times as many treatments and tablets to help "temporarily improve or stabilise
>
> symptoms" than in Kent.[145]

In addition to the obviously negative medical implications for the losers of the 'postcode lottery',

such wide discrepancies made the NHS far more politically salient. [146] As a result, many voters

in the 1997 general election turned out in support of Labour, giving the party a landslide victory

that eclipsed even that of 1945.

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[144] "How Has Inequality Changed?" *The Equality Trust*.
[145] Randeep Ramesh, "NHS postcode lottery survey reveals wide UK disparities," *The Guardian*, 9 December 2011.
[146] Klein, "Why Britain's Conservatives Support a Socialists Healthcare System."

A New Millennium

The 1997 general election gave Labour an unprecedented majority in Parliament, but the party

was a vastly different one from that of Nye Bevan. Like the Conservatives in the 1940s, who

moderated their platform by embracing some of the socialist policies of the post-war consensus,

the Labour Party responded to Thatcherism by embracing many of its reforms. In 1996 Labour

published a manifesto entitled *New Labour, New Life in Britain* promising to maintain many of

Thatcher and Major's economic reforms but to raise public sector spending including for the

NHS. This message resonated with moderate voters and assuaged fears about the possible

privatization of public institutions like the NHS.[147] Labour's charismatic young leader Tony

Blair doubled down on this message the day before the election famously telling voters that they

had "24 hours to save the NHS."[148] Evidently the message resonated, and Blair was soon

appointed Prime Minister. However, his new government's policies diverged very little from his

Conservative predecessors.

Blair's government increased overall spending on the NHS, but did not alter the structure

of NHS Trusts, which only further increased the "postcode lottery."[149] Furthermore, the Blair

government directed its spending towards supporting Labour's trade unions allies and not to

address the needs of patients.[150] For example, the government raised wages for hospital janitors

instead of improving patient's care.

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[147] "The Rise and fall of New Labor," *BBC*, <https://www.bbc.com/news/uk-politics-10518842>, accessed 1 February 2019.
[148] "Blair's Health Legacy," BBC, <http://news.bbc.co.uk/2/hi/health/4555344.stm>, accessed 1 February 2019.
[149] Mary Ann Sieghart, "12 people who ruined the NHS," *Politico*, 3 October 2015.
[150] Sieghart, "12 people who ruined the NHS."

The new millennium saw a NHS plagued by scandals. In the late 1990s stories began circulating about NHS facilities retaining tissues from recently deceased children without their family's consent. Later unrelated inquiries regarding abnormally high mortality rates for children receiving heart surgeries revealed that some NHS hospitals, most notably the Alder Hay Children's Hospital in Liverpool, had illicitly stripped dead children of their organs and other tissues. These revelations horrified the public, prompting the Blair government to respond with a flurry of public inquires. This led to criminal indictments against responsible doctors and the passage of new regulations governing the uses of human tissues. Public confidence was further eroded by a series of similar scandals ranging from lethal incidents of over prescription by NHS general practitioners to outbreaks of flesh eating bacteria in NHS hospitals. Despite early indications that Blair planned to heavily reform or even abolish NHS Trusts, his government changed course to actually expand the internal market as a necessary means for controlling raising costs. These efforts further intensified regional inequalities, which in turn contributed to the scandals mentioned above. Similarly, Blair's support for devolution of powers, including for the NHS to the newly established governments of Scotland, Wales, and Northern Ireland, increased disparities between the NHS systems of England and those historically poorer regions.[151] By the time the fallout from the ill-fated Iraq War forced Blair's resignation and replacement by Gordon Brown in 2007, the NHS was struggling to fulfill its basic mission.

The 2008 Financial Crisis set into motion a series of events that created the greatest crisis in Britain since World War II. The global financial crisis presented the Brown government with a growing budget crisis. To avert an imminent fiscal collapse, Brown's Chancellor of the

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[151] "Scandals that Haunt the NHS," *BBC*, 20 June 2018, <https://www.bbc.com/news/health-44550913>, accessed 1 February 2018.

