

Political economy perspectives on disability and aging:
Competing or complementary frameworks?

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Marxist political economy has been employed by both researchers in aging policy and those in disability policy. However, these two literatures have remained remarkably separate, despite a number of overlapping sociopolitical concerns, including access to personal assistance services (PAS) to allow for community based living, Federal coverage for prescription drugs, and the debate over euthanasia and the right to die. In the interest of further exploring the connections between these two perspectives, the following paper will begin by introducing Marxist political economy and its utility in identifying corporate interests in the healthcare sector as a whole. The second and third sections of the paper will briefly discuss the history and development of the political economy of aging and disability, respectively. The section on the political economy of aging will focus on the theorizing of systematic oppression (on both a micro and macro level) as it occurs within the ideology of the dominant class through attempts at privatizing government programs and the transnational power of the medical industrial complex. The section on the political economy of disability is divided into two sections: the first focuses on a more institutional approach highlighting the policy effects of expanding healthcare markets in general, and specifically the disability/rehabilitative markets, while the second offers an analysis of the influence of capitalist class interests on the politics of state-supported eugenics and a broad range of public policies for people with disabilities including those around government-sponsored health coverage and employment . Finally, the paper concludes with a discussion of the utility of a unified framework and some potential directions for its application in future research.

Introduction to the Political Economy of Health and Illness

Political economy is an analytic framework that attempts to unearth the links between corporate and/or bureaucratic interests and the products of political infrastructure, such as political appointments and policy decisions. The focus of the inquiry depends on the analytic tradition of the research, with the market focus arising from a Marxist tradition and the bureaucratic focus stemming from a Weberian one. Both traditions of political economy view the products of political infrastructure as worthy of sociological inquiry as a consequence of their socially constructed (as opposed to positivist or essentialist) natures. Marxist political economy asserts that policy is not decided through a democratic process, but rather reflects (and is in fact, controlled by) financial interests of the dominant social/economic class. This perspective has proven to be a useful tool in a number of areas of sociologic interest: the environment, economic imperialism and globalization, civil rights, and especially health and illness. It is in this last arena, in which the discussion that follows will continue to explore the utility of Marxist political economy as a tool for the critical analysis of social inequality and the identification of opportunities for action.

Within the subfield of the sociology of health and illness (also called the sociology of medicine), Marxist political economy has been offered as an explanatory framework through which to understand and analyze the rise of HMOs, the historical and continued role of medical professionals in the creation of markets for medical goods and services, as well as the consistent failures to enact a national health system in the U.S. (Navarro, 1995; McKinlay, 1977; Waitzkin, 1989). Employing a political economy perspective, Ehrenreich & Ehrenreich (1971) introduced the term “medical industrial complex” to describe the collective presence of capitalist interests within the healthcare sector, identifying the accumulation of profit as one of the primary functions of the U.S. health care system. Additionally, the political economy framework was

employed by McKinlay (1977) to illustrate six reasons why medicine (or health, more broadly) was a profitable market for capitalist exploitation: 1) the market for healthcare is large and captive (i.e., people will always need to seek care); 2) people place the fulfillment of health needs above other commodity needs; 3) the delivery of healthcare services affords control over the consuming public; 4) the high demand for technology in the healthcare sector supports a high degree of competition; 5) the government guarantees profit for those delivering healthcare services (as evidenced by the medical misuses/abuses of the 1970s); and 6) healthcare provides a cloak of benevolence to the (inherently) exploitative nature of capitalism. More recently, Navarro (1995, 2001) employed a political economic analytic to attribute the failure of the Clinton Healthcare Plan to the influence of the medical industrial complex on the policy process. Furthermore, political economy has been offered as a way to understand the increasing consolidation of healthcare capital into fewer firms and more concentrated markets not just in the U.S., but around the globe as well (Estes, Harrington, & Pellow, 2000; Navarro, 1999).

