

THE GROWING CLASS POLARIZATION IN THE U.S. AND ITS SOCIAL AND HEALTH CONSEQUENCES

by

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A characteristic of the hegemonic political and media culture of the United States is the near invisibility of social class as a major determinant of power. Race and gender have finally started to attract attention in the political and media establishments, but social class appears either ignored or silenced. The dominant establishments depict the U.S. as if it is a classless society, where because of ample opportunities and a large degree of social and vertical mobility, it is possible for everyone to rise from the bottom of society to the top. The evidence, however, shows that the United States has social classes (with a social class structure not dissimilar to the ones that exist in most countries on both sides of the North Atlantic, which, incidentally, have more extensive social mobility than in the U.S.). Moreover, there is plenty of evidence that each social class in the U.S. has its own economic, social, and cultural interests, expressed and promoted through their influence over the U.S. political institutions, advancing those policies that increase or reduce, for example, the huge social class health and quality of life inequalities that exist in this country, the largest among developed capitalist countries. Class health inequalities in the U.S. are also larger than race and gender inequalities, a reality that rarely appears in the dominant political and media discourse.

Another reality is that there are not only social classes, but there has also been an increased polarization of the class structure of the U.S. with a growing concentration of economic, political, and social power wielded by the dominant and upper class (known in the U.S. as the corporate class) at the cost of disempowering the popular classes, particularly the working class and the lower echelons of the middle class. What is also interesting (but rarely mentioned in the major media) is that, according to the most detailed study of popular perceptions of class in the U.S., the majority of people in the U.S. are and define themselves as belonging to the working class (for further elaboration of these points, see [Vicente Navarro, *What is happening in the United States; How social classes influence the political life of the country and its health and quality of life.* International Journal of Social Determinants of Health and Health Services, April 51\(2\), 2021.](#)

The widely reproduced perception that the majority of the working population is middle class, as even President Biden mentioned in his State of the Union address, is inaccurate and is based on a biased survey that asked people to define themselves either as upper, middle, or lower class. The term lower class is derogatory and insulting, and very few people choose to define

themselves as lower class. The occupational groups used by the General Social Survey (GSS) give an idea of classes in the U.S.: The corporate class includes corporate owners and managers; the middle class is comprised of professionals and technicians, business middle class and executives, self-employed shopkeepers, craftsmen and artisans; and the working class (the largest social class) includes manual workers, service workers, clerical and sales workers, and farm workers.

HOW THE CURRENT SOCIAL CLASS POWER RELATIONS PRODUCES AND REPRODUCES RACISM IN THE U.S.

As mentioned before, there are other categories of power, such as race and gender, that also have enormous importance in shaping the distribution of power in the U.S. and that are currently the center of attention in health equity circles. I consider these developments extraordinarily positive and necessary. However, not much attention has been given in those same circles to the category of social class, which is regrettable for many reasons. It is impossible, for example, to eliminate racism in the United States without understanding how racism is produced and reproduced in the country and the role it plays in dividing and weakening the working class in the defense of their interests, frequently in conflict with the corporate class. It is not by chance that the most ultra-right-wing parties, who actively promote the interests of the corporate class, also promote the most racist ideologies.

On the other hand, the relationship between the civil rights movement and the labor movement in the U.S. is precisely based on their commonality of interests. It was none other than Martin Luther King who, one week before being assassinated and while he was supporting a worker's strike, said that the "*class conflict was the critical conflict in the U.S.*" (cited in, D. J. Garrow, **The FBI and Martin Luther King**; Penguin Books, 1981). Martin Luther King had been extremely critical of many labor laws, such as the profoundly anti-worker "right to work" laws that make it extremely difficult to establish a union. They were adopted in many states in the 1950s to stop the civil and labor rights movements that were growing at that time. In 1961, Martin Luther King defined such legislation as "*a law to rob us of our civil rights and job rights, to destroy labor unions and the freedom of collective bargaining by which unions have improved wages and the working conditions of everyone. Wherever these laws have been passed, wages are lower, job opportunities are fewer, and there are no civil rights*" (cited in Daryl Newman, President of the Detroit AFL-CIO, **Remembering the racist history of right to work laws, Portside**, February 28, 2024). It shows the enormous power of the corporate class that such a racist and anti-labor law was in place in Michigan (historically one of the most industrialized states) for 60 years until it was finally repealed this year, just a few weeks ago (February 13). Because racism is continuously and fundamentally used to divide the working class, the elimination of racism would benefit most of the population. The overwhelming power of the corporate class is based on the weakness of the working class, facilitated and reproduced by the lack of class solidarity and the existence of racism.

