UPSTREAM HEALTHY PUBLIC POLICY: LESSONS FROM THE BATTLE OF TOBACCO

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Many consider public health and politics to be entirely separate worlds. Public health activities are generally well-motivated by public interest, perceived as value-free, scientific, and devoid of partisan preference. Politics, in contrast, can be viewed as a distasteful activity involving self-interested pressure groups, misuse of state power, and influence of money on national decisions. Public health and politics are inappropriate bedfellows if politics is reduced to party politics. Politics, of course, involves more than just party activities; it concerns the structure, distribution, and effects of power in society. Which groups pattern the social order? What are their sources of influence? How do they retain privileged status? What social effects result from the policies these groups shape? Viewed in this broader sense, politics is essential for effective public health and thus is the inescapable context of public health interventions. To disregard sociopolitical determinants of health is to relegate public health to prevention and promotion of individual risk behaviors. If public health is to be more successful in the 21st century, it must comprehend the magnitude of the forces against it and the strategies used to engineer its defeat. Public health interventions in the new millennium must be appropriate to their sociocultural context.

BACK TO THE FUTURE IN PUBLIC HEALTH

No figure is more revered in public health than John Snow. His pioneering contributions were important in the foundation of epidemiology, which informs much of our public health activity. At least three things distinguish John Snow's work: his far-sighted imagination, his rigorous science, and his social action (1). His theory (1850s) that cholera was communicated by contaminated water predated by several decades both Pasteur's bacteriological contributions and Koch's discovery of the cholera vibrio (1883). As a superb scientist, Snow made careful field observations and recognized the inferential superiority of a natural experiment: the cholera mortality rates in homes that used water supplied by the

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Southwark and Vauxhall Water Company were more than eight times greater than those in homes supplied by its competitor, the Lambeth Company (2).

John Snow had several alternative courses of action available to him (Figure 1):

1. He could have *embarked on a health education campaign*—to dissuade those at risk from ever using the contaminated well (primary prevention), or to exhort current users of the contaminated well to go elsewhere for clean water (secondary prevention). Perhaps these measures may have been effective.
2. He could have *presented his evidence to the profit-driven water company,* with recommendations that it take immediate action to correct a life-threatening practice. If the company was not persuaded by statistical associations, Snow could have emphasized the superiority of what we now term "quasi experimental" data. Perhaps this approach would have yielded some result.
3. He could have *presented his results to professional colleagues at prestigious scientific meetings* (e.g., the Royal Society), or could have published them in a leading medical journal. Perhaps this would eventually have galvanized his professional colleagues to take some type of collective action (say, issue a public condemnation of the water company) or pressure local authorities to take action. This approach may have produced some of the desired results.

These are all good alternative courses of action, and perhaps with sufficient resources he could have embarked on all of them. John Snow's most enduring contribution to public health must lie in his socially responsible behavior. Epidemiologic legend has it that he removed the handle from the contaminated Broad Street water pump: on the basis of the very best science then available, he took social action to remove a documented threat to the public health. This is a superb example of evidence-based social action. It was apparently effective because cholera mortality rates quickly dropped in the homes that had been receiving contaminated water. Remember, all of this occurred some 30 years before the pathophysiology of cholera had been well characterized. Snow was way ahead of his time—perceived by some as thinking the unthinkable.

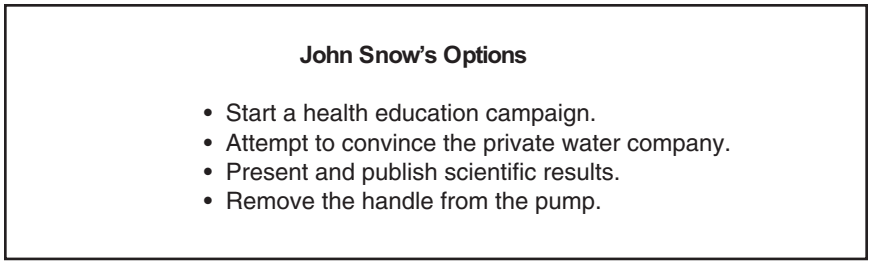

Figure 1

Most of us consider public health and politics (or social action) to be entirely separate worlds—and many believe that never the twain should meet. Public health activities are generally well-motivated by the public interest: many people think that public health ought to remain a value-free, mainly scientific activity, devoid of any partisan preference. Politics, in contrast, can be viewed as a somewhat distasteful activity involving powerful self-interested pressure groups, the use of state power to achieve particular ends, and the influence of money and parties on nationally important decisions. Public health and politics are inappropriate bedfellows if, as is usually the case, politics is reduced to party politics—politics with a small "p." In this view, politics is a perhaps necessary but nonetheless distasteful evil which has no appropriate place in the more objective scientific world of public health.

Politics of course, involves much more than just party activities. It concerns the structure, distribution, and effects of power in society. Who and which groups are able to pattern the social order? What are the sources of their influence? How do they acquire and retain their privileged position? What are the social effects of the government policies that these groups are able to shape? It is these questions, not the distracting skirmishes of low-level party struggles, that are the real stuff of politics. This is politics with a big "P." Viewed in this broader sense, politics is an essential part of an effective public health. If certain interest groups and individuals in society are able to socially pattern the health of the population, shape the scope of debate on health problems, and even determine the nature of government responses to them (social policy), then learning the approach of such groups is an essential component of public health. Indeed, understanding these approaches is the inescapable context of all public health interventions. If the health of a population is socially determined, then public health must take place in the social policy arena.

