

The Health of Societies and Bodies

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Two recent events have helped define our current situation in high relief. Many of us were in shock when, on 14 December 2012, a young man, using weapons obtained from his mother, (after killing her) went on a rampage at an elementary school brutally killing 20 children and six adults before turning the guns on himself. The carnage was unbelievable, the response immediate and determined. And yet, as I write on the 17th anniversary of the 13 March 1996 shooting at the Dunblane Primary School in Scotland where 16 children and one adult were cut down, no legislative effort has emerged in this country either to control the sale of high-powered assault rifles and high capacity ammo clips, or to increase our awareness of who is buying these weapons through a registry of owners or background checks to be sure mentally unstable individuals do not get access to them. The Newtown shooting, as horrible as it was, is only one among 16 such events in 2012 (Zornick, 2012) and resonates with Columbine at the core of our consciousness. In almost all cases, the shooter was deemed to be emotionally and/or mentally unstable, and yet we do not take action. By contrast, the response in Scotland and the UK was immediate, and the Conservative government in power at the time banned all cartridge ammunition handguns (those accepting clips) other than single shot weapons.

The other, more recent, event was the start, on 1 March 2013, of the mandatory budget cuts as a result of the budgetary stand-off in Congress, known as the sequestration. In this situation, the Federal Government is required to implement \$85b in across the board cuts in order to begin to balance the budget. Originally presented as that hammer blow requiring Congress to negotiate in good faith about the budget in order to avoid its implementation, sequestration now appears to be quietly but viciously moving forward because of the support by many in Congress for a reduced role by government. At issue, fundamentally, is a debate over what role government should play in providing basic and necessary services (and even the definition of what is basic and necessary is up for grabs). After years of whittling away at the social safety net (however limited) created under FDR's New Deal, we now are witnessing a full scale assault on its core elements: reducing unemployment insurance, cutting Medicare and Medicaid, and privatizing or at least scaling back on Social Security – all measures designed to alleviate the worst consequences of capitalism as a system. Other measures, like controls over banking and investment, had already been eliminated and we have seen the consequences during the banking sector collapse in 2008. Without question, the government's support for banks and turning a blind eye to the needs of its poorest citizens, the current concerns over 'runaway' spending for social services while at the same time trimming the taxes paid by the richest (in spite of the fact that they received almost all the income and wealth gains for the past 30 years), and the wholesale reduction of government services at all levels taking a toll on the jobs of women and minorities most often employed providing those services, all reveal the true agenda that comes with this talk about the need for austerity moving forward.

This austerity, couched in terms of fiscal responsibility and deficit reduction, presents a thinly veiled effort to increase taxes on many and reduce taxes for the few (for example, the impact of the payroll tax increase falls much more heavily on those who otherwise may escape paying income

taxes while marginal income tax rates for the wealthiest remain historically very low), while at the same time starving social supports. As we wring our hands over why the mentally unstable can get access to weapons and wreak havoc, we also work to cut programs that provide support to the indigent mentally ill (through Medicaid) and un- or under-fund community mental health programs. The science behind findings that these sorts of programs are effective and important (like Headstart, shown to reduce crime and poverty as well as increase educational attainment in later years, but currently being cut) are ignored or discounted (see Carolan, 2008). And it is not just in this country that markets and the healthcare industry interfere with the delivery of health care to individuals (Varman, 2008), or that we learn health care delivery is distorted and even perverted by race and gender inequities (Volscho, 2011).

One of the more important but less discussed issues concerning healthcare delivery and funding involves our understanding of disability among citizens. We all see the signs for handicap parking, the occasional direction to handicap access ramps or elevators because the front of the building only has stairs, and more recently the focus on events like the Paralympics showcasing athletes with disabilities. At the same time, while we record numbers in our minds like 4475 killed in Iraq and 2049 killed in Afghanistan, the untold story is about the over 50,000 wounded and maimed soldiers in those conflicts. There are many more soldiers, still alive as a result of medical advances, but with devastating injuries resulting in the loss of limbs, sight, hearing and emotional damage due to post traumatic stress (resulting in a very high suicide rate among veterans). Veterans are filing for disability benefits at record rates even as our sequestration and the general climate of austerity cuts resources to the Veterans Administration services. According to data from the US Department of Veterans Affairs (see <http://www.va.gov/VETDATA/Utilization.asp>) in the period between 2000 and 2011 expenditure on disability compensation rose from \$14.8b to \$39.4b as the number of disability compensation recipients rose from 2.3 million veterans in 2000 to over 3.3 million veterans by 2011, an overall increase of over 45% in 11 years. And we can get a better grasp of the extent of disabilities (both physical and mental) by turning to the Social Security Administration data which reports that almost a million people were granted Social Security Disability Income out of a total of 2.8 million claims in 2012 (see <http://www.ssa.gov/oact/STATS/dibStat.html>), while overall there are now over 8.8 million people in this country alone currently receiving disability benefits. Austerity driven cuts in programs like this would have a devastating effect on the lives of literally millions and their families.

This issue of the journal raises the concerns about and awareness of disability, and analyzes the reality from an international perspective. This reality is viewed in terms of social policy, modernity and geo-political economy in the context of critical disability studies. We need to move beyond the notion of 'special needs' and recognize both the causes of disability and the treatment of those with the disability label. Until we mainstream care for people we will never understand the importance of things like mental health services in order to reduce the needless violence brought on by easy access to weapons.

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