Exchequer, Alistair Darling, instituted a budget that simultaneously called for deep spending cuts

and higher taxes.[152] The Conservative leader David Cameron derided Darling's budget for

inaugurating an era of austerity. Yet, when he became Prime Minister in 2011, through a

Conservative-Liberal coalition (the first since World War II), he enforced his own version of

austerity.[153] Despite concerns from their Liberal coalition partners, the Conservative Chancellor

of the Exchequer, George Osbourne, pressed ahead with aggressive spending cuts that triggered

mass protest and heated debates about reforming the NHS.

The coalition government used budgetary ringfencing to completely isolate the NHS and

some other key programs from austerity. Austerity hawks argued that ringfencing the NHS

seriously limited the government's ability to curtail spending and necessitated extreme cuts from

programs that were not exempt.[154] NHS loyalists alleged that the service was not really isolated

from spending cuts and that austerity was seriously threatening the NHS's ability to provide

adequate services.[155] Amid these debates, Cameron, who once proudly claimed that "with the

Conservatives there will be no more of the tiresome, meddlesome, top-down restructures that

have dominated the last decade of the NHS" attempted to personally direct a new round of NHS

reforms by creating a space for private providers in the healthcare sector.[156] These proposals led

to coalition infighting with the Liberals and failed to make much headway at the same time the

NHS was being celebrated at the 2012 Olympic Games. Cameron succeeded in creating Public

Health England, a new national entity that replaced local authority public health functions, and in

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[152] Larry Elliott, "Alistair Darling: We will cut deeper than Margaret Thatcher," *The Guardian*, 25 March 2010.
[153] Daniel Pimlott and Chris Giles, "UK unveils dramatic austerity measures," *The Financial Times*, 20 October 2010.
[154] "Should the NHS be ring-fenced?," *BBC*, 1 May 2013, <https://www.bbc.com/news/av/uk-22363650/should-nhs-budget-be-ring-fenced>, accessed 1 February 2018.
[155] Paul Krugman, "The Austerity Delusion," *The Guardian*, 29 April 2015.
[156] "Health Reform in a Cold Climate," *The Economist*, 29 March 2015.

replacing most NHS Trusts with Clinical Commissioning Groups. These new groups were tasked with overseeing primary care provided by general practitioners and commission secondary care provided by hospitals.[157]

In the 2015 general election the Conservatives won an outright majority thanks to David Cameron's promise to hold a referendum on Britain's continued membership in the European Union.[158] Although Britain's now notorious Brexit referendum is still an evolving saga, it has without question triggered an unprecedented crisis that is intimately tied to NHS. Ever since the United Kingdom joined the European Union's predecessor, the European Communities, in 1973, Britain has been rife with Euroscepticism. Seemingly countless British grievances about European integration compelled successive prime ministers to take hardline stances with the continent and negotiate a special position for Britain within Europe. Nevertheless, many Britons still detested integration and wanted to leave the union altogether. In an effort to gain political advantage, Cameron agreed to the referendum largely on the belief that it would fail. However, latent resentment over issues facing the NHS helped deliver a slim but shocking majority in favor of leaving the European Union.[159]

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[157] "About the NHS," *NHS*, <https://www.nhs.uk/using-the-nhs/about-the-nhs/the-nhs/>, accessed 1 February 2019.
[158] Benjamin Mueller, "What is Brexit? A Simple Guide to Why it Matters and What Happens Next," *The New York Times*, 29 March 2019.

Figure 6: The Infamous Leave Campaign Bus, From *the Independent* **(Getty Images), 4 July 2017.**

As earlier stated, regional disparities within the NHS have hurt the already economically depressed postindustrial areas in the Midlands and the North. Likewise, the relationship between immigration and the NHS has been a hot button issue going back as far as Enoch Powell. While Powell's xenophobia fell flat amidst an era of relative prosperity, the concerns raised by Eurosceptics during the Brexit campaign found a receptive audience among the populations living in the age of austerity. To further tie the NHS to Brexit, the leave campaign adopted the slogan (depicted above) proudly advertised on a campaign bus: "We send the EU £ 350 a week let's fund our NHS instead."[160] Despite the subsequent exposure of this promise as a complete and utter lie it played an indisputable role in helping the leave campaign's narrow victory.[161] In the years since the referendum, the fallout from Brexit has monopolized all political discourse.

