

interrogate these relationships in quite some detail, but without the volume being dominated by this technical and definitional material: there is an abundance of analysis the incidence of in-work poverty and potential policy responses too.

The third feature, of including differing approaches, is less apparent: this is a primarily quantitative and largely comparative volume; while there are some critical country case-studies, there is, for example, no chapter presenting qualitative data on how in-work poverty is experienced.

The volume has, in my view, a number of significant strengths. First, multiple chapters examine and emphasise the need to consider the joint distribution of individuals' employment and earnings statuses within households, which brings to the fore gendered employment patterns and their significance in terms of understanding and explaining the incidence of working poverty (e.g. in chapters on low earnings and in-work poverty by Wiemer Salverda and on gender and in-work poverty by Sophie Ponthieux). Secondly, quite a wide range of policy issues are discussed in relation to in-work poverty – wage floors (minimum and living wages), activation, childcare, social assistance, and social security more broadly.

Third, while the analytic focus is primarily comparative and cross-national, a number of chapters include analysis of change over time, both at the country level (e.g. analysis of changing poverty risks by type of employment in a chapter on atypical employment by Jeroen Horemans, and in a chapter on low pay, in-work poverty and economic vulnerability by Bertrand Maître, Brian Nolan and Christopher T. Whelan) and in terms of the longitudinal experience of in-work poverty (e.g. a chapter on in-work poverty dynamics in the UK by Leen Vandecasteele and Marco Giesselmann). Fourth, discussed above, is the comprehensive geographical coverage of the book, which includes not only the more familiar European (and to a lesser extent American) terrain, but includes chapters on Chile, India, South Africa, Israel as well as comparative studies of Latin America and East Asia.

While the volume is thus broad in terms of its thematic and geographical reach, the sections of the book hang together well and the chapters themselves are of a consistently high standard. Given the diversity of topics and contexts, the volume could perhaps have benefitted from a conclusion tying together some of the themes and findings from across the twenty-five analytic chapters, though this would have been no mean feat given the wealth of material contained within it.

Overall, this is a wide-ranging, original and timely collection on a topic of growing of interest. This *Handbook* will be an essential source for those who seek to understand how and why working poverty differs across nations, and the policy responses that might be employed to tackle it.

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Joseph Harris (2017), *Achieving Access: Professional Movements and the Politics of Health Universalism*, Ithaca, NY: Cornell University Press, \$29.95, pp. 268, pbk.

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Using a creative juxtaposition of cases, Joseph Harris delves into one of the counter-intuitive aspects of democratization processes: namely, the tendency for reforms aimed at enfranchising a broad swathe of the population to instead reallocate power within and among elites. The

argument is reminiscent of Jim Morone's classic work in the American context *The Democratic Wish*, in which he showed among other things how the establishment of health care planning agencies aimed at lay and local input into the planning of health care facilities disrupted the established structures of control by the medical profession and allowed other elite interests to assert themselves at the profession's expense. In Harris's cases, in contrast, what we observe is the ascendance of reform "movements" *within* established professions: principally, medicine, law and pharmacy. These groups functioned as "movements" insofar as they maintained an informal association self-consciously dedicated to a common normative cause, but their defining features are their "in-between" status with bases in both professional communities and the state, and their dedication to a cause beyond the interests of the profession itself. These "professional movements" used their privileged access to the "infrastructure and resources" of the state and their professional expertise to act as social policy reformers with the goals of achieving universal coverage of health care and access to anti-retroviral medications.

Harris studies this phenomenon of state-embedded professionals in one principal national case – Thailand – and two cases chosen to cast the Thai case into comparative relief: Brazil and South Africa. The comparative range is extended by including the two lines of reform in each nation: toward ensuring universal health care coverage and toward making AIDS medication universally available. These cases appear to have been selected because they have in common the emergence of professional reform movements aimed at achieving changes in social policy during a period of democratization. In each case reforms were advanced by actors who left their bases in professional "practice" of some kind to take up positions within the state bureaucracy to function as agents of progressive reform. The cases also provide variation on one key dependent variable: the relative success of the reform movements. In the Thai and Brazilian cases, these efforts were largely successful; in the South African case they were not.

In the Thai case, through extensive interviews and documentary research, Harris first traces the role of a group of physicians, dubbing themselves the Rural Doctors Movement, to press forward legislation providing for universal health care coverage in the 1990s and early 2000s, as Thailand democratized after a lengthy period of military rule. Securing positions in the Ministry of Public Health and international organizations and working in concert with other groups in civil society and with one of the emerging political parties, members of the Rural Doctors Movement were able to advance an agenda of reform that extended the democratization process to the health care arena, through a framework of decentralization and citizen participation and to sweep universal coverage into that reform agenda. Though it is not possible to isolate the effect of this movement among the range of other forces in play within the state and civil society (and indeed one of the key state actors was a physician who was not a member of the professional movement though sympathetic to its aims), Harris draws from the Thai case the somewhat tempered claim that "[i]n the absence of the strategic actions of the Rural Doctors, there is little reason to believe that a number of critical things that enabled Thailand's Universal Coverage Policy to come into being would ever have happened" (62).

In order to test this claim further, Harris turns to another case in which the emergence of a professional movement was associated with the adoption of universal health care coverage – the sanitarias of Brazil in the 1980s through the 2000s – where he finds a "strikingly similar pattern." Although the strategy was different and more state-centric, built around embedding principles in the new democratic constitution, crafting legislation and building the infrastructure of implementation rather than allying with a political party and civil society groups as in Thailand, the professionals who formed the Brazilian sanitaria movement operated from

within the state at central and local levels to have an impact on the creation of universal access to health care similar to that of their Thai counterparts.