Hence, public health is, inescapably a political activity (3–6). To disregard these sociopolitical determinants of the health of society is to relegate public health solely to the prevention and promotion of individual risk behaviors—which are mere epiphenomena (7).

This article has a straightforward message: if public health is to be even more successful in the 21st century, it must comprehend the magnitude of the forces against it and the strategies used to engineer its defeat. We all know that our preventive interventions must be appropriate to their sociocultural context, yet we ourselves tend to overlook the sociopolitical context of the public health enterprise. Interventions designed to prevent youth from smoking are certainly important, but in macroeconomic terms they overlook the social determinants of disease and appear relatively unimportant. In our view, the scope and likely success of future public health activities (including preventive interventions) will be shaped by at least three factors (Figure 2):

Future success of public health will be shaped by:

- Realistic assessment of the magnitude and tactics of our enemy.
- The changing nature of the U.S. state.
- Rethinking our posture of scientific objectivity.

Figure 2

1. *Awareness of the magnitude and tactics of the macroeconomic forces working against us.* Important lessons can be learned from our recent defeat at the Battle of Tobacco. It provides a vivid case study in the politics of public health and an opportunity to gain some strategic advantage. If public health can learn some lessons from this battle—perhaps even think the unthinkable and adopt some of the successful strategies of our opponents—then future defeats may be avoided. The victory cost tobacco interests about $40 million—a paltry sum in relation to national public health and medical care expenditures. Big Five tobacco certainly got value for money.
2. *Understanding the changing structure and functioning of the U.S. state (or government apparatus),* from pluralist umpire to antileviathan. The state appears to be losing some of its ability to act on behalf of and protect the public health: its primary allegiance is shifting, and this will profoundly shape the content and politicoeconomic context of public health in the new millennium.
3. *Willingness for the field of public health to rethink its posture of "value-neutrality" and "objectivity"* so as to encompass the types of social action necessary to effectively modify the social determinants of health. Planned sociopolitical action must be an appropriate adjunct to a scientifically based public health, and no longer threateningly antithetical to it.

OUR DEFEAT AT THE BATTLE OF TOBACCO— ARE THERE LESSONS FOR PUBLIC HEALTH?

Most public health professionals are aware of the magnitude and disastrous consequences of cigarette smoking. Some 400,000 Americans die each year of cigarette-related diseases. Because the numbers sometimes obscure the reality, Hurt and Robertson (8) put it as follows: "That is the equivalent of three fully loaded 747 aircraft crashing daily for 365 days a year with no survivors." The Centers for Disease Control (CDC) recently estimated that 6,000 children start smoking every day—approximately 2,000 of them will eventually die of tobacco-related illnesses. Richard Peto and colleagues (9) at Oxford University recently reported that tobacco kills millions of smokers around the world annu-

ally and estimated that it will kill 4 million worldwide by 2000, and approximately 10 million annually by 2030. Take any 100 U.S. children: by the time the group has reached middle age, two will have been murdered, one will have died in a motor vehicle accident, one of HIV disease, five of alcohol-related problems, 14 from other dietary and activity patterns, and 19 of tobacco-related illnesses (10). Smoking is a problem of staggering proportions—and it is largely avoidable. Smoking will remain our number 1 public health challenge well into the next millennium.

In the 1970s Britain had the highest tobacco-related death rates in the world—some 80,000 died each year in middle age (35–69 years) from tobacco use. By 1998 that number had dropped to a half (40,000). No other country has witnessed such a dramatic drop. Why has it occurred? What can we learn from the British experience, and can it be replicated in other national settings? The fall is correlated directly with a huge drop in cigarette sales—from 150 billion to 80 billion cigarettes annually (11). In other words, the halving of cigarette sales produced a halving of the related deaths. Perhaps this is unsurprising. But nothing like it has occurred in any other country. The promising situation in Britain is important to those of us interested in upstream public policy approaches to improving the public health (12). Peto makes a noteworthy observation: journalists deserve more of the credit for the decline in the United Kingdom than either physicians or the public health community.

A unique opportunity to match and even eclipse the British experience was presented in the United States in 1998 in the form of the Tobacco Control Bill—an upstream healthy public policy measure that, to use Snow's approach, would have removed the pump handle from the tobacco industry. The bill was the result of an already negotiated landmark settlement between the tobacco industry and 40 state attorneys general: the industry would have paid $368.5 billion over 25 years and agreed to severe restrictions on the marketing and advertising of tobacco products to minors in return for protection from punitive damages and group lawsuits. The key provisions of the final legislation are summarized in Figure 3. To the dismay of many in the public health community, this historic attempt at upstream healthy public policy (through comprehensive anti-tobacco legislation) failed by only three votes to withstand parliamentary maneuvers to scuttle it. Through the use of a Motion of Cloture, a vote was cast not to act upon the bill, thus the bill was defeated before lawmakers were required to cast an incriminating "no" vote—no fingerprints were left on the bill. Why was this widely supported measure defeated?

