

The Invisibility of Public Health: Population-Level Measures in a Politics of Market Individualism

ABSTRACT

This paper models the prevailing political attack on government as a heuristic, a judgmental strategy that simplifies complex phenomena by applying simple tests to a limited set of relevant data. The heuristic of market individualism offers three tools for analyzing the problems of governing: the supremacy of the free market as a regulatory device, a belief in individual freedom of choice and personal responsibility, and the elevation of individual satisfaction as the chief goal of society. Because public health is inherently concerned with the health of the population rather than individual health, because the market itself is a major source of ill health, and because individual choice is socially mediated, use of the heuristic precludes the recognition of the value of public health work. Although some degree of accommodation to current political realities is a practical necessity, public health advocates must not neglect the task of fashioning radically different alternative visions over the long term. (*Am J Public Health*. 1997;87:1607-1610)

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Introduction

Modern public health work is informed by a recognition of the important role of culture, particularly political culture, in defining the meaning of disease and setting limits on what government can do in the name of promoting the public's health.¹⁻⁶ The success of Surgeon General Thomas Parran's fight against venereal disease surely depended in substantial part on the ascendancy of New Deal Democrats.² Surgeon General Joycelyn Elders, by contrast, was undone by her frank talk about sex, characterized in a conservative political climate as a government attack on family values.

The political culture has not favored public health work for a long time now. In recent years, conservative Republicans, with the acquiescence and even support of moderate Democrats, have mounted an attack not only on the web of social welfare programs within which public health work is suspended but on the very notion of government regulation itself. This platform reflects, to some degree, legitimate concern about the inefficiency to be found in the public (as in the private) sector, as well as concern about the effectiveness of traditional regulatory approaches^{7,8}; both in style and substance, however, the attack is more destructive than constructive. Public health has been suffering real budget cuts for years, without the impetus of a right-wing "revolution," and more are on the way. Some have proposed eliminating the surgeon general's office. There has been a dubious effort, apparently led by the gun lobby, to eliminate the National Center for Injury Prevention and Control.⁹ The conservative plan for environmental protection and occupational safety and health is to reform what amputation is to plastic surgery. Welfare reform is cutting away

the health care infrastructure for the poor, even as the entire system of health care delivery for the insured is being remade with little or no public involvement. While individual initiatives may be blunted, the political treatment of public health over the next few years will continue to reflect the "reality" that government is a bumbling, barely necessary evil always threatening to gum up the clocklike, self-correcting works of private enterprise.

The tendency among public health advocates is to accommodate the prevailing mood. To win support for its programs, public health must, to some extent, frame its goals in language that will be broadly acceptable to politicians and their constituents. But I want to suggest in this paper that there is a long-term danger in an excessive devotion to short-term pragmatism, which does little to change the habits of thought in politics and the larger culture that essentially exclude public health from serious consideration. A good example is the Institute of Medicine's 1988 report on the "future of public health."¹⁰ The book, often cited as the authoritative prescription for public health reform, spoke of the need to convince Americans of the value of public health work but itself offered a narrow, uninspiring account of the enterprise painted in the drab palette of the Reagan years: mistrust of government, preference for the market, and a focus on the individual. There was nowhere a recognition that both the health problems we face and the barriers to addressing them are tied to the very market individualism the report embraces.

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Public health is, in its essence, the collective response to the health threats a society faces. While much of the most important public health work is done in the private sector and the work of the state must take a wide variety of forms beyond direct regulation, “public health” without the dynamic leadership of government in deploying the nation’s wealth against the ills arising from individual choices in the market is a contradiction in terms. Yet it is precisely this collective stake and government role that prevailing political dogma obscures.

To show how this is so, I offer an analysis of the conservative platform, not as a detailed blueprint for actual changes in the workings of government but as a heuristic, a judgmental strategy for simplifying complex phenomena to allow easier intellectual and emotional digestion.^{11–13} It is in its character of a heuristic that the dogma I am calling “market individualism” poses its powerful threat to public health: heuristics operate not simply as decision tools to manipulate data within the bounds of relevance; they operate also as cognitive filters to define, in a rough but systematic way, the very bounds of relevance themselves. As a heuristic, market individualism offers three closely related concepts for analyzing the problems of governing: the supremacy of the free market as a regulatory device, a concomitant belief in individual freedom of choice and personal responsibility, and the elevation of individual satisfaction as the chief goal of society. I argue here that public health advocates must forcefully oppose the social vision expressed in this heuristic, if only for the reason that to accept the rhetorical structure of market individualism is to accept a political language that has no words for public health.

