It has long been assumed that the provision of health, social and other employee benefits are desirable on humanitarian grounds but costly in terms of their impact on the profitability of commercial firms. Although some managers are persuaded by human relations theory that employee health and social programs enhance worker satisfaction and thus contribute to productivity, the investment implications of these programs have often been ignored. Today many firms have either abolished or retrenched health care and pension programs. It has been widely reported in the media that the competitiveness of leading automobile corporations has been affected by health and pension costs, and several leading airlines have abrogated their pension responsibilities on the ground that these programs are unaffordable.

This book provides important evidence to show that the retrenchment of these programs is shortsighted and that investment in the health of employees makes an important contribution to work productivity. As the editors point out, there is a sound business case for providing quality health care to employees. They also point out that the costs of ill-health are considerable. Absenteeism, under-performance and other problems associated with ill-health reduce productivity and ultimately have a negative impact on the nation’s overall economic development effort. Accordingly, the national interest is served when workers are provided with high quality health care.

This book is the result of a conference which examined the relationship between health-care investments and work productivity. A major issue at the conference was how the link between health and productivity could be operationalized and accurately measured. If employers are to be persuaded that health care investments contribute to competitiveness, sound empirical evidence demonstrating a direct association between health and productivity will be required. In addition to devoting several chapters of the book to measurement issues, the
editors brought academics and employers together to debate these issues. As the editors point out, academic research into this topic has not been widely disseminated or discussed.

There is much in this book that will be of interest to social policy scholars. If health care investments contribute to the productivity of commercial firms and to the nation's economic development efforts, a strong case for wider public investments in health and social programs can be made. However there is little in the book that addresses these wider issues directly and most of the chapters are focused on the needs of commercial firms and on measurement issues. Nevertheless, social policy scholars interested in measurement issues will find these chapters to be particularly useful. One interesting chapter examines the link between health investments and human capital development in the Global South. Hopefully, future research will focus attention on the benefits that will accrue to the wider society from decisive health and social investments.


Although historians have extensively documented the way European imperialists and colonialists invaded and subjugated people in many lands in Africa, Asia and Central and South America, stories of the oppression and resistance struggles of Indigenous people over the centuries are not given much prominence in the official histories. It is often assumed that most Indigenous people have been assimilated into the new nations that emerged from the nationalist independent struggles of the 19th and 20th centuries and that the interests of those who retain a distinctive identity are, in any case, best represented by their national governments.

These assumptions are vigorously challenged in this important book which shows that despite the oppression they have experienced, Indigenous people in many parts of the world not only retain their identity but are organizing and