It is vital for the future success of public health, especially public policy–level interventions, to learn the successful strategies of the enemies of public health. As a case study, the Battle of Tobacco provides an opportunity for the public health community to learn the private strategies for success of a seldom exposed opponent. How was their victory engineered? Who precisely did what, to whom, with what level of resources from which specific groups, to achieve their

Key provisions of the 1998 Tobacco Control Bill

- Cost tobacco companies $516 billion over 25 years
- Raised cigarette prices $1.10 a pack over 5 years
- Levied $7 billion on tobacco industry if youth smoking did not meet targets
- Allowed FDA to regulate nicotine
- Forced tobacco companies to make research documents public
- Restricted tobacco industry's ability to advertise to minors

Figure 3

come-from-behind victory? The Tobacco Control Bill had at least the following in its favor: (*a*) it appeared to be a fait accompli (already negotiated with the industry); (*b*) it passed the Senate Commerce Committee with an overwhelming bipartisan majority (19 to 1); (*c*) it was sponsored by a senior Republican senator (John McCain); (*d*) it had strong Administration support (President Clinton was open to compromise even on tax cuts); (*e*) powerful public health interest groups and professional associations supported it; (*f*) there is widespread public disdain for smoking, and teenage smoking was a powerful political rallying point; and (*g*) public opinion polls indicated that 60 percent of the public supported the measure. A major public health victory looked assured. And yet, in only eight weeks, Big Five tobacco (only a handful of corporations) with $40 million of advertising managed to snatch a defeat from the jaws of an almost certain public health victory. Many factors contributed to the demise of the Tobacco Control Bill.

1. The initial agreement required Congressional ratification: while in the Congress it was overloaded with additional measures and costs which the tobacco industry judged unbearable. By putting their own stamp on the agreement, lawmakers increased the estimated overall cost to $516 million. The Senate bill would have taxed cigarettes by $1.10 per pack and tightly regulated tobacco, from how it is manufactured to how it is sold. Additional provisions would have given relief to low-income couples who pay a marriage penalty tax ($27 billion) and established programs against drug abuse ($17 billion). Poison pills were also added, such as limits on the fees of anti-tobacco trial lawyers (guaranteed to rile the powerful litigation establishment). Modifications to the original bill enabled critics to characterize it as a massive liberal tax-and-spend measure.

2. Faced with these changes, the tobacco industry calculated that the increased costs outweighed any likely benefits to the industry. The victory for tobacco can be traced to April 1998, when the Chairman of RJR Nabisco (Steven Goldstone) defi-

antly stated that the industry would launch a national advertising campaign to turn public opinion against the anti-smoking legislation. Using the very same arguments that had proven effective in defeating national health care reform in 1994, a $40 million blitz of unanswered advertising portrayed the bill as a big-tax, big-government, anti-libertarian boondoggle. The amount spent in only eight weeks was three times as much as the 1997 "Harry and Louise" campaign against President Clinton's health care proposal (an initiative affecting a much broader segment of the U.S. population). The industry apparently assured lawmakers that it would spend additional money on ads between June and November 1998 to continue the anti-tax, anti-big-government message and inoculate the industry from the consequences of their votes (13). The tobacco industry got value for money for its tax-deductible $40 million advertising campaign: public support for the measure waned and Congressional support quickly eroded.

3. Small interest groups—ranging from the U.S. Chamber of Commerce and the Association of Independent Businesses to police organizations and convenience store owners—were mobilized by the tobacco industry: for example, police organizations were led to believe that a black market for cigarettes would emerge; a quarter of the income of convenience stores is derived from the sale of cigarettes. Many of these organizations are able to mobilize opinion at the state and local levels that is influential with lawmakers.

4. A generally liberal and very disorganized public health community should also take some responsibility for the demise of the Tobacco Control Bill. John Coale, one of the architects of the negotiated agreement between the tobacco industry and anti-smoking forces, believes we now have less than we had in June 1998 and blames the public health community for failing to seize the opportunity. "We had leverage, but then greed set in," said Coale, "Now we've shot our wad." If only the Big Five health groups (e.g., American Cancer Society, American Heart Association, American Medical Association, American Public Health Association, and American Lung Association) were as well-coordinated and focused as Big Five tobacco, the outcome could have been quite different. Health organizations tend to appeal primarily (but not exclusively) to the health establishment and the public, while the tobacco industry focuses on the public and lawmakers especially. Public health may have to change its priorities if it is to be effective against the industry. There is also the tendency for a generally liberal public health establishment to seek total victory—half a loaf is never sufficient. Promising health legislation sometimes fails to gain support from key interest groups because a particular feature is deemed unacceptable. Sensing perhaps that big tobacco was on the ropes, anti-smoking advocates such as David Kessler (former U.S. Food and Drug Administration commissioner) and C. Everett Koop (former Surgeon General) pushed for ever tougher legislation: some advocates believe it is more principled to lose everything than to get most things now and perhaps the rest later.

5. Capitol Hill lawmakers and their national committees received large contributions from tobacco political action committees (PACs) and from individuals

who work in the industry to encourage defeat of the historic anti-smoking legislation. Figure 4 summarizes the magnitude of the tobacco industry's investment in lawmakers from 1991 to 1998 (note the inflection during the 1996 election year). It shows that the difference between the two major parties is widening over time. In 1996 alone the tobacco industry spent nearly $26 million to lobby Capitol Hill lawmakers—there is an army of 150 D.C.-based lobbyists who deal with tax, farming, trade, and other issues, and an additional 200 lobbyists distributed throughout the country to handle bothersome anti-tobacco legislation at state and local levels. Forty of the tobacco industry's Washington lobbyists are former Capitol Hill lawmakers and top congressional aides. Not surprisingly, lawmakers from the tobacco-growing states are special targets for tobacco industry largesse. Table 1 lists the Top Ten Senate recipients of tobacco industry contributions from 1993 to 1998 and their vote on a measure to add $100 million to the FDA's budget for teen anti-smoking programs (a "no" vote benefited the industry). That the industry is getting value for money through its investments in lawmakers can be illustrated through three recent legislative proposals:

(*a*) The 1997 House vote to end tobacco crop subsidies (1997 Agriculture Department spending bill, HR 2160), a measure that would end crop insurance and noninsured crop disaster assistance for tobacco farmers, failed by a 216 to 209 vote. Figure 5 depicts the relationship between the contributions lawmakers received from the tobacco industry and the final vote. It is noteworthy that the point of transition from a "yes" to a "no" is only around $5,000. As to whether the tobacco industry is receiving value for money with its contributions: these sums (large as they appear) are puny compared with what the industry receives (billions of dollars in subsidies and virtually no effective regulation on its activities).