These two positive cases lend support to Harris's claim regarding the importance of elite professional movements in achieving progressive ends in democratizing contexts, but they cannot demonstrate that such movements are sufficient to bring about such reforms. A case in which a professional movement failed in its progressive aims would open up a consideration of the contextual factors that make for success or failure. Harris finds such a case in South Africa, where despite the mobilization of a movement of reform-oriented medical professionals dating from the 1970s, some of whose members entered government after the dismantling of apartheid in the 1990s, universal access to health care was adopted "in name only". The exploration of this case allows Harris to identify another factor, a necessary condition for the achievement of universal coverage that was present in each of the Thai and Brazilian cases but not in South Africa – namely, the existence of political incentives for politicians to adopt a health care reform agenda as a matter of partisan advantage. (It is worth noting here that in recent work in four established democracies I also found such partisan imperatives to be necessary conditions for the taking on the political risk of reforming health care.) In South Africa's one-party democracy, such incentives were blunted. As Harris puts it, the hegemonic African National Congress "had the luxury of being able to opt for relatively easy and technically uncomplicated reforms that would pay political dividends and avoid larger and uncertain reforms that carried a great deal more political risk" (91). It is not clear from Harris's account, however, why professional reformers were not able to exploit intra-party ideological contests within the ANC as a proxy for inter-party competition.

To further buttress his argument, Harris extends his purview to consider the role played by professional movements in his three national cases in the related area of access to anti-retroviral medications. Here the relevant members of the professional movements are related to but identifiably distinct from those concerned with universal health care coverage. In part this was because the AIDS medication crusade drew upon a somewhat different expertise set, requiring familiarity with the international web of legislation, regulation and legal cases governing pharmaceuticals. In these circumstances, the key professional actors were legally-trained, or at least "legally-minded" or "legally proficient" doctors and pharmacists. In Thailand, a sibling association of the Rural Doctors Movement laid the groundwork within the state for the adoption of compulsory licensing of AIDS medication in 2006 and 2007. In Brazil, the *sanitaristas*' strategy comprised the constitutionalization of rights to health care as a ground for compelling state action, the securing of funding from international bodies and the adoption of legal frameworks governing pharmaceutical firms. And once again in South Africa, reformers' attempts foundered in the face of the dominance of the ANC – which in this case was not merely indifferent but actively hostile to the reformers' aims.

Harris concludes from this review that the ability of professional movements to achieve their progressive ends in democratizing regimes depends upon the nature of political competition in those regimes – in other words, the extent to which these movements operate in a context in which at least some politicians have a competitive partisan incentive to take up the reform agenda and its implementation. The single negative case of South Africa is a rather slender reed on which to build this case, especially given that there is relatively little in the book about party competition itself in the positive cases of Thailand and Brazil. Nonetheless, the book offers an illuminating insight into the role of these professional movements and a plausible set of hypotheses for further research.

This is a lucidly and persuasively written book that will be of interest in a number of fields: the sociology of professions, the politics of the welfare state and the comparative

dynamics of democratization. Its identification of the role of professional reform movements seems likely to inspire further investigations of this phenomenon in other cases and contexts, and may well stand as a germinal contribution.

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Frances Ryan (2019), *Crippled: the Austerity Crisis and the Demonization of Disabled People*, London: Verso, £14.99, pp. 240, pbk.
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It may seem as though it was a lifetime ago, but the 2012 Welfare Reform Act in the United Kingdom set out a complete restructuring of the British welfare and social security system under austerity, alongside vast cuts to budgets for social care, and other services that many disabled people rely upon. Frances Ryan's new book documents (with numerous harrowing case studies, statistics, and reports) the impact that austerity, and resulting changes to social policy, has had on disabled people.

Throughout, readers are taken through issues ranging from housing, poverty, work and independence (not an exhaustive list) – each with its own chapter. The book focuses on the idea that disabled people have indeed been demonised under austerity, in numerous ways, to allow for the justification of austerity cuts. Here Ryan explores the devastating impact this has had on disabled people's lives. The work is reminiscent of Deborah Stone's text, *The Disabled State* (1984) where Ryan draws upon how powerful government rhetoric is, and how disabled people are subsequently categorised and treated by the state's welfare system, and are then thrust into deeper poverty. This assessment of how disabled people are categorised, and the impact that changes to welfare can have on impoverished groups, is highly significant. Standing on the shoulders of giants, it builds on what Stone asserted some 35 years ago, thus making a very valuable and much needed contribution to disability studies.

Returning to the book's contents, Ryan describes the crucial role that the media plays in the perception of disabled people claiming welfare. The Right uses these perceptions as justification to overhaul the welfare system, depriving people of fulfilling basic needs. According to one study discussed by Ryan, 650,000 people with a long-term condition live in destitution: a level of poverty so severe that they cannot meet their basic needs (p. 20). On the global stage, the U.K has become the first state to be investigated for breaking the United Nations Convention of the Rights of Disabled People (UNCRPD) where they found 'Grave and systematic' human rights abuses under austerity (Equality and Human Rights Commission, 2017).

A general theme attained throughout is the excellent link between this political rhetoric and how disabled people's everyday lives are impacted. The case studies Ryan uses to illustrate the data put disabled people as the central focus: they put a human face on the crisis, that everyone can understand and relate to in this austerity climate. As a result, the discussion in this book is very timely and desperately needed. For several years, disabled people have been protesting that their lives under austerity hark back to a Victorian era of destitution. Finally, Ryan's text effectively compiles years and years of research and evidence that this is the case.