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From Global Inequality to Health Inequality in the Age of the Tetra Society:

An Editors' Note on Branko Milanović's Essay

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The publication of Branko Milanović's essay (Milanović, 2026) invites renewed attention to the relationship between political economy, social class, and population health. Milanović argues that the large-scale deployment of artificial intelligence could produce a "tetra society"—a four-class structure composed of a surplus population, a low- to moderate-wage service-sector working class, a homoploutic class combining high labor and capital incomes, and a small group of extraordinarily wealthy techno-capitalists. The essay first appeared on the author's Substack in July 2026 and is republished here with his agreement under a CC BY 4.0 license. It has not been peer reviewed; it is an essay, and we present it as one.

This argument extends Milanović's longstanding contribution to the study of global inequality. He is among the leading contemporary social scientists working on the global distribution of income, wealth, and capitalism. His work has been distinctive not only for its empirical analysis of inequality across nations and households but also for its integration of global economics with political institutions, social class, culture, and historical change. *Global Inequality: A New Approach for the Age of Globalization* (Milanović, 2016) demonstrated how the location of individuals within the world income distribution—and not merely their position within national distributions—shapes life chances. *Capitalism, Alone* (Milanović, 2019) further situated contemporary inequality within the political and institutional development of liberal capitalism and state capitalism. His more recent historical work, *Visions of Inequality* (Milanović, 2023), shows how changing theories of inequality have reflected broader transformations in political economy and social thought.

The four-class structure proposed in the essay is especially relevant to health politics. The bottom class—the surplus population or lumpenproletariat—is defined by exclusion from stable employment and dependence on long-term transfers. Such a position is likely to be associated with material deprivation, insecurity, stigma, reduced political power, and deteriorating mental and physical health. The second class, composed of service-sector workers whose jobs remain difficult to automate, would experience a different but related form of exposure. These workers would remain employed while facing downward pressure on wages, intensified surveillance, weak bargaining power, and the persistent threat of technological displacement. Employment, in this context, would not necessarily provide the social protection traditionally associated with the European post-WWII working class.

The upper two classes are also important for understanding health inequalities. The homoploutic class—those who combine high labor income with substantial capital ownership—benefit from the cumulative advantages of education, occupational authority, financial assets, and political influence. Above it stands a small plutocratic or techno-capitalist class whose ownership of artificial intelligence and related infrastructures could generate extraordinary economic and political power. These class positions are not simply points on an income scale. They represent contrasting relationships to ownership, authority, risk, time, and the institutions that organize social reproduction. Their consequences should therefore be examined through a multidimensional account of health inequality rather than through income alone.

Milanović's analysis also resonates with work on precarious employment, social class, and neo-feudal or techno-

feudal employment relations (Muntaner & Benach, 2024; Muntaner et al., 2011). That work has argued that contemporary labor markets cannot be understood solely as an extension of industrial capitalism: in important sectors, employment relations increasingly resemble forms of dependency characterized by asymmetrical power, insecurity, rent extraction, and limited worker autonomy. The service-sector working class of the tetra society is precisely the population that remains formally integrated into production while subordinated to increasingly concentrated ownership and technological control, and the surplus population comprises those who become structurally redundant or only intermittently connected to the labor market. The two approaches are complementary rather than identical. Milanović's four-class model is a prospective account of stratification under advanced automation; the neo-feudalism framework is concerned with power, employment relations, racialized and gendered domination, and the production of health inequities. One identifies the emerging architecture of class inequality; the other explains how that architecture becomes embodied through labor insecurity, social exclusion, discrimination, and unequal access to welfare and health-promoting resources.

Neither account, however, settles what the tetra society will mean for health. Class relations reach health along two paths at once. They act directly, through the mechanisms that sustain them (exploitation, domination at work, insecurity, the extraction of rent), which bear on bodies whatever the surrounding institutions. And they act politically, because class relations are also relations of power: the coalitions that built welfare states, and the institutions those coalitions left behind, are themselves products of class relations rather than a neutral filter standing outside them. This is why welfare states with similar occupational structures have produced markedly different mortality and morbidity profiles, and why the four-class model is a question for health politics rather than an answer to it. The more serious threat it identifies is therefore not the distribution alone but what the underlying relations do to political capacity: universal health systems were constructed by coalitions in which a broad wage-earning middle had material reason to participate, and a structure that hollows that middle while attaching the remainder to transfers erodes the social base on which such systems have depended. Whether automation is met with shorter hours and universal provision or with a permanently insecure majority is not a technological question, nor even a distributive one. It is a question about which classes retain the organizational power to make claims on the social surplus, and through which institutions.

For *Health Politics*, the central implication is that artificial intelligence should not be treated as a neutral technological intervention. Its health consequences will depend on ownership, regulation, labor institutions, taxation, social protection, and democratic accountability. A technology that increases productivity may nevertheless worsen population health if its gains accrue to a narrow group while insecurity, unemployment, and political marginalization are generalized across the population. Conversely, automation could improve health if its benefits were converted into shorter working hours, universal basic services, secure incomes, stronger public provision, and greater worker control.

Milanović's tetra society therefore offers a valuable agenda for health-policy research. Future work should examine whether the four classes exhibit distinct patterns of mortality, morbidity, mental distress, occupational exposure, access to care, and political participation. It should also investigate how class location intersects with gender, race, migration status, citizenship, and geography. Most importantly, health scholars should ask who owns the technologies that reorganize work and who has the authority to determine how their gains are distributed.

The emerging political economy of artificial intelligence may not produce a society of generalized abundance. Without strong redistributive and democratic institutions, it may instead produce a society with a permanently insecure majority, a shrinking middle, and unprecedented concentrations of wealth and power. Milanović's contribution is to make this possibility analytically visible. Whether it is realized will be decided politically, in the coming decades and through the institutions examined in this journal; and if it is realized, it will not remain confined to markets or income distributions. It will be written into bodies, communities, health systems, and the unequal capacity of populations to live—and to live well.

Conflict of Interest

Carles Muntaner and Haejoo Chung are Co-Editors-in-Chief of *Health Politics*.

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