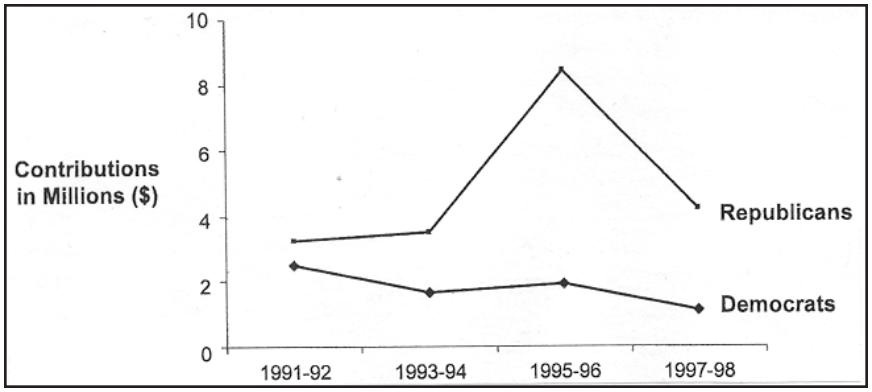

Figure 4. Contributions from the tobacco industry to U.S. lawmakers, 1991–1998. *Source:* Center for Responsive Politics, Washington, D.C., 1998. Based on data released by FEC; for 1996, data released on December 1, 1997; for 1997–1998, data released on June 1, 1998.

Table 1

Tobacco industry investment in U.S. senators, 1991–1997

Senator	Tobacco industry contribution, 1991–96	Anti-teen smoking vote, 1997
Jesse Helms (R-NC)	$57,250	No
Lauch Faircloth (R-NC)	52.250	No
Mitch MacConnell (R-KY)	47,200	No
Wendell Ford (D-KY)	63,998	No
Fred Thompson (R-TN)	47,000	No
Christopher Dodd (D-CT)	24,499	Yes
Kay Bailey Hutchinson (R-TX)	44,923	No
John W. Warner (R-VA)	39,150	No
Alfonse D'Amato (R-NY)	32,000	Yes
Charles Robb (D-VA)[a]	24,000	Yes

Source: Center for Responsive Politics, Washington, D.C., 1998.
[a]Changed vote on Tobacco Control Bill (1998).

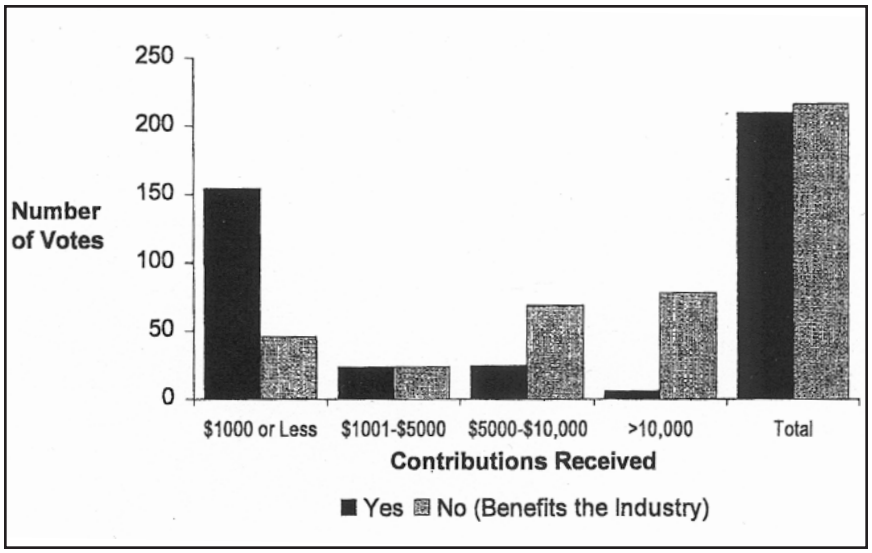

Figure 5. Relationship between tobacco industry payments to House members and voting on crop subsidies, 1997. *Source:* Center for Responsive Politics, Washington, D.C., 1998.

(*b*) The 1998 Senate vote to add $100 million for Anti-teen Smoking Programs at the FDA (1999 Agriculture Department spending bill, 5.2159) failed by a close vote of 50 to 49. Figure 6 shows the relationship between contributions received from the industry and the vote recorded. Again, a contribution of around $5,000 appears to be sufficient to influence the voting preference of lawmakers.

(*c*) The landmark 1998 tobacco bill, described above, died of procedural causes after supporters were unable to defeat parliamentary moves to scuttle it. A motion to force a final vote on the measure fell only three votes short of the 60 that supporters needed (57 to 42), even though 15 Republicans broke with their leaders who called for killing the bill. All the Democrats except two from tobacco-growing states (Senators Robb from Virginia and Hollings from North Carolina) voted for the motion. Table 2 summarizes the amounts contributed by the tobacco industry to U.S. senators and the average cost and nature of their vote. Figure 7 depicts the relationship between tobacco industry payments to U.S. senators and the direction of their vote on the 1998 tobacco bill.