The Market as the Solution, or the Market as the Problem

Casting the market as a tool for solving health problems fools the user into assuming that the market is outside the process of disease creation, when, in fact, the way in which we produce and distribute wealth is crucial to the health of Americans.¹⁴

For the market individualist, the market is virtually always the best protector of health. Communicable disease control is often used as the exception that proves the rule, the archetype of the common good for which the market makes no provision. A few other func-

tions—such as water purification and sanitation—move on and off the list in keeping with the spirit of the age. More significant in recent times has been the debate over how to use government and the market to regulate the externalities of industrial production, such as pollution and occupational injury.⁸ This is a useful debate in terms of efficient regulation, but it does not go to the heart of the issue of the market as a solution to public health problems. The market does not simply produce health problems as an accidental by-product; illness is virtually a primary product of market activity. Many of the things the economy generates are in themselves dangerous to some degree: cigarettes, alcohol, cars, planes, Big Macs, Laz-E-Boy chairs. We do not, for the moment, live in a society in which most people die from communicable diseases. We live in a society in which people die from exposure to the fruits of affluence (fatty diets, excessive leisure, fast cars) or the bitter harvest of social stresses (drug use, violence).¹⁵ Beyond the instances in which specific products are linked to ill health is the large amount of data showing a correlation between socioeconomic status and health, between social harmony and health, and even between racism and health.^{16–18} Even the emergence of new infectious diseases is closely tied to economic activity.^{19,20}

The invisible hand conjures ill health along with wealth. The long-term and subtle health costs of production are easily externalized and tend to fall most heavily on those socially vulnerable people with the least market power. For rich and poor alike, the economy substantially determines the sort of health threats a society will face. Market individualism affords a happy vision of a society getting richer but obscures the prospect of the ills even riches entail.

Individual Responsibility and Choice

The heuristic of market individualism seems to fit snugly in the dominant explanation of health in this country in this century. According to this view, “health” is a personal, medical matter, a state of freedom from pathology achieved by an individual through the mediation of a doctor. Improvements in health flow from the application of science to specific ills of the body, and access to medical care is the chief determinant of health. Seen this way, one’s health is one’s own business and is largely in one’s own

hands. Everything from starting smoking to using a condom to wearing a motorcycle helmet is a personal choice, privileged with all of the liberal or libertarian appurtenances thereunto. Individual actors are rational (if not always very smart or well informed), and their choices, freely made, are entitled to respect and should not be lightly interfered with by government. Their bad choices are their responsibility.

Public health, by contrast, has tended to adopt an ecological model under which health is understood as an attribute of communities in social and physical environments. Health takes its shape in large numbers—in morbidity and mortality statistics—and, ideally, includes not just a high level of well-being for some but its even distribution throughout a society. In this view, improvements in health arise from healthful changes in the social and physical environment.

From this ecological point of view, individual “free” choice depends on the social options available to the chooser and, more deeply, on the way in which different options are socially constructed.²¹ The sense that smoking is sexy, or a taste for beef rather than sushi, is a function of cultural conditioning, not choice. Public health assumes that rational choosers start with a heavily inscribed slate and tend to align their behaviors and values with peer groups whose attitudes they adopt and use to measure their conduct.

This account provides the warrant for purposeful action to change choices. And that means changing the background world. Whether the behavior is smoking or unsafe sex or too sedentary a lifestyle, improving public health inevitably entails an attempt to influence the social values and conditions that support dangerous choices by individuals. In the United States, this work is often done by private organizations such as the American Cancer Society, but government has also traditionally played a role as both funder and speaker. Government, as the representative of our collective interests, arguably speaks with a special moral authority (although certainly not to everyone). Moreover, government’s persuasive powers go beyond mere speech. Through taxation and other regulatory actions, government has unique powers to make unsafe activities more burdensome and less desirable.²² In the long campaign against smoking, for example, the surgeon general’s educational warning was succeeded by limits on cigarette advertising, higher excise taxes, and stigmatizing

limits on where smokers could indulge. All of this changed not only smokers' knowledge base about the behavior but also broader social attitudes toward it, in large part by conveying a sense of collective disapproval.^{23,24}

The individual choice heuristic powerfully impedes this public health work. It explains why the market is not a problem: the market is simply giving people what they want. And it provides a vocabulary to oppose government intervention to modulate choices: government manipulation of values and behaviors invades the private sphere and undermines freedom. The heuristic works to establish a rule that private actors motivated by profit can pervasively and expensively work to manipulate choices and mold society but the people, through their government, working in the name of health, cannot.

Individual Satisfaction

If we are rational actors making free choices in a free market, it can be neither surprising nor inherently problematic that many of us make choices that others regard as bad or stupid. People find smoking to be a very satisfying activity, worth the risks, and there are many other activities—like riding cycles without helmets or watching TV instead of jogging—that are much less personally risky than smoking. As long as we are happy and prepared to accept the consequences of our own actions, what business is it of anybody else? So goes the heuristic of individual satisfaction.

