While most countries around the planet now have a market economy, not all of them have become market societies. This is the case for French and Scandinavian-Nordic societies, where some of the core "services to persons" such as healthcare and higher education are provided not according to the market principle, but as social rights. Compulsory contributions levied through taxes (Sweden) or ear-marked deductions from salaries (France) inject monetary flows into nation-wide public funds which finance a public healthcare system (10% of GDP); the costs of higher education (1%) in tuition-free universities are covered by the national tax system. Unemployment allowances, insurance against industrial accidents, family allowances and pension rights are financed through similar mechanisms. In these countries the total compulsory contributions reaches 45%, as compared with only 29% in the United States; but U.S. citizens or residents who want health insurance need to pay private healthcare companies; the same holds for (private) pensions funds; and to go to college and higher education they need to pay high tuition fees. Thus at the end of the day the latter end up with less disposable income than Scandinavians or French. Furthermore, the recent U.S. debate on healthcare has revealed publicly that the market-oriented American system costs more (15% of the GNP as against 9 to 11% in Western Europe or Canada) and provides less coverage.

Scholars looking for well-functioning alternatives to deregulated capitalism should keep an eye on the principles and inner workings of European (and Canadian) systems; not only because they are built around collective, institutionalised - compulsory - solidarity (between the healthy and the sick, between childless and with-children persons, employed and unemployed, adults and ageing); but also because such nation-wide public systems do work quite well. Moreover, they keep growing and creating jobs - most of them skilled - while industry and agriculture are destroying employment.

How is it then that such public systems prove so resilient to intense pressures from finance capital’s lobbies to privatise them? My argument is that what they produce - the 'human services' they provide - directly concern individual lives. Thus such public systems are perceived as implementing a moral commitment by "society" to make these human services accessible to all; and this moral side is, in democratic regimes, immediately translatable into a political (electoral) one.

I shall discuss whether healthcare and education are really part of material production, constituting its "anthroponomic" sector (i.e. the material production of human beings, the production of "life" (Marx), or of bodies in Foucault's sense of bodies/minds). As for the question whether European public systems of healthcare and education are really 'socialist', it may be irrelevant after all: the very principles on which they are built seem to hold in the long run; and they definitely provide an alternative which works better on many counts.