Several points should be highlighted. First, investments in U.S. lawmakers are usually not tied to specific pieces of legislation. It is clear that tobacco industry investments in lawmakers usually span an entire political career (14). In many instances the relationship is extremely close (paying for vacations, international travel, club memberships) and decades long. Second, the voting patterns on the three separate pieces of tobacco legislation are remarkably consistent (Figures 4

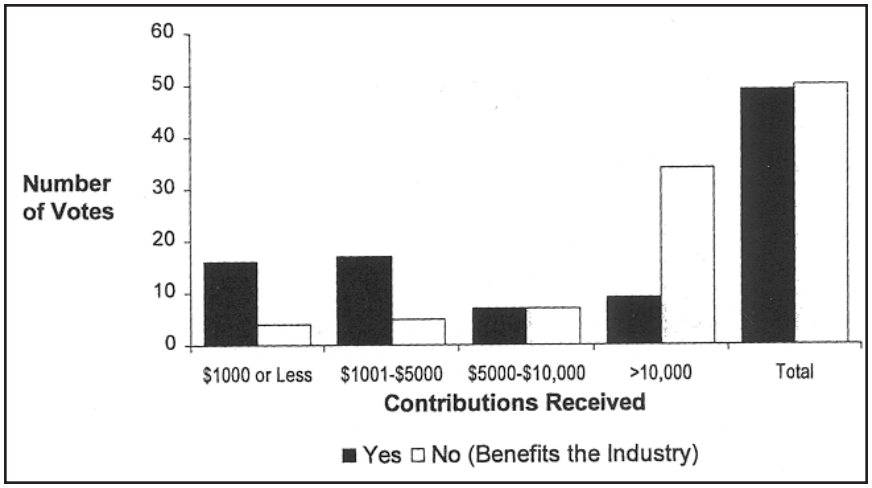

Figure 6. Relationship between tobacco industry payments to senators and voting on anti-teen smoking programs, 1998. *Source:* Center for Responsive Politics, Washington, D.C., 1998.

Table 2

Tobacco industry contributions and votes on the 1998 Tobacco Control Bill, 1993–1998

	Tobacco PAC and individual contributions, 1993–98	Average cost per vote
"Yes" votes		
Total (42)	$ 483,563	$11,513
Republican (14)	172,014	12,287
Democrat (28)	311,549	11,127
"No" votes		
Total (57)	1,140,593	20,010
Republican (55)	1,076,643	19,575
Democrat (2)	63,950	31,975

Source: Center for Responsive Politics, Washington, D.C., 1998.

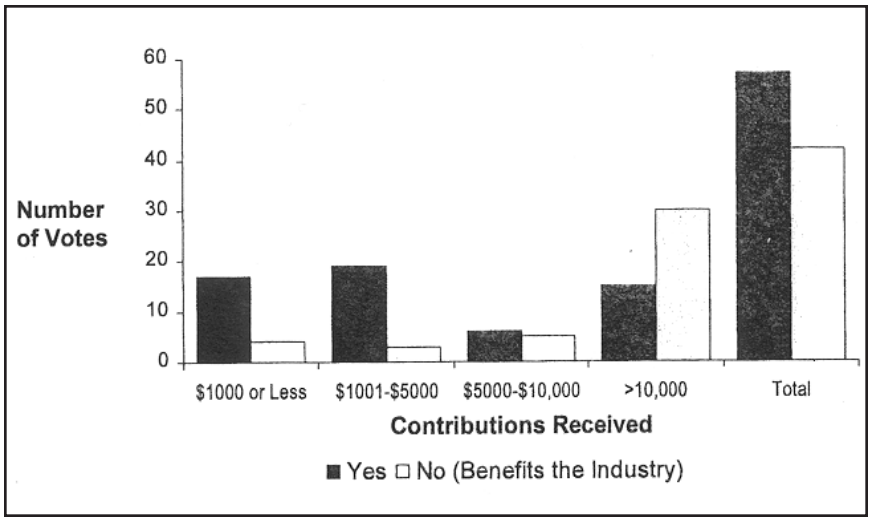

Figure 7. Relationship between tobacco industry payments to senators and vote to kill tobacco bill, 1998 (60 votes were required). *Source:* Center for Responsive Politics, Washington, D.C., 1998.

to 7). Third, the voting is often extremely close—just a couple of votes make all the difference. For less than $100,000, victory for the public health community could have been purchased at the Battle of Tobacco. Now that would have been value for money!

For our public health community during the early decades of the 21st century, much will depend on our reaction to a resounding defeat at the Battle of Tobacco. Since June 1998, the tobacco industry appears even more emboldened: it has won several significant court victories—the most important being a judgment from a federal court of appeals (reversing a lower court's ruling) that the FDA has no authority to regulate tobacco. It has also continued to promote the same strategies used against the Tobacco Bill to affect spending of the recent state tobacco settlement. The state tobacco settlement appeared to be a possible success for public health, with a majority of public support in favor of using the monies to reduce tobacco use among children and to reduce tobacco-related health effects to the public at the expense of the industry. However, 27 of the 46 states have already determined how to use the settlement money, and it appears that only six are contributing amounts recommended by the CDC to implement effective tobacco programs (15, 16). Additionally, ten states have allotted some money for tobacco prevention, although it is much less than the CDC recommendations. The tobacco industry continues to spend over $5 billion in advertising nationwide, and in 1998 spent over $30 million (similar to the $40 million spent to defeat the 1998 Tobacco Control Bill) to influence state tobacco-related ballot initiatives (17–19).