Moreover, political economy has been a useful framework for researchers of and advocates for certain groups defined by health status or demographic characteristics to identify and analyze how economic interests influence and are sustained by political processes. Two such groups whose experiences of capitalist exploitation in healthcare have been explored through Marxist political economy are elderly people and people with disabilities. Although these two demographic groups are not necessarily mutually exclusive (and as the Baby Boomers age will increasingly overlap), they are often represented by disparate social and political advocacy organizations, competing against one another for both philanthropic and governmental financial support. Both existing legislation and the legislative process act to splinter these groups into fighting for scarce resources, while the corporate interests are consolidated in the

production and distribution of goods and services accessed by both communities, further multiplying opportunities for exploitation. Additionally, the research on both of these populations is separated across a number of disciplinary boundaries (i.e., geriatrics and gerontology, rehabilitation sciences and disability studies), government funding sources (i.e., National Institute for Disability Rehabilitation Research in the Department of Education, National Institute on Aging in the National Institutes of Health), journals, and communities of researchers. Consequently, although both sets of researchers have explored the political economy framework in relation to their respective populations, there seems to be little evidence of, and perhaps little interest in, combining these two bodies of research under a broader theoretical model of political economy. After exploring both of these sets of literatures, this paper will conclude by highlighting the opportunities for analysis and action that a united political economy approach has to offer.

The Political Economy of Aging

The application of the political economy perspective to issues of aging has a rich history, beginning with Estes's (1979) *The Aging Enterprise*, which detailed the connections between corporate interest in the market of goods and services for the elderly and their influence on the political and policy processes of the time. As the medical industrial complex (MIC) has expanded and changed, so has the literature on the political economy of aging. For example, Estes, Harrington, & Pellow (2000) have documented the changes in the size, form, ownership, and corporate presence of the component organizations of the MIC between the 1970s and 1990s, emphasizing the increasing concentration of capital and resources in managed care organizations (with the decreasing patient satisfaction and quality of care that have accompanied this phenomenon), as well as the dire need for regulation. To reflect the transformation of the

MIC, the conversations have shifted from the influences of American corporations to those of multinational (frequently American-based) corporations, from a focus on solo physician practices and free-standing hospitals to one on managed care organizations and multi-hospital chains, from a description of the actions of mostly public health care organizations to that of a new market in which for-profit and nonprofit entities behave very similarly in an economic sense, and additionally, from an interest primarily in the pharmaceutical industries to an expanded scope that includes the biotechnology industry and its connection to institutions of medical research as well as large, multinational pharmaceutical companies.

In addition to shifts in the MIC, there has been a consistent reconstruction of aging from a biological, social, and behavioral process, to one that is primarily, if not solely, a biomedical one. Estes and Binney (1989) described this process as arising from two interrelated phenomena: 1) the defining of aging as a medical problem and 2) the practice of aging as a medical problem in the realms of scientific knowledge, professional status and training, policy formation, and public understanding, each of which influences and is influenced by the other. The authors note that both the changes in definition and practice represent a shift towards an individualizing model of aging, transforming that which was previously a public responsibility, a private one.

It is within the context of the increasing biomedialization of aging, this shifting of responsibility from public (the government) to private (the family), and the seemingly ever-expanding medical industrial complex and aging enterprise, that Estes (2001) offered her most recent iteration of the theoretical model of the political economy of aging. In this model, multiple analytic levels are considered amid their connection to interlocking micro- and macro-level systems of oppression and bounded within the broader context of ideology. To begin, Estes

(2001) emphasizes the importance of multiple levels of analysis, outlining five as central to her argument: (1) postindustrial/ financial capital, (2) the state, (3) sex/gender systems, (4) the citizen/public, and (5) the medical industrial complex/aging enterprise.

Estes (2001) addresses *capital* in relation to globalization and the replacement of state-driven social programs with privatized, rationalized market-driven programs that arise through deregulation. Estes offers the recent push in the United States to privatize Medicare and Social Security (a process which at the time of this paper has progressed with the passage of the Medicare Reform Act of 2003) as an example of the role of capital in the political economy of aging. The beneficiaries of turning public programs into private ones are not the service recipients but rather the owners and executives of these private corporations, as has been similarly documented for managed care organizations (see Estes, Harrington & Pellow, 2000; Navarro, 1995; McKinlay, 1977; Waitzkin, 1989).

