

former self, with its rank and file in exile or on the run.”

The fall of the Egyptian or Algerian regimes to Islamic militants, Gerges points out, would have suggested “a new, expansive

stage in an ‘Islamic Revolution’ that began with the overthrow of the Shah’s regime in Iran in 1979.” But 20 years after that event, he concludes, “the Islamist revolutionary movement seems to be a spent force.”

Mexico’s Trial by Fire

“Mexico’s Coming Backlash” by M. Delal Baer, in *Foreign Affairs* (July–Aug. 1999), 58 E. 68th St., New York, N.Y. 10021.

As Mexico moves toward a presidential election next July, proponents of democracy can take satisfaction in the fact that for the first time in 70 years, the long-dominant Institutional Revolutionary Party (PRI) could lose. But they shouldn’t be too satisfied. So far, writes Baer, of the Washington-based Center for Strategic and International Studies, “more democracy has brought renewed political infighting, assassinations, and guerrilla violence.” If a minority government comes to power, the result could be chaos.

Mexico, which had a history of succession by assassination until 1929, achieved stability then by opting for one-party rule by the PRI. Regional chieftains agreed to submit to a powerful presidency in return for a share of the political and economic action. “Only when this system of power sharing broke down was Mexican democracy born,” notes Baer. In 1987, after President Miguel de la Madrid Hurtado named Carlos Salinas de Gortari as his successor, a host of young, free-market *tecnicos* (technocrats) held sway in Mexico City, much to the dismay of old-line PRI politicians. Cuauhtémoc Cárdenas Solórzano then formed the dissident, center-left Democratic Revolutionary Party (PRD) as a refuge for exiled PRI populists.

Today, Mexico essentially has a three-party system, with the PRI, the PRD, and the center-right National Action Party (PAN) vying for

power. The winner next July possibly could draw less than 40 percent of the vote. Mexico “could become ungovernable,” warns Baer.

“Mexico has spent billions of dollars creating technologically sophisticated and credible electoral institutions, revamping voter ID cards and registration lists, and establishing the nonpartisan, autonomous Federal Electoral Institute,” Baer says. “But the cultural values needed to underpin democratic governance—tolerance, compromise, and civic participation—remain weak.”

“In their 11 years in power” under Salinas and Ernesto Zedillo Ponce de León, she notes, “Mexico’s young technocrats have led a restructuring that has produced the privatization of state-owned industries, fiscal discipline, and [the North

American Free Trade Agreement]. But a backlash is in the air.” Mass protests erupted this year when President Zedillo proposed electricity privatization. To the public, Baer says, the shadow over the self-exiled former president Salinas, who has been linked with various shady dealings, “has made privatization synonymous with corruption.”

The 1994 assassination of PRI presidential candidate Luis Donaldo Colosio, which ended seven decades of peaceful presidential successions, still hangs over the political scene, Baer says. “The specter of political violence has become very real. . . . The post-Colosio landscape is populated with angry



Is the ruling PRI, often derisively portrayed as a snake, coming apart?

apparatchiks, ruthless drug traffickers, scheming palace politicians, and messianic guerrillas who have sprung up like poisonous mushrooms.” Mexico’s big cities are also being “overwhelmed by crime.” Some 1.5 million crimes were reported nationwide in 1997, but only 150,000 arrest warrants were issued. Police corruption is rife.

“As the capital sinks beneath a wave of crime, the provinces smolder, and drug lords send corruption creeping through the establishment,” Baer writes, “Mexico’s rulers seem more interested in fighting one another than their common enemies. For the country to survive as a democracy, this will have to change—and soon.”

Health Care Heaven?

“Health Care in Canada: Incrementalism under Fiscal Duress” by C. David Naylor, in *Health Affairs* (May–June 1999), 7500 Old Georgetown Rd., Ste. 600, Bethesda, Md. 20814–6133.

Canadians have long taken great pride in their publicly funded health care system, which provides high-quality treatment to all citizens, regardless of wealth or income, while still keeping costs under control. In recent years, however, Canadians’ confidence in their cherished “Medicare” system has been badly shaken, reports Naylor, a professor in the Department of Medicine at the University of Toronto.

As successive governments in Ottawa have struggled with budget deficits and a massive national debt, federal support to the 10 provinces and two northern territories, which administer the health care system, has been steadily reduced. As a proportion of provincial health expenditures, direct cash transfers from Ottawa fell from 30.6 percent in 1980 to 21.5 percent in 1996 (and to even lower levels in richer provinces). The provinces, meanwhile, had their own fiscal problems. As a result, Naylor says, provinces have massively reduced inpatient hospital care, with fewer admissions and shorter stays. Between 1986 and 1994, despite the growth and aging of the population, use of costly hospital beds for short-term care decreased by 27 percent. Nine out of 10 provinces (with Ontario, the largest, the conspicuous exception) moved to consolidate hospitals under regional authorities. In Ontario, a commission appointed by the government in 1996 ordered 40 out of 139 hospitals to close or merge.

“Three decades of centrally capped budgets and a decade of unprecedented constraints have wrung much of the fat out of Canada’s hospital systems,” Naylor writes. But the cutbacks have also sapped Canadians’ confidence, with only about 40 percent in 1996 rating the health care system

“excellent” or “very good,” compared with some 60 percent five years before. About 25 percent judge it “fair” or “poor.”

In a 1998 survey, 46 percent of Canadians said the recent changes had harmed the quality of care. That perception may not be accurate, however. So far, studies have turned up little hard evidence to support it, Naylor says. One study, for instance, found “that despite downsizing of the Manitoba hospital sector, surgery volumes rose dramatically, utilization fell least for patients who were particularly sick or poor, and short-term mortality outcomes for a set of tracer conditions were improving.” A 1996 poll in Ontario showed much dissatisfaction with waiting times for cardiac and other types of specialized surgery. Yet fewer than one in 250 patients die while awaiting coronary artery bypass graft surgery in Ontario—“a death rate lower than expected for cardiac patients in general,” Naylor says. When the waiting lists for that surgery have grown too long, as happened in 1990 and 1997, the Ontario ministry of health has expanded surgical capacity and quickly shortened the waiting lines.

Canada’s budget woes have started to ease, which is good news for Medicare. Its single-payer system will emerge usefully streamlined, Naylor says. Nevertheless, debate over the ban on private insurance for publicly insured medical services has been rekindled, and many Canadians, including some policy-makers, “pine for greater stability in health care.” The best way to achieve it, in Naylor’s view, is by piecemeal reforms. Despite their recent loss of enthusiasm, he says, Canadians are not about to jettison their distinctive approach to health care.