THE ENORMOUS AND URGENT NEED TO ESTABLISH CLASS-BASED ALLIANCES AND COALITIONS

It is because of this reality that there has always been a need for all the groups that are exploited and discriminated against (by race, gender, age, nationality, and other categories) to work together in common cause for the elimination of injustice. This is what occurred in the 1980s with the establishment of the Rainbow Coalition, which was created under the leadership of one of the disciples of Martin Luther King, the Reverend Jesse Jackson, to whom I was health advisor in his 1984 and 1988 campaigns for the Democratic presidential nomination. Jesse Jackson ran as the voice of the minorities in 1984 (his slogan was "Our time has come"). However, after the establishment of the Rainbow Coalition, he ran as the "voice of the working people" of all colors, black, brown, yellow, white, and whatever color, identity, and sensitivities. The coalition included the civil rights movement, the trade union movement, the feminist movement, and the elderly movement, among others, making proposals to reduce and eliminate injustice and exploitation. An element that facilitated the establishment of such a coalition is that the majority of African Americans, Latinos, and other minorities, women, and the elderly are members of the working class, which also includes those echelons of the middle class that have been proletarianized with the increased dominance of for-profit corporations in sectors, like health and medicine, that were previously non-profit oriented. Therefore, social class became a connecting link among diverse groups.

In this strategy, race, for example, was not replaced by class, but rather, it was enriched by adding the category of class to race. The class solidarity needed by the different components of the coalition to reach their objectives was (and continues to be) incompatible with the existence of racism. In summary, social movements need a coalition that strengthens the possibility of obtaining their goals. This is what the Rainbow Coalition intended in 1988, and it succeeded. It introduced proposals that considerably impacted the country's political debate. In the health sector, one of their most important proposals was for the establishment of a National Health Program, a universal program that would guarantee access to health care to all citizens and residents in the country in the same way, for example, that Medicare guarantees health care to all the elderly. (In the current terminology, the phrase Medicare for All is a demand for that right to universality.) The impact of Jesse Jackson's proposals, like the one for a National Health Program, was enormous and mobilized many sectors of the working population. Jesse Jackson almost won the Democratic primary in 1988, shaking up the Democratic Party apparatus that was surprised and afraid of that movement.

THE OVERWHELMING POLITICAL POWER OF THE CORPORATE CLASS IS AN OBSTACLE TO SOLVING SOME OF THE U.S.'S MAJOR HEALTH INEQUITIES.

In the 1992 presidential election, Bill Clinton prominently included a proposal in his Democratic primary campaign for changes in the health sector, trying to capitalize on the interest in the subject that had been awakened in the late 1980s by the Rainbow Coalition's advocacy for a National Health Program. He later established a Commission presided over by Hillary Clinton to make proposals to improve access to health care. However, he completely excluded the possibility of establishing a National Health Program, which is why Reverend Jackson, President of the Rainbow Coalition, Dennis Rivera, the President of 1199 SEIU, the most important union of healthcare workers in the U.S., and myself, health advisor to the Rainbow Coalition, went to

see Hillary Clinton to complain about that absence. Reverend Jackson asked that I be included in their Task Force, so for a year, I worked in the White House as part of that Task Force without having any influence. It was clear from the beginning that there was no chance that a National Health Program could even be considered despite being favored by most of the population. A key condition of the White House Task Force was that their proposals needed to be approved by the Senate and the House Health Committees. But many members of those and other especially relevant committees received campaign funding from corporate interests dominant in the health sector (from insurance companies to pharmaceutical companies, among many others) who put profits above human needs. In this context, a National Health Program was not even allowed to be considered. That complete rejection was a clear example of corporate class dominance of the political process. Consequently, the U.S. is one of the few countries on both sides of the North Atlantic that does not guarantee access to health care for citizens or residents.