Next, Estes (2001) discusses the role of *the state*, noting the paradox that stems from the tension between state spending that favors business interests and those that favor social goods in which business is critical of government expenditures on social welfare, but simultaneously expect government investments in business (i.e., roads, toxic waste cleanups) which essentially turn current public money expenditures into future profit for private industry. Estes situates the earlier example regarding the privatization of Social Security and Medicare in the center of this paradox in which competing political and economic interests attempt to influence the ways in which state spending is distributed between public and private economies.

Furthermore, Estes (2001) introduces *sex/gender systems* as the third level of analysis in her model of political economy, noting that while sex and gender have been analyzed at both the individual and policy level, it is a novel approach to analyze sex/gender systems as an

institutional force affecting aging policy. Estes describes aging policy as one of the institutions through which women are systematically regulated and subjugated within the context of a state-supported sex/gender system that reproduces the distribution of capital as a gendered process.

Estes (2001) identifies the *citizen/public* as the fourth level of analysis, in which citizenship is to be understood in relation to the rights of the individual afforded by the state and other institutions. She highlights the tension between the exploitative principles of capitalism and the populist ideals of democracy in a democratic capitalist society like the U.S. Additionally, Estes employs Twine's (1994) work on "social rights" to emphasize the importance of the notion of societal interdependence along multiple axes including age, sex, and class.

The fifth level of analysis in Estes's (2001) theoretical model of the political economy of aging situates the *aging enterprise and the MIC* as a product of the interaction of the other four levels of analysis discussed above. She explains that the processes of commodification and individualization have allowed for the emphasis to be shifted from government to industry and from the social to the individual. As she states, "Furthermore, the 'problem' is constructed in ways that emphasize the need for a medical service industry and individual behavior changes to promote successful aging rather than a right to a living wage or adequate income or housing" (13). This transition of responsibility from society to the individual allows for the masking of corporate interests within the rhetoric of equality within the marketplace.

Employing the work of Collins (1991), Estes (2001) discusses the effects of "interlocking systems of oppression" at both the macro level (gender, class, race/ethnicity as they intersect and shape one another) and the micro level (interpersonal relations that are shaped by dimensions at the macro level) on the social positions of individuals and groups. Estes continues by discussing the impact of social class, race/ethnicity, and gender on the health trajectories of aging persons

through political and economic policy that support structural dependency and social inequality, global imperialism and institutional racism, as well as gender domination and discrimination. In short, Estes notes that coming from a lower social class before retirement correlates with poorer living conditions after retirement, institutional racism influences old age policy, and older women bear the brunt of poverty and pay greater percentages of their income on health care than older men.

Estes (2001) concludes by situating these systems of interlocking oppression within the framework of *ideology*, a worldview that justifies the structural inequalities in a system, especially the social advantages afforded to its adherents. She identifies ideology as central to three ways in which the relationship between social policy and aging is developed and maintained as the dominant view: 1) the production of “cultural images” by legislators; 2) the reframing of economic expenditures and 3) the transformation of issues of social inequality into rationalized problems.

The Political Economy of Disability

Unlike the literature on the political economy of aging which has developed over the past quarter of a century, that on the political economy of disability is relatively new, commencing with Gary Albrecht’s book *The Disability Business: Rehabilitation in America* (1992), which provided an analysis of the evolution of institutions that serve disabled people and the effects of these institutions on the disability marketplace. Subsequently, there have been two streams of literature exploring the political economy of disability: the first (Albrecht & Bury, 2001) continues this institutional analysis of disability to reflect the changes in the managed care industry and the globalization of healthcare; and the second (Russell, 1998, 2001) applies a Marxist lens to the relationship between policy and the economic system, elucidating the profit

motives of the capitalist class in their various efforts to exterminate, silence, include, employ, and ignore people with disabilities. Although neither of these approaches to political economy approximate the formalized model described by Estes, each indicate certain research foci for unearthing the connections between the political and economic systems and the subsequent effects this interaction has on the lives of people with disabilities. This section will provide a brief review of the main theoretical arguments for both of these political economic analyses.

