

## POLITICS OF HEALTH RISKS

The regulation of health risks and the allocation of health research dollars complicate health policy. It seems totally irrational. The public's perception of health risks is quite different from that of experts. Similarly, the preference that the public has in the allocation of health research (priorities) is quite different from that experts would set (to increase life expectancy or reduce the cost of disease to the society). The public doesn't seek the evidence.

You could call it the two list problem. Experts have one list (stop smoking, driving safely and wearing seat, don't hang with the wrong crowd ---actually all the warnings your mother gives you) and the public worries about the dangers of nuclear power and Alar.

Why?

- Individual Control---people distrust government—fluoridation, nuclear power, but knows that it's their fault if they smoke or speed.
- Information public has or seeks limited---don't know much science or do much reading.
- Information public does get is distorted by the organizational maintenance needs of intermediaries—the distorting prisms of those who tell the public about risks or health threats.

### I. RISK

#### A. SETTING FOR FEARS

In modern society risk is mainly a LOW DOSE Problem. The big risks, dangers that are left are mostly occupational and are regulated (protective gear; machine guards—very different turn of 20<sup>th</sup> Century from turn of 21<sup>st</sup>. It is getting worse because measurement technology improving---we can measure in parts per billion in some instance. At that level we can always find something. Also people who are richer and healthier (Americans today) worry about little things (If you have bread you worry about the jam.) We have Middle Class worries (most middle class, well educated people don't smoke or drive drunk). We want protection from our fears, the chronic disease (Cancer, I don't want it; whose fault is it if someone in family gets it---air pollution, unsafe products, someone must be at fault).

Measurement questions---Is there a threshold dose? How good are animal models? Are humans mice? What if male mice get the disease with X dose but females don't? What if rats don't but mice do? Studies easy to produce but do they mean anything? How do you determine human lifetime exposure? Can you dependent upon people memories?

Naderism---we have learned to organize/mobilize a constituency to fight corporations. There is a Market for bad news. There is wide spread distrust of big business. If company studies say it is safe, we don't believe them. Funding corrupts. Does it?

## B. HOW THE PUBLIC GETS INFORMED ABOUT RISKS.

Public needs intermediaries to understand low dose risks---can see or measure parts per million, billion on own. But intermediaries distort message for own organizational needs.

- Media firms compete for attention --“Carrots Kill: News at 11”
- Scientists compete for reward, recognition---Another study showing that smoking kills will not get Nobel Prize but discovery of hidden dangers of carrots might.
- Businesses compete for customers---This product is “Carrot Free”
- Public Interest Groups compete for grants, donations. Women's Health Groups might claim that women are disproportionately exposed to the dangers of carrots because they prepare most of the meals.
- Politicians chase every fear carelessly changing government priorities to fit the latest scare. Government, because of its leaders, is responsively irresponsible--- Just notes recent Number 1 Health Priority for Health and Human Services ---- Drugs, cigarettes, teenage pregnancies, gun control, AIDS---what is it?

## II. SMOKING CASE

### A. LITIGATION VS LEGISLATION

Smoking and America. Dangers long recognized—cigarettes called Coffin Nails in 1930s. But attraction irresistible or nearly so thanks to advertising and association with adulthood and modernity. Persuade men, women, and children of desire (nearly 50 % of adults did smoke in 1950s). Tobacco farming had hold on South. But then studies started.

Cancer society in 1954. Surgeon General's Report in 1964. TV advertising ban and warning labels (actually came about with help of industry as provided protection from counter ads and law suits—you were warned).

Law suits—individual and class action have failed but government cases big danger to industry (RICCO laws –ambitious attorney generals push for racketeering charges)

Congress---Health advocates (save lives, kill product) and companies (kill litigation, save product). Does it cause cancer? Lung cancer has to turn big soon because smoking has fallen out of fashion (now about 20% of adults smoke; very class biased). Is it addictive? Some say worse than cocaine, but many, many people have quit.

Litigants –Attorney Generals (run for office), tort lawyers (get a third of winnings). States sued over Medicaid costs (documents were released that implied cover-ups though also normal company behavior. Companies reached for deal—Master Settlement Agreement of 1998 (\$275 billion—politically connected lawyers made billions!!!)

But this put states into partnership with cigarette companies –its over 25 years and linked to their profits.

Next Blue Cross and unions sued (but didn't win). Big federal case pending.

Torts ---good for compensation to injured, deterrence (prevent other companies from doing similar things) and for accountability (you did harm, you pay).

#### BUT MSA JUST A TAX DISGUISED AS HEALTH POLICY

No legislative review, no public involvement. Poor people pay the bill because companies pass on cost to current consumers. Lots of money for politicians' relatives (Clinton's Brother-in-law, Lott's brother-in-law). Big contribution from tort lawyers to attorney generals.

#### B. THE TWO CONSPIRACIES

The companies lied about smoking and health.

The health officials / health advocates (anti-smokers) lied about risks of side stream smoke.

Which is bigger problem? Which one worked, was successful?

Should we worry about the role of science in the making of public policy. Do we want the truth to win?