by Vicente Navarro (Author)

Editorial Reviews

Review

"The Politics of Health Policy constitutes an important contribution to the debate of a crucial issue. However, the reach of Professor Navarro's book goes well beyond health policy: it is also a powerful and well-documented rebuttal of the many obfuscations which mask the reality of politics in the United States. It offers a sustained and effective challenge to conventional thinking and deserves very close attention." Ralph Miliband

"This book should become a very interesting reference in the growing literature of the welfare state. Navarro's way of analyzing health and social policy issues, while well accepted in Europe, is not frequently heard in the US. His is a strong voice of a committed social reformer speaking with the force of an empirical scientist." Professor Goran Therborn, Gothenburg University

Product Description

This book analyzes the federal health policies followed by Reagan, Bush, and Clinton and by the Democratic-controlled Congress. The book shows the connection between the crisis of health care and the correlation of class forces in America. He also explains and evaluates the health care reforms put forward by the Clinton administration, describing the political process and forces behind those reforms.

The book challenges the major positions held in the social and political sciences regarding the nature of power in western capitalist developed countries and its impact on public policy. In great detail and with extensive documentation, the text shows how the welfare state continues to be extremely popular, that the causes of our economic predicament cannot be attributed to the welfare state and that class, continues to have an undiminished relevance in explaining public policies in general and health policies in particular.

From the Back Cover

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About the Author

Vicente Navarro is a Professor of Health Policy, Sociology and Policy Studies at the Johns Hopkins University and is founder and Editor-in-Chief of the International Journal of Health Services. He has been president of the International Association of Health Policy, and consultant to many governments and international agencies such as the United Nations, UNICEF and WHO. He has received many awards for his scholarship, including the John Kosa Memorial prize.
health reform to this mold created considerable cognitive dissonance. In the recent struggle for reform, organized labor was both a less ardent and less influential advocate than it had been in 1965; the elderly, though supportive of reform, pushed universal coverage with the nonchalance of those who already had “theirs.” No other strong interest groups were prepared patiently to negotiate the details of a system of shared sacrifices and trade-offs that would achieve this (supposedly) common good. Health reform and largely untouchable political context is unresponsive to reform. The fate of major health reform measures turns on accident and incident, on the alignment of poorly-charted political stars, political climate, the policies and management reforms proposed in response, and the internal and external critiques. In section four we outline what we have learned, looking specifically at the roles that Secretaries of State. In the 1980s and 1990s, a new form of public administration known as New Public Management (NPM) took root across the richer countries. In a key article, Christopher Hood (1995) outlined NPM’s key elements. Clare Short recently commented to us that, “Budgetary aid leads to governance reform because reliable and transparent systems have to be put in place so that the aid money mixed in with local money has to be accounted for. And building effective health systems, education systems that leave sustainable results is surely the objective.” The playing out of the politics of national health insurance not only expresses ideological and partisan differences, but also gives visible form to what political groupings represent; and, in that sense, policy convictions and values shape the politics of the issue. My suggestion for reform now is that we seek a truce among the health policy analysts and make a serious search for a different strategy. I propose that we first organize a special commission of seasoned, gifted, but not expert members. 2. See Marmor (1994). See also generally Starr (1982, history of medical care from. 3. While substantial change took place in the United States in the decades 1980–2000, most of it was privately generated.