Political Economy of Disability as Institutional Analysis

After highlighting the ways in which the political economy approach attends to both the influence of economics on the political process and that of politics on the economic realm, Albrecht and Bury (2001) identify a number of reasons why a political economic approach to disability is important. To begin, they note that as the world population continues to grow, so do the number of people with disabilities at both the local and global level. Next, they indicate that there are new disabilities being identified (or perhaps more appropriately, there are conditions that are being newly re-classified as disabilities) and that conditions already classified as disabilities are gaining greater recognition. Lastly, they recognize that the increased longevity for people with disabilities and chronic illnesses is accompanied by enhanced visibility for their issues and concerns (i.e., rehabilitation services, a social safety net), which in turn influence the arenas of both policy and the economy.

Albrecht and Bury (2001) begin their political economic analysis with a review of data that demonstrate the sizable expansion of the health care and rehabilitation marketplace in the United States over the last two decades, focusing on the growth in many sectors including freestanding rehabilitation hospitals, rehabilitation units, and companies that specialize in healthcare products and supplies, pharmaceuticals, and managed care. Although they begin their

argument focusing specifically on the American context, they soon expand their discussion to address the global character of the disability market place. Most of the companies in the industry sectors discussed in the previous paragraph are transnational corporations selling their wares across multiple continents, exporting not only goods but the “corporate culture”(597) in which they were created, marketed, and distributed.

After mapping the disability and rehabilitation marketplace, Albrecht and Bury (2001) discuss the notions of risk and accountability as they are influenced by the political economy of disability. In considering the analysis of risk in relation to disability, they discuss the tension between the frequent implication that disability is a negative outcome to be prevented on one side, and the challenges to these notions offered by those ascribing to the social or minority model of disability, on the other. They address both the socially constructed nature of disability risk and the different levels of analysis (the individual, in the environment, or an interaction between the two) to which risk can be attributed depending on the theoretical or ideologic framework being employed. These discussion of the sociohistoric and geographic situation of risk are the direct continuation of the arguments about the shifting context of (environmental) risk first raised by Albrecht in 1992.

Albrecht & Bury (2001) conclude with a discussion of the future directions for the political economic framework as a means to enrich current understandings of disability, outlining eight directions for further inquiry. First, they call for more research in the political economy of disability to illuminate the connections between the disability marketplace and political institutions, especially in an international context. Second, they instruct that the use of the political economic model to understand difference between nations and between disability groups within nations, to avoid the “cultural imperialism” (604) that occurs when successful

local models are universally enforced. Additionally, they describe the political economic framework as that through which to document and analyze the conflicts between disability groups (both within and across countries) in an effort to better situate and record the multiple flows of disability histories and movements. Albrecht and Bury (2001) continue by suggesting that political economy can increase the understanding of disability and its relationship to poverty, war, and globalization, particularly in developing countries, where they locate the majority of disabled people residing. Moreover, they note the utility of political economy in recognizing the influential role that the disability market plays in the economic wellbeing and development of countries. Furthermore, political economy allows for an institutional analysis that provides an examination of the relationship between the success and continued presence of organizations in the disability market and the quality of life for disabled people. Penultimately, they highlight the ability of political economy to support an interrogation into the definition and role of the consumer in the disability market. Lastly, they address the ways in which political economy can be used to frame the social actions and debates that engage the concepts of human rights and citizenship for people with disabilities.

Political Economy of Disability as Marxist Analysis

Russell (1998, 2001) takes a different approach to the political economy of disability, situating her analysis within the tradition of critical Marxism. She traces the effects of the interactions between the economic structures and the political system as they influence the lives of disabled people through state-supported eugenics, the systematic exclusion of people with disabilities from the labor force, and both the both corporate and charity-based privatization of the public responsibilities of providing services and equipment for people with disabilities.