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[160] Matt Chorley, "That sodding Brexit Bus," *The Times*, 24 May 2018.
[161] Mueller, "What is Brexit? A Simple Guide to Why it Matters and What Happens Next."

Consequently, there has been no room for conversations about fixing the issues underlying the referendum's outcome like the struggling NHS. Cameron's beleaguered successor, Theresa May, has taken small steps to improve the NHS. But the demographic and economic facts of an aging population and rising healthcare costs place the NHS in the impossible position of meeting constantly increasing demand with constantly decreasing resources.[162] If Britain is to survive its current turmoil and continue progressing into the future, it must make revitalizing the NHS a top priority.

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[162] Sarah Boseley, "NHS facing staggering increase in costs of elderly care academics warn," *The Guardian*, 24 May 2017.

Conclusion

In this thesis, I examined the historic causes and effects of inequality in the United Kingdom and more specifically how the NHS helped the British to start transcending its class divides. I have also illustrated the integral role of healthcare in creating a more equal society. Since the dawn of the modern era British politics have been defined by intense conflicts between the aristocracy, capitalists, and eventually the working class as represented by the Conservative, Liberal, and Labour Parties respectively. Through their centuries of disputes, the issue of healthcare took center stage. From the Elizabethan Poor Laws to Liberal Reforms, British political leaders used healthcare to defuse class conflict. However, they left the underlying issue of inequality unaddressed. New movements like Benjamin Disraeli's One Nation Conservatism and Trade Union Socialism finally forced equality to the forefront of political discourse. Yet, the two world wars served as catalysts bridging social and political divisions. The NHS was also based on ideas promulgated by bold reformers like Beatrice Webb, Lord Dawson, William Beveridge and Nye Bevan. The NHS and other reforms that defined the post-war consensus created unprecedented equality in the decades following World War II. Margaret Thatcher's reforms constitute a turning point because they led to a renewed spike in economic inequality. Consequently, Britain has been plunged into a new era of unrest best exemplified by Brexit. If history is any indicator, the NHS may be the key to solving this current political crisis.

Future NHS reforms can take one of two paths. Either they can continue along the current trajectory of increasing liberalization, or they can take a new approach. As previously explained, since the dawn of Thatcherism, NHS reforms have trended towards increasing devolution,

competition, and even privatization. Each of these trends have already caused significant

problems for the NHS, and their furtherance will only continue to increase inequality. During the

Blair years, devolution of most basic government services was a very popular proposition. As a

result, healthcare was devolved to the regional assemblies of Scotland, Wales, and Northern

Ireland. It was seen as both a way to return autonomy to these historically independent regions

and to make the British government, which is largely seen as overly centralized, more responsive

to unique local conditions.[163] Likewise, in recent years, devolving more powers to local

governments in England has attracted many supporters. For example, in 2016 Parliament passed

the "Cities and Local Government Devolution Act," which devolved oversight of transportation,

housing, and in the cases of few select cities like Manchester, health and social care budgets to

local councils.[164] The devolution of power might seem sensible in a highly centralized state, but

it could further exacerbate regional disparities.[165] Regional devolution has already shown the

dangers of isolating poorer areas like Wales from the wealthier parts of the United Kingdom.

Furthermore, given the rise in regional inequality due to Thatcher's reforms, devolution of major

budgetary items like healthcare will only make poor regions like Northern England poorer

because of a lethal combination of increasing tax burdens and decreasing services. Consequently,

NHS devolution, much like competition, may be the wrong path for reformers to take.

Proponents of competition argue that it will increase both the efficiency and the quality of

healthcare. Considerable evidence indicates such reforms may actually have the opposite effect.

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[163] Steven Morris, "Brexit calls for a radical shift in power to the regions," *The Guardian*, 23 October 2018.
[164] "The History of NHS Reform," *Nuffield Trust*,
<https://nhstimeline.nuffieldtrust.org.uk/?gclid=Cj0KCQiAzKnjBRDPARIsAKxfTRDCEJ3ClIQko6dgfQewmO0JC
DHZmO-GHeCk57vUqGNxNYQAd4qfS8UaAkJuEALw_wcB>, accessed 1 February 2019.
[165] Alexandra Jones, "Devolution can't make the UK more unequal than it already is," *The Guardian*, 13 October
2015.

