

① Vincente Navarro: *Dangerous to Your Health. Capitalism in Health Care*. New York: Monthly Review Press, 1993

This is a politically important work for two reasons. The first is that Navarro provides a timely reconceptualization of *class* within the framework of the debate over health care in United States. The questions motivating this work are basic, e.g., “Why doesn’t the U.S. health care system respond to people’s needs?” Based on the claim that “in no other sector of our society is the wealth of the few so clearly based on the suffering of the many,” Navarro criticizes the common perception of the U.S. as a middle-class society. The existence of class divisions is demonstrated by facts and figures, some of which bear mentioning here:

- The corporate class, which includes individuals whose incomes come primarily from property rather than work, represents 1.3 percent of the population. It is predominantly white, largely male.
- The upper middle class is composed of professionals and technicians (15 percent) and middle class business executives (four percent).
- The lower middle class has shrunk; self-employed shopkeepers, craftsmen, and artisans are only five percent of the population.
- The rest of U.S. society is working class, representing almost 75 percent of the population (clerical and sales workers, 25 percent; manual workers, 32 percent; service workers, 16 percent; farm workers, 1.2 percent).

Navarro effectively questions the legitimacy of the present U. S. government and institutions, based on the fact that a majority of the working class does not vote. Navarro makes it clear that the corporate and upper middle classes dominate the Cabinet, Senate, and House of Representatives, not just in terms of class composition, but also with hard cash; for instance, 63 percent of Congresspeople receive income from stock interests in top defense contracts and 45 percent have similar interests in the oil and gas industries.

Navarro poses some questions that are ordinarily overlooked, e.g., what is the significance of the fact that most major health sector suppliers are also major suppliers of the defense industry? What does it mean that \$60 million from the insurance industry's political action committees are poured into the pockets of members of Congress who then make decisions about health-related issues? That every one percent increase in the unemployment rate leads to an estimated 5,000 deaths and 250,000 stress-related conditions?

Navarro's conclusions are that control over the health care industry—the largest employer in this country—is one of the most important arenas of class struggle in the U.S.: economically, through the control of funding of health institutions, and politically, in terms of social control. He states that "32 percent of working people stay in jobs they don't like for fear of losing their health benefits." It is no accident that the majority of CEOs of Fortune 500 companies oppose the establishment of a national health program.

The composition of Boards of Directors of health institutions is yet another factor. While these boards have undergone changes in their gender and ethnic composition—changes which reflect the organized demands of women and minorities—their class composition has yet to

become an issue. This is clear evidence that "the strongest, most persistent...form of discrimination is class discrimination."

The second important political point raised in this book is the argument that we need to re-establish a method of analyzing social questions, such as how health care is produced, in terms of their development and their causal relations instead of glancing at issues in a synchronic and relativistic way, as is the usual practice. When Navarro analyzes the consequences of class power in the policies and practices of health care, he asks such questions as: why did military expenditures grow so rapidly and social expenditures decline so substantially in the 1980s? The book conclusively demonstrates that the U.S. government spends too little rather than too much on health care by comparing health indicators with those of other advanced capitalistic countries. At the same time, Navarro argues against the view, held by conservatives and some radicals, that the social cost of protecting workers and the environment is responsible for the flagging competitiveness of the U.S. economy.

Navarro also analyzes the effects of class domination on the direction of science, particularly in health research, ranging from the active encouragement of conformity to the marginalization of those who dissent, and from the minor role given to occupational and environmental medicine to the discrimination against anti-corporate views in U.S. medical and health institutions.

The last chapter carefully addresses issues connecting classism, racism, and sexism. All in all, this is a book of rare precision and clarity, where political passion and indisputable facts are fused in convincing ways. Hopefully, this book will be translated into other languages; other parts of our world should know how little the lives of ordinary people are valued in the most advanced and "democratic" capitalistic country of the western world. Navarro maintains that U.S. workers believe that they have better conditions just because they live in the heart of the empire. But American workers are not alone in this illusion; the "trickle-down" theory of economic distribution is also prevalent among workers in other advanced capitalistic societies.

*Dangerous To Your Health* is directed not only to intellectuals. This is a book which anybody can read, and it is one that every worker, student, mother, elder, activist, or ordinary citizen of this country should read, and think about. The implication of this book is inescapable: U.S. capitalism produces unnecessary and untimely harm and death. — Laura Corradi