In her book, *Beyond Ramps: Disability at the End of the Social Contract*, Russell (1998) begins her political economic analysis with a critique of the medical model of disability, that which seeks to cure the impairments of people with disabilities, thereby situating disability as an individual crisis or personal tragedy to be overcome or fixed. She argues that it is as a result of this model that political and financial efforts focus on correcting the bodies and minds of individuals rather than on removing barriers to social participation for people with disabilities. Additionally, she indicates that the individualization of disability that accompanies the medical model has historically been employed to differentiate people with disabilities from the general population, to cast them as abnormal, as less than human.

Next, Russell (1998) traces the shameful histories of eugenics in the United States, England and Germany from the turn of the 20th century through World War II. She highlights the economic rationalization of forced sterilization programs in the United States and England and the mass extermination of first children, and then adults, with disabilities in Hitler's Germany. In particular, she describes how people with disabilities were characterized by the Nazi government as drains on the social welfare system (due to their inability to produce in a capitalist economic system while at the same time requiring the state to spend money on their behalf). This economic justification combined with the Social Darwinism of the time, contributed to the creation of a state-supported program of eugenics of people with disabilities that was not only sanctioned by but also enforced by the medical establishment of the time.

From the political economy of Nazi era eugenics, Russell (1998) moves to the current debate over euthanasia and "the right to die" for people with disabilities. Citing a study from the *New England Journal of Medicine* that surveyed physicians in Oregon (the first state to legalize euthanasia), she demonstrates the connections between financial considerations and policies

around physician-assisted suicide by recounting that in addition to the 60% of physicians who reported supporting assisted suicide, 80% indicated that economics might influence patient decisions. Moreover, she offers the example of Larry McAfee, a quadriplegic in Georgia who, facing forced institutionalization as a consequence of insufficient state-supported programs that allow for independent living, petitioned the courts for and was granted the right to suicide, as a further example of the political bias toward the extermination of people with disabilities over the provision of services. As a result, Russell (1998) is left asking the haunting questions: “But are patients who face destitution really choosing death? Or are they victims of Social Darwinist euthanasia policy under which the rich can buy all the care they need while the poor must do without?” (40).

Continuing her exploration of the political economy of disability, Russell (1998) provides a history of the opposition to the passage of Social Security in the United States, detailing the roles played by the private insurance industry and the American Medical Association. In addition, she highlights the difficulties that eligibility requirement for programs like Medicaid and Social Security which require restricted incomes and/or limited assets present for people with disabilities who want to work. Moreover, she is extremely critical of the emphasis on private sector charities over a public safety net. In particular, she blasts Jerry Lewis and his Muscular Dystrophy Association (MDA) for their portrayal of people with disabilities as pitiable and in need of cures, as well as the profit-making tactics that govern the distribution of funds raised by the organization. She provides evidence that two-thirds of the money raised by MDA in 1991 was spent on overhead, with only the remaining one-third of funds to be split between direct patient services and research grants.

Furthermore, Russell (1998) discusses the effect of the ideology of capitalism in attracting the interest of then President George H.W. Bush to support the Americans with Disabilities Act (what has since been touted as the most sweeping piece of legislation for people with disabilities in the history of the United States) as a low-cost way to reduce the number of people on government assistance under the guise of civil rights for people with disabilities. In addition, she identifies economics as the primary motivation for the political actions that initiated continuing disability reviews (CDRs) and the multiple changes to federal definitions of disability, both of which were intended to reduce access to state systems of support.

In a later article, Russell (2001) continues to elaborate on the relationships between political and economic spheres as evidenced by her redefinition of disabled people as “persons deemed less exploitable or not exploitable by the owning class who control the means of production in a capitalist economy” (87). She identifies the role of (the capitalist) class interests in determining the level of participation in social life afforded to people with disabilities through economically rationalized decisions about both the exclusion and inclusion of people with disabilities in the labor force at different times in America’s history (i.e., sheltered workshops; unwillingness of employers to offer accommodations, despite the ADA). Again, she highlights the interplay between capitalist interests and the medicalization of disability that result in a focus on curing the individual, avoiding the institution of policies that remove barriers to social and economic participation.