To simply ignore the significance of this battle, while perhaps licking our wounds, is probably a mistake. There are important lessons to be drawn from the Battle of Tobacco: little will be gained by continuing to fight for the public health in the same old way. Downstream health promotion activities (such as primary and secondary smoking prevention, community-level interventions, and provider education) obviously *have an important role and should be continued*—but to some they resemble fixing with a pick and shovel what is being destroyed with a bulldozer. We have an opportunity to gain some advantage from the Battle of Tobacco—it provides a vivid case study of the politics of public health. All of the major players were on the field of battle and publicly exposed. We know who played the most powerful roles. We know what levels of financial support were received, from what interest groups, with what results. We know who teamed with whom in pursuit of what strategies. If we can only learn some lessons from this battle, perhaps even think the unthinkable and adopt not all but some of the effective strategies of our opponents, then future public health victories will be assured.

THE ROLE OF THE STATE— PARTISAN, UMPIRE, OR LEVIATHAN?

The success of public health in the 21st century, especially social policy–level interventions, will depend, in large part, on *the future role of the state.* While there is extensive debate in the social sciences over the structure, functioning, and power of the state, this has yet to penetrate the public health establishment—despite the state's crucial influence on all health activities (the nature of our health care system, the power of medical professionals, and the level of support for public health activities). Don Light (20) is one of a few to observe that the organization of medical care and public health activities in any country is ultimately determined by the nature of the state, which in turn is a function of societal values. The state has been a pivotal support for the medical and public health establishments in the United States and many other countries during most of the 20th century. Recognizing that there are competing definitions, the "state" can be viewed organizationally as the "apparatus of government in its broadest sense, that is, as that set of institutions that are recognizably `public' in that they are responsible for the collective organization of social existence and are funded at the public's expense" (21, p. 84). Most social scientists see the state as consisting of a wide range of institutions including the government or legislature (which passes laws), the bureaucracy or civil service (which implements government decisions), the courts and police (which are responsible for law enforcement), and the armed forces (whose job it is to protect the state from external threats). Included under this broad definition are such institutions as welfare services, the education system, and the health care establishment (22, p. 504).

As far as the United States is concerned—and evidenced by both the attempt at health care reform in 1994 and the defeat of the Tobacco Control Bill in 1998—the state appears to have lost some of its ability, or willingness, to act on behalf of and protect the public interest. Rather insidiously perhaps, the state in the United States appears to have shifted its primary allegiance from the public interest to often conflicting private interests. Such a shift will shape the content and sociopolitical context of public health during the millennium we're about to enter.

While there are numerous definitions and theories of the state, for the purpose of this presentation it may be useful to distinguish three general viewpoints (Figure 8).

The Marxist perspective, never predominant in the United States, views the state as partisan—maintaining the class system by either subordinating certain groups (e.g., racial and ethnic minorities and women) or dissipating class conflict. Here we have a clear alternative to the pluralist view of the state as neutral arbiter or umpire. According to this view the state cannot be understood separately from the prevailing economic structure of society. The Marxist theory of

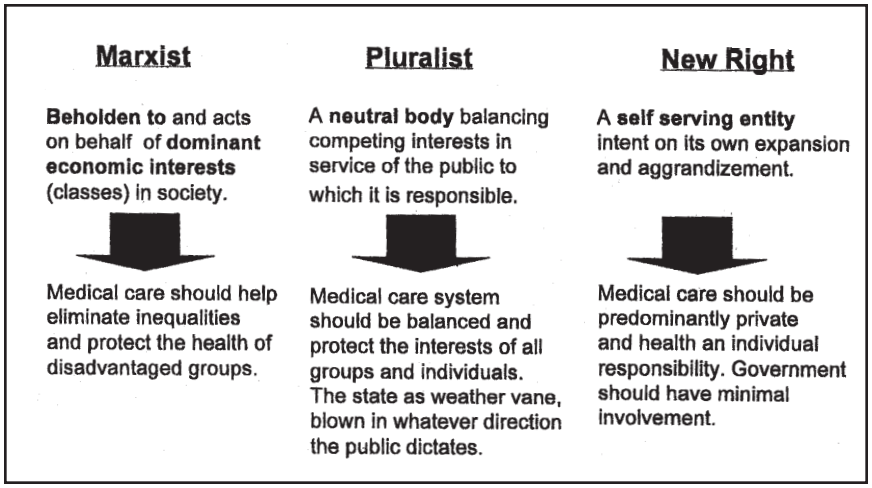

Figure 8. Theories of the modern state.

the state has undergone considerable debate and revision, especially with contributions from Gramsci (23), Mosca (24), Miliband (25), Poulantzas (26), Mills (27), and more recently Jessop (28). Neomarxists, while attempting to remain faithful to the classical ideas of Marx, have generally abandoned the idea that the state is merely a reflection of the class system. The original two-class model is now recognized as simplistic, and Poulantzas (26) has identified significant divisions within the ruling elite (for example, between financial and industrial (manufacturing) capital). Neomarxists have tried to provide an alternative to the mechanistic and simplistic views of traditional Marxism (often incurring the wrath of the orthodox) and move beyond crude economic determinism. Jessop (28) views the state not as an instrument wielded by a dominant group but as "the crystallization of political strategies," a dynamic entity which reflects the balance of power within society at any given time, and thus reflects the outcome of an ongoing hegemonic struggle.