The public health perspective is different. On one level, we are simply talking about a different measure: public health is concerned with the health of the population as a whole, as expressed in phenomena measurable on a large scale. But there is something even deeper going on. How we see determines what we see. The public's health, I suggest, is not simply the aggregation of individual satisfactions. It is a different way of experiencing and defining health: a relation between a population and its environment that does not express itself in individual cases in a meaningful way.²⁵⁻²⁷

Individuals are naturally concerned with their own state of health.

We want to feel well and to believe that our wellness will last. We want a measure of control over our health, which we may get by following prevailing prescriptions for a healthy lifestyle, avoiding certain arbitrarily selected threats, or going to the doctor. We tend to look for

personalized information that seems to define our health: the leading example is the "risk factor," the genetic, physiologic, or behavioral marker that purports to measure our personal risk of various kinds of ill health against the population's average risk.

The premises of this individualized perspective on health are largely alien to public health. Relative risk alone, for example, is a poor predictor of the distribution of an illness in the population, because a high relative risk in a small population does not create as many cases as a low risk in a much larger one.²⁸ From the population perspective, the best explanation—and by and large the only one needed—for why a particular person dies the way she or he does is chance. The biological, social, and environmental causes of cancer in the population are public health's concern. The particular cause of Joe's case of cancer is not.^{26,27}

The mere fact that it is a different way of seeing health does not make the heuristic of individual satisfaction wrong. It helps mediate the randomness of death and illness, giving them purpose and subjecting them to personal control. The problem lies in using individual satisfaction as a measure of public health. On one hand, it produces too much spending merely to make individuals feel safe. On the other, it produces too little effort to eliminate the widely prevalent threats that produce the most ill health.

The first phenomenon is quite well recognized: public health policy is constantly being driven by people's response to specific conditions that threaten their sense of safety, quite without regard to whether the social investment needed to protect the individual bears any rational relation to the social benefit that will accrue⁷ (hence our substantial investments in addressing health threats such as asbestos, silicone breast implants, and doctors with HIV). The second phenomenon is known as "the prevention paradox." With some exceptions, like smoking, the leading causes of death are things that most of us encounter on a regular basis; the mortality statistics represent the toll taken by very small risks distributed widely through a large population. The paradox follows: "a preventive measure that brings much benefit to the population offers little to each participating individual," and many measures that are of great benefit to an individual offer a negligible benefit to the population.²⁶ Seat belt use offers only a tiny marginal decrease in risk of death or injury to any one

individual, despite its significant contribution to reducing the total accident toll; heart surgery, the epitome of the medical battle against individual mortality, has little or no impact on the public's health. In a calculation of short-term personal gain, the most effective health measures for the population pale in importance against the saving of identifiable lives.

The most dramatic example of the allocational consequences of an individualistic view of health is the health care budget itself. At least 95% of all the money this society spends on health—including environmental and other "big government" programs—goes to health care,¹⁵ despite the lack of any evidence whatsoever to support the claim that health care provides benefits to public health at a ratio of 19:1 relative to all other forms of health intervention. What health care does provide, of course, is an almost exclusive focus on the individual, whose fate remains the most common measure of success.

Conclusion

Political discourse offers a set of cultural norms about what it means to live in our society, to whom help is owing, and whence any help should come. In defining the bounds of relevance in terms of individuals striving in an unfettered market for personal satisfaction, market individualism renders the collective stake in public health invisible and unnameable.

By focusing on the mechanism by which public health disappears rather than the cultural product from which it is absent, I aim to get past the notion that market individualism is an immutable trait deep in the "American character" that must be accepted as "reality." The important question, I suggest, is not what people think now, but how they came to think it, and the answer is the same as for other attitudes and behaviors: they were taught. Individualism is not genetic. There is no market miasma emanating from the North American continent. Ideas like the ones that dominate American politics are inculcated consciously and unconsciously in school, work, family, and the social interaction of daily life. The purveyors of the political heuristic I have described in this paper have worked for long years to bring their ideas from the unthinkable to the statute books.

Seen in this way, the task for public health advocates is a familiar one: the slow, diffuse job of changing social attitudes, in this case by developing

effective alternative ways of understanding the social and physical ecology. Such a vision is built in part on basic research choices, as Link and Phelan have discussed in detail.²⁹ In the political field, it entails showing at every opportunity how the market puts our health at risk, how individual choices are mediated by social and cultural conditions, and how the welfare of the community can diverge from the welfare of the individual. Even before the first step is taken, however, the project requires that public health advocates themselves recognize the way in which modes of thought, such as market individualism, have made public health unthinkable and how alternative ways of thinking are a necessary, if not sufficient, condition to revitalizing it. □

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