In “Manifesto of an Uppity Crip”, the penultimate chapter of *Beyond Ramps*, Russell (1998) outlines a plan for change, offering more than twenty-five suggestions for anti-capitalist reform that include actions like ensuring greater corporate accountability, instituting campaign finance reform, returning the media to the public, adopting the principles of universal design to

public and private spaces, mandating a living wage, and replacing the current mode of “institutional profiteering” (222) through the provision of Personal Assistance Services that support people with disabilities living in the community. She concludes the book by arguing for a renaissance of social solidarity across identity groups against the capitalist class, a movement that would bring differences together and revive public discourse.

Addressing Disability and Aging in a Unified Political Economy Model

In previous sections of this paper, the literatures on both the political economy of aging and disability were introduced. In this final section, the Estes model will be taken as the basis upon which a more integrative political economy model could be constructed, synthesizing the perspectives and political agendas of the authors detailed above.

In order to achieve a unified political economy model that addresses both disability and aging, it is instructive to begin with the Estes (2001) model as a base. To ameliorate the near complete invisibility of the links between disability and aging in this model, three preliminary steps must be taken. First, the model needs to include an explicit recognition of (dis)ability at each level of analysis. To begin this work, the discussions of both *capital* and *the state* should be extended to include the institutional bias in services for disabled persons and the challenges to this bias represented by the *Olmstead v. L.C.* Supreme Court decision (1999) and various iterations of the Medicaid Community-based Attendant Services and Support and Act (MiCASSA) Bill. Next, the concepts of “ability systems” should be introduced to mirror and interact with the *sex/gender systems* to describe the effects of another set of institutional forces on the policy process. Also a consideration of the dynamic relationship between ability status and the guarantees of citizenship should be added to accompany the description of the role of the *citizen/public* in the political economic framework. Additionally, the model would address the

construction of disability as a ‘problem’ and the consequences of this reframing alongside the current critique of the way in which the *aging enterprise and MIC* re-establish aging within a medicalized context instead of one of human rights or the fulfillment of basic necessities.

Second, the Estes model would be extended to encompass (dis)ability as a (potential) axis of oppression, addressing the influence of economic interests on state-supported forced institutionalization, government mandated sterilization, dehumanization (especially through the revocation of voting rights for those who are mentally unfit), and labor abuses and exclusions. Thirdly and lastly, the Estes model would be enhanced with a lifecourse approach that counteracts the current limitations of the discussion of disability as merely a part of the aging process, by focusing on the previously neglected experiences of people with congenital disabilities and those who acquire disabilities prior to becoming elderly (i.e, veterans, people injured on the job).

Furthermore, the project of developing a unified political economy requires the re-examination of a number of issues raised in the literature on the political economy of disability summarized above. The integration of the ideas highlighted by these authors can only act to further fortify the Estes model in concert with the modifications outlined in the previous paragraph.

The political economy of disability described by Albrecht & Bury (2001) offer the notions of risk and accountability as ideologies that shape experience, policy, and activism; provide an explicit recognition of the heterogeneity of actors within and across social groups in the political economy; and prominently situate war and its connections to the transnational military industrial complex as central to the control of the flows of capital and the increases in the number of disabled people in a global context.

Russell (1998, 2001) focuses on the power of capitalist economic rationalization in the support of both historic and current policies of eugenics and euthanasia as desired alternatives to the provision of services. Additionally, she is critical of the role of charities that has been fostered by capitalist influence over the state, as well as the opportunities for profit at the expense of direct services that have been realized in multiple charitable organizations, like Jerry Lewis's Muscular Dystrophy Association.

Moreover, both Albrecht & Bury, and Russell illustrate the historically contingent nature of disability and the manipulations of the boundaries of these definitions to suit the capitalist interest of the times. Lastly, these theorists situate the political economic framework as an analysis imbued with the potential for action, as is particularly evident in Russell's "Manifesto of an Uppity Crip".

To conclude, a unified political economy model that addresses both disability and aging is possible. Using the Estes (2001) model as a foundation, the issues of disability implicit in the current iteration of the model need to be made explicit, while those issues addressed by authors working in the political economy of disability must be recognized and integrated in order to achieve a stronger model for both analysis and action.

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