The pluralist perspective, with origins traceable to the 17th century liberalism of Thomas Hobbes and John Locke and more recently the work of John Rawls (29), views the state as a neutral body that arbitrates between competing interests in society. There is an often unacknowledged assumption of neutrality—the government sets the rules and acts as an umpire or referee in society. It is viewed as acting in the interest of *all* citizens, and therefore represents the common good or public interest. Many pluralists embrace a constant-sum concept of power (a fixed amount of power that is widely and evenly dispersed) and view the state as having no interest of its own that is separate from society. Heywood (21) identi-

fies two assumptions underlying the pluralist theory of the state: (*a*) the state is effectively subordinated to government (nonelected state bodies such as the civil service) are strictly impartial and subject to the legitimate authority of their political masters); (*b*) the democratic process is effective and meaningful (party competition and interest-group activity ensure the government remains responsive to public will). With the work of Dahl (30), Lindblom (31), Marsh (32), and Galbraith (33), among others, it is now recognized that the traditional pluralist theory of the state requires some revision, especially to take account of modernizing trends such as the emergence of post-industrial and post-capitalist society. Neopluralists view western democracies as "deformed polyarchies" in which major multinational corporations now exert disproportionate influence (21).

The New Right perspective is a powerful reaction to a view of the state as "leviathan"—a self-serving monster intent on its own expansion and aggrandizement (21). The two perspectives discussed so far (pluralist and Marxist) have been termed "society-centered"—the state and its action are shaped by external forces in society as a whole. Pluralism views the state's actions as determined by the democratic will of the people; Marxist theory sees the state's actions as shaped by the interests of a small group of powerful institutions and individuals. Clearly, society can and does influence the structure and functioning of the state, but obviously the reverse can also occur. This possibility has given rise to what are termed "state-centered" approaches to the theory of power in modern society (22). These approaches (and the New Right is but one of them) view the state as acting independently, or autonomously, to shape social behavior. Nordlinger (34) suggests the state itself has acquired three forms of autonomy: (a) when the state has preferences that differ from those of major groups in society and implements its preferred policies despite pressure for it not to do so; (b) when the state is able to persuade opponents of its policies to change their mind and support the government; (c) when the state follows policies that are supported, or at least not opposed, by the public or powerful interest groups in society (22, p. 536).

Harvard sociologist Theda Skocpol is one of the more influential state-centered theorists, and her aptly titled book *Bringing the State Back In* (35) is a contribution that the public health community should take seriously. Like Nordlinger (34), she is critical of society-centered approaches and argues that states often have considerable autonomy and as independent actors are able to achieve their own policy goals (36, 37). In other words, state personnel may have interests of their own, which they can and do pursue independently of (sometimes in conflict with) the various groups in society. Since various groups within civil society are dependent on the state for achieving any policy goals they may espouse, the relationship between the state and civil society is asymmetrical and state personnel can (to an important extent) impose their preferences on the public. Skocpol gives examples of states acting in pursuit of their own interests. She suggests that civil servants in both Sweden and Britain often obstruct the policies of elected politicians and have been successful in ensuring that measures which may under-

mine the power of the state are not implemented. The British television comedy "Yes, Prime Minister" beautifully captures this viewpoint. Research by Skocpol (35) reveals that in the United States after the First World War, the Department of Agriculture was a powerful part of the state which acted independently in the pursuit of its own interests. Since much of the tobacco industry's activities are under the purview of the Department of Agriculture, vestiges of this independence may still be evident.

The New Right perspective, which appears to be on the ascendance in the United States, is distinguished by its strong laissez-faire attitude and antipathy toward state intervention in economic and social life (even medical care and public health). It is argued that the state should retreat from its commitment to public health and let market forces prevail. Rooted in a radical form of individualism and exemplified in the writings of Robert Nozick (38), the New Right considers the state a parasitic growth that threatens individual liberty and even economic development. Heywood describes the New Right perspective as follows (21, p. 91):

> In this view, the state, instead of being as pluralists suggest, an impartial umpire or arbiter, is an overbearing "nanny", desperate to interfere or meddle in every aspect of human existence . . . the state pursues interests that are separate from those of society (setting it apart from Marxism), and that those interests demand an unrelenting growth in the role or responsibilities of the state itself . . . the twentieth century tendency towards state intervention reflects not popular pressure for economic and social security, or the need to stabilize capitalism by ameliorating class tensions, but rather the internal dynamics of the state.

State-centered theories are not without their conceptual and methodological limitations. Jessop (39), for example, argues that their precise theoretical position is somewhat unclear. He believes they fail to distinguish three competing claims (the state as an independent variable, one-sidedly emphasizing the state as a causal factor, or some combination of society and state centeredness provide the best account). Skocpol (35) is viewed by many as exaggerating the importance of the state in her rejection of a society-centered viewpoint. Jessop (39) considers it artificial and misleading to see the "state" and "society" as being quite separate institutions. He also views state-centered theorists as setting up a "straw man" account of alternative theories which are easily demolished. Referring to the work of Poulantzas (26) among others, McLennan (40) employs the notion of "relative autonomy" to emphasize that the state's actions are not entirely determined either by society or by the state itself. As he concludes, "pragmatically it is always degrees of autonomy we are dealing with."

To most social scientists, the three perspectives on the modern state as identified and discussed here will be a gross simplification of the complex debate that has

occurred over several decades. Since each viewpoint has its own philosophical tradition, efforts to integrate them creatively so as to achieve some overall theoretical synthesis will probably remain an elusive task. Obviously, every viewpoint cannot be correct: if every theory is valid, then the development of theory is ultimately meaningless. Conventional Popperian science requires that, ideally, theories be subject to empirical testing (with the possibility of falsification). In practice, however, personal values and ideology appear to determine which particular view of the state is most compatible. Although given appropriate lip service, empirical verification appears to be secondary. The appropriateness of any theory of the state probably varies *between* countries, although with recent developments that situation may be changing. The role of the state may also change over time *within* a particular country: in the United States there is evidence of a move from a pluralist to a New Right state. New society programs (e.g., Medicare and Medicaid) were formulated and implemented during a more liberal pluralist era—the role of the state then made it possible. Efforts at health care reform in the United States during the last decade of the 20th century failed in large part because of a well-orchestrated assault on the leviathan state (as big government, increased taxation, public dependency, and curtailed freedoms) (41). Likewise, the ability of the New Right to cast the proposed anti-tobacco legislation as reflecting leviathan tendencies was undoubtedly an additional major reason for its defeat. The success of all public health activities in the 20th century, especially upstream healthy public policy, will largely depend not on the increasing effectiveness of our interventions, or the sophistication of our research methods (although these are obviously vital), but on what an ever-changing U.S. state will countenance.