THE HISTORICAL ROOTS OF HEALTH INEQUITY AND THE RISE OF FOR-PROFIT HEALTHCARE IN THE AFTERMATH OF WORLD WAR II

Corporate dominance of the health sector was legally established in the U.S. immediately after World War II. That war was among the few popular wars the U.S. government has ever fought. It was a war against fascism and Nazism (maximum expressions of classism, racism, and sexism) led by an immensely popular and progressive president, Franklin Delano Roosevelt. Furthermore, the popular classes played a crucial role in that war. As a consequence, the demands from the majority of the population were very high after the war, with calls for significant changes such as the nationalization of banking and, in the health sector, the establishment of a National Health Program (as happened later on in Canada when the Social Democratic Party established a universal health care system in a western province where it governed, which was later on expanded to the whole country). In the U.S., the rising demand for change, including in the health sector, frightened the dominant corporate class, which mobilized to stop reforms that would affect their interests. The corporate class, through the Republican party and the right-wing racist members of the Southern Democratic Party, united to pass the Taft-Harley Act (despite President Truman's veto), which included a measure that weakened the labor movement by outlawing sympathy strikes. In other words, the unions could not function as class agents but were required to limit their organizing to their sectors and places of work. A blue-collar workers union, for example, could not strike in support of a service workers union. This was a way of dividing the working class, disallowing them to work together. In other words, class solidarity was forbidden. The federal government of the U.S. is one of the few governments among developed democratic countries that prohibits sympathy strikes. In contrast, general strikes that paralyzed the whole economy occurred in several European countries during the tumultuous years of the Great Recession. The enormous power of the corporate class at the expense of the working class (the majority of the population in the U.S.) is one of the major causes of the dramatic underdevelopment of social and health rights in this country.. The data clearly shows that on both sides of the North Atlantic, those countries where political parties have been historically rooted in the working class or labor parties, have much better equity and health indicators than those with very weak or no labor parties, like the U.S.

Plenty of evidence supports this statement ([Vicente Navarro and Leiyu Shi *The Political Context of Social Inequalities and Health Inequalities* Social Science and Medicine, Vol 52, 2001](#)).

It is important to note that this same law, the Taft-Hartley Act that weakened and undermined the labor movement in the U.S., was also the law that established the regressive and fragmented basis for the funding of health care in the U.S., leading to the inevitable rise of inequities in access to health care. Instead of establishing a National Health Program (as Canada would later), the U.S. federal government promoted employers' voluntary purchase of private health insurance plans, making people's access to care dependent on their employer's willingness and ability to provide coverage. In other words, when a worker is fired, they not only lose their salary but also their (and their family members') medical care benefits. This form of control over employees is unknown in most other countries on both sides of the North Atlantic. It also explains why the number of working days lost because of strikes in the U.S. is among the lowest.

Not only did the Taft-Hartley Act strengthen the corporate class's control over the labor force in each workplace, but it also promoted the rapid privatization of healthcare, expanding enormously the for-profit health sector, which became dominant in major areas like insurance and pharmaceuticals, prioritizing the optimization of profits over human needs. The system also became highly inefficient, with enormous administrative costs. Again, it was for the benefit of corporate interests at the expense of most of the population. Thus, the same law that thwarted the labor movement established the foundation for enormous inequities and injustice in the U.S. healthcare system.

Based on all these facts, it should be evident that social class is a critical variable in understanding what has been happening in the U.S. The enormous limitations of social rights and labor rights, as well as the very limited democracy in their representative institutions, are based primarily on the immense power of the corporate class, much greater than in any other major democratic country, and the overwhelming weakness of the working class, the weakest in any major democratic country. The lack of attention to this reality in the political media and academic institutions is precisely a consequence of their dominance by the corporate class.