The aforementioned advent of the internal market place necessitated a substantial increase in the size of the NHS bureaucracy. As a result, there was a major proliferation in the number of non-medical managerial staff at the semi-independent entities like NHS Trusts and Clinical Commissioning Groups. As the BMA predicted in its original opposition to the market-based reforms, these administrative increases have eaten up substantial resources that otherwise could have been spent on patients and actual medical staff.[166] Such inefficiencies have helped to undermine the NHS's greatest selling points: its structural simplicity and cost effectiveness. Similarly, the internal marketplace has created new incentives for unnecessary or even potentially harmful medical treatments. A 2011 article in the British Medical Journal sums up this problem, arguing that "using financial gain as a proxy incentive to treat medical need causes both under- and overtreatment [since] resources get diverted away from those that need treatment but cannot pay, and toward those that can pay but don't need."[167] Furthermore the article asserts that the "information asymmetry" between medical professionals and patients enables doctors to mislead patients into using treatments they do not need.[168] A phenomenon that was summed up long ago by George Bernard Shaw when he said:

> That any sane nation, having observed that you could provide for the
> supply of bread by giving bakers a pecuniary interest in baking for you,
> should go on to give a surgeon a pecuniary interest in cutting off your
> leg is enough to make one despair of political humanity.[169]

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[166] Malcolm M. Segall, "Scrap NHS competition rules, BMA says," *British Medical Journal*, 25 June 2018.
[167] Lucy Reynolds, "Is there evidence competition in healthcare is a good thing? Yes," *British Medical Journal*, 20 June 2011.
[168] Ibid.
[169] Ibid.

Thus, instead of increasing the NHS's efficiency and quality, competition has and will continue to make its management more inefficient and its care more inadequate. However, competition is still not as bad as full privatization.

From the onset of market-based reforms in 1991, many staunch NHS supporters have alleged that the Conservatives and New Labour were trying to privatize the NHS.[170] Even though the NHS internal marketplace is anything but privatized, its critics are correct in arguing that the internal marketplace is a shift in that direction. Given the experiences of other nations, reformers should be wary of the even partial privatization. In 2017, the *New York Times* published an analysis comparing and contrasting the healthcare systems of eight highly developed nations: The United Kingdom, Switzerland, United States, Canada, Australia, France, Germany, and Singapore. The study aimed to identify which of these systems is the overall best. The researchers who consulted on the article ultimately concluded that Switzerland's system, of government subsidized private insurance, was the best in world due to its ability to combine universal coverage and innovation. These accolades make shifting to such a system sound very appealing but future reformers, must recognize Switzerland, a small and very wealthy nation, is an exceptional case. The United States, with its combination of government-sponsored programs for the elderly, children, and the poor and totally private insurance plans for most of the population is a much more appropriate example. While the United States leads the world in health innovations, its healthcare system is simultaneously the most expensive and worst performing system in the developed world. The United States' healthcare system as an opposite problem of its British counterpart. The American private healthcare system can deliver highly

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[170] "Is the NHS being privatized?" *The Kings Fund*, 15 October 2018.

specialized treatments to a small number of patients but fails to deliver the most basic treatments to the vast majority of patients. In Britain, the NHS can readily deliver basic treatment to all patients but fails to adequately treat the most specialized cases.[171] As a result, converting the NHS to an American-style system would not only be a major shock to the British public but also have a disastrous negative impact on equal access. Nevertheless, moving to a hybrid public-private system remains a promising option.

When I first began working on this thesis, I thought that reforms to make the NHS more like the hybrid systems of France, Germany, Canada, and Australia were the best course of action. However, through my research into the history of the NHS, I have realized that while these systems do have their merits, they would not be the best fit for the United Kingdom. Most nations of the developed world utilize hybrid systems. Under such systems, the government run insurance funds often subsidized through taxes that pay for most or all of their citizens' healthcare costs and various types of supplementary private insurance. In these systems, providers are usually a mix of private and state entities that compete with one another and offer patients multiple options. In some of these systems, but not all, fees for government insurance are means tested in the sense that citizens only pay as much as they can afford. Health policy experts around the world view these systems very positively. The *New York Times* analysis considered France's system of government-sponsored insurance funds, a very close second to Switzerland.[172] I originally thought that the best future outlook for the NHS would be a transition

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[171] Aaron E. Carroll and Austin Frakt, "The Best Healthcare System in the world: which one would you pick?," *The New York Times*, 18 September 2017.
[172] Ibid.

to a French-style system, but I now recognize three primary reasons why this is not the best

approach.

First, the high costs of the French system make it fiscally more burdensome than the

NHS. Costing nearly 12% percent of France's GDP, the French system's costs are only exceeded

by the private systems of Switzerland and the United States.[173] Given the fact that the greatest

threat to the NHS's longtime sustainability is the dangerous convergence of overall increasing

healthcare costs and an aging population, making a relatively inexpensive system more

expensive would be completely counterintuitive. Second, a poorly executed shift to a hybrid

system runs the risk of actually creating a dual system, where richer patients can receive

treatment at superior private hospitals, but poorer patients are forced to use inferior public

hospitals.[174] Such a split would seem hard to avoid in the British case given the existing

tendency of some wealthy Britons to use private facilities rather than those of the NHS. If a

hybrid system was implemented that allowed more upper middle-class Britons to opt out of the

NHS, many of them would undoubtedly stop using public facilities, draining those facilities most

in need of both resources and political support. A situation like this would lead to an inevitable

decline in the public facilities and explosion of inequality. Third, the NHS is too important of a

cultural institution to cut it up into a hybrid mix of public and private services. If I have learned

anything from researching this thesis, it is that the NHS is far more than just a healthcare system

and that in times of divisions, it must be strengthened not weakened.

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[173] Ibid.

[174] Stefan Greß, "Private health insurance in Germany: consequences of a dual system," Healthcare policy Politiques de sante, 3(2), (3 November 2007) 29–37.

If the current trajectory of liberalizing the NHS is to be rejected, then one must look at alternative approaches to reforming the NHS. One of these alternatives is to undo the market-based reforms instituted since Thatcher and return to a post-war consensus type of system. At first, this idea sounds very appealing to some reformers, like the revitalized far left wing of Labour under Jeremy Corbyn.[175] However, such post-war romantics must realize that today's world is very different from that of the 1960s. Returning to the original NHS structure will make the system less responsive to modern challenges, such as very complex treatments that simply did not exist fifty years ago. Not adequately accounting for the increasing costs of an aging population will also create enormous budgetary stresses. Overall, the NHS's advantages outweigh its disadvantages. Its major weaknesses are demographic pressures, its lack of innovation, and perhaps most saliently regional inequalities. All of these issues can be tackled within the system's current framework.

By streamlining the system's bureaucracy, focusing on research, and redistributing funds, the NHS can both continue treating patients well into the future and help address inequality. The abovementioned issues with competition reveal the many shortcomings of the internal marketplace. To address these issues the marketplace should be overhauled to reduce unnecessary layers of bureaucracy and refocused towards making medically, not monetarily, driven healthcare decisions. Any reduction in innovation caused by abolishing competition between NHS providers can be overcome with increased government funding for research. Public funding to medical research is a leading driver of medical advancements and is the

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[175] Heather Stewart, "Jeremy Corbyn Promises to 'renationalise' the NHS," *The Guardian*, 23 August 2016.

primary reason why the United States healthcare system is so innovative.[176] Also the NHS can

invest in the growing field of personal healthcare technologies like self-monitoring devices.

These technologies will further enhance the quality of preventive medicine and reduce the

number patients needing to use brick and mortar NHS facilities.[177] Finally, the British

government can and should revamp the funding structure of the NHS to end the "postcode

lottery." This can be done by redistributing tax revenues from the wealthy areas like the

Southeast to poorer regions like the North. Such redistribution will allow the tremendous benefits

of globalization reaped by Greater London to be used to benefit the entire nation. It will also help

to defuse the tensions that are underwriting the current Brexit. Regional wealth redistribution

combined with cost savings from bureaucratic reforms and new technologies will help alleviate

budgetary pressures and place the NHS on firmer financial footing for decades to come. These

proposals will require complementary reforms throughout Britain's social programs, a long-term

plan for revitalizing postindustrial communities, and a detailed cost analysis. A package of

reforms like these will restore the promise of the NHS and ensure its legacy for the Britain and

the world.

  In an era of rising inequality, the story of the NHS is more important than ever. The

history detailed in this thesis reveals a fascinating story about the political struggle for universal

healthcare and for a better society. I cannot help but see the parallels between my own present-

day society and that of early twentieth century Britain. Much like Britain's old system, the

current American healthcare system is a convoluted mix of voluntary and state programs that are

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[176] Aaron E. Carroll and Austin Fraft, "Can the U.S. Repair its healthcare while keeping its innovation edge*?," The New York Times*, 9 October 2017.
[177] "The NHS at 70: Reform Ideas for the future," *Reform*, <https://reform.uk/research/nhs-70-reform-ideas-future>, accessed 1 February 2018.

failing the people they are meant to serve. Regardless of whether or not an NHS-style system would work in the United States, American reformers should study the history of the NHS to understand the kinds of people, movements, and ideas needed to challenge the status quo and institute equalitarian reforms. As strange as it may seem, the NHS tribute at the London Olympics was not an anomaly. The British have long taken pride in the NHS. When Nye Bevan greeted the first NHS patients on 5 July 1948, he proudly declared that the new system would make Britain the "Envy of the World."[178] While the current challenges facing Britain make this claim seem dubious, with history as a guide, reformers can truly make the NHS not only the envy of the world but also the model for the future.

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[178] "Birth of the National Health Service," *BBC*, <http://www.bbc.co.uk/archive/nhs/>, accessed 1 February 2019.

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Schreyer Honors College
- Bachelor of Arts Degrees in History, Political Science, and Philosophy 2019
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Experience:

United States Representative Marcy Kaptur   Washington D.C. (May 2017–August 2017)
Legislative Intern
- Aided Congresswoman Kaptur by corresponding with constituents, attending congressional hearings, and communicating with members, staffers, and the media on legislative issues
- Researched legislation and policies pertaining to foreign affairs, international trade, financial services, environmental protections, infrastructure, and budget appropriations
- Wrote speeches and crafted talking points for Congresswoman Kaptur to deliver in committee meetings and on the floor of the United States House of Representatives

United States Senator Robert P. Casey Jr.   Scranton, PA (May 2016–August 2016)
Constituent Services Intern
- Advocated for constituents interacting with federal agencies including the State Department, Department of Defense, Veterans Administration, and Social Security Administration
- Provided operational support to the office by monitoring local media coverage, managing correspondence, drafting letters, and tracking opinions
- Assisted the state scheduler by arranging events and logistics for Senator Casey and his staff

2016 Democratic National Convention   Philadelphia, PA (July 2016)
Volunteer Leader
- Captained volunteer teams at multiple convention venues and managed field support operations
- Coordinated convention events as well as logistics for delegates, dignitaries, media, and visitors
- Acted as an official ambassador of the Democratic National Convention Host Committee

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Leadership:

Penn State Student Conduct Advisors   University Park, PA (August 2017 – Present)
Executive Director
- Directed organization that provides peer advisors to students accused of conduct code violations
- Guided students through investigations, conduct board hearings, sanction reviews, and appeals
- Promoted student's due process rights, transparent conduct proceedings, and administrative accountability

The Globe   University Park, PA (May 2016 – May 2017)
President
- Chaired the executive board of an international living community for honors students
- Developed programming to enhance diversity and build a global perspective
- Hosted events with international scholars, cultural experts, and distinguished faculty

University Park Undergraduate Association   University Park, PA (March 2016 – March 2017)
Representative
- Represented the Schreyer Honors College in Penn State's undergraduate student government
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- Collaborated on university policy with the Faculty Senate as part of the Academic Affairs Committee

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