While public health activities in the 21st century will be shaped by the often neglected state context within which they are formulated and implemented, the state itself may be influenced by developments beyond its own control. Two such developments have become increasingly pronounced in the late 20th century: globalization and privatization.

Globalization is the process through which events and decisions in one part of the world have come to affect all people. The recent implosions of national economies in Asia, Latin America, and Russia and their effects on the U.S. economy underscore the emergence of the global economy and the importance of influences outside the nation-states that restrict their activities and limit their power (37). While Keynesian theory was influential during the pluralist era, it is virtually unworkable in the evolving global context. Multinational corporations and international financial markets, transnational communication systems, and supranational bodies (such as the European Union, International Monetary Fund, World Bank, and United Nations) all operate outside the control of individual nation-states yet profoundly influence what policies are possible within them.

Privatization is the process through which functions that once belonged to the state have been gradually assumed by other institutions and bodies. Jessop (42) refers to this process as "hollowing out"—the way in which the state divests

itself of certain functions, turning them over not to supranational bodies but to private institutions within the nation itself. Although privatization is often viewed as a planned consequence of the emergence of the New Right (as in Margaret Thatcher's "sell off" of nationalized industries), it may be also motivated by other broader influences. During the 1980s and 1990s, even purportedly socialist governments were able to reduce state welfare commitments by shifting the delivery of key services from the public sector to the private sector.

ANTI-MINOTAUR: THE MYTH OF A VALUE-FREE PUBLIC HEALTH

There is a move within public health to divorce the results of scientific inquiry from subsequent social action: for some it is sufficient to conduct the research and publish the findings (43). By sticking to the science and eschewing sociopolitical action, the credibility and standing of public health is somehow enhanced. According to this view, epidemiology's putative father John Snow made an egregious mistake when he removed the handle from the Broad Street pump. Faced with his profound findings on the spread of cholera, he should instead have returned to his office and written "private" memos on his findings to valued professional colleagues (in other words, peer-reviewed scientific publications). Some public health professionals believe that public health has no business getting involved in tobacco control activities in the United States—an epidemiologically informed sociopolitical upstream public health action likely to cost- effectively save more lives than all of the downstream smoking intervention programs over the past 50 years combined.

Rigid adherence to an arcane view of science and false consciousness about the purported "objectivity" of the public health enterprise are likely to promote narrow disciplinary sectarianism when an even more ecumenical approach to public health challenges is required. Despite several decades of debate on the notion of objectivity in science, some observers still just don't get it (44). The futility of the belief in objective science for public health provides the most elegant argument for embracing the social science disciplines (especially medical sociology). In sociology, for example, early positivists like Auguste Comte and Emile Durkheim (and even Max Weber and Karl Marx) believed that research should be objective and value-free. But in "Anti-Minotaur: The Myth of a Value Free Sociology," Alvin Gouldner (45) argued that just as the bull and the man in the mythical creature cannot be separated, so facts and values cannot be separated in scientific research. He argued that all scientists make "domain assumptions"—basic assumptions about the nature of social life, the reasons for individual behaviors, what is an acceptable research approach, who is a legitimate source of research support, where it is appropriate to publish results, and so forth. While these assumptions are often unstated and taken for granted, they strongly influence what is actually studied and direct the way research is conducted, the

sources of data used, the means of their statistical manipulation, and any action that is recommended. Simply by selecting a particular public health problem for investigation, public health scientists reveal what aspects of society they believe are important and perhaps amenable to social action and beneficial change. Howard Becker (46) has observed that value neutrality is not a neutral stance: an objective position is itself an ideological position.

CONCLUSION

Let public health think the unthinkable. As we enter the new millennium, a valuable public health goal for the United States should be what has already occurred in Britain—the halving of tobacco-related deaths in only two decades. This could be accomplished by setting the public health goal of halving avoidable tobacco deaths in the United States in the first decade of the 21st century—by 2010; in other words, reducing annual tobacco deaths from 400,000 annually to "only" a quarter of a million annually—equivalent to only one 747 and a DC 9 crashing daily. It is useful to consider how John Snow would react today to this public health challenge (or to our recent defeat at the Battle of Tobacco):

- Perhaps he would continue health education campaigns, even redoubling efforts in a well-intentioned attempt to encourage people to voluntarily avoid harmful risk behaviors. There should be no objection to following this promising path—we have already seen some well-documented successes.
- Perhaps he would prefer to be just a public health research scientist—adopting the role of value-free objective observer, carefully designing and conducting studies and reporting their results at meetings and in professional journals. While this is an important activity, its likely success in turning the tide against powerful interest groups is questionable. Superb science is a necessary but not sufficient ally if we are to win the battle for the public health.
- Most likely, John Snow would work to remove the pump handle from Big Five tobacco. Armed with the very best scientific data available and probably using the tactics of our opponents, he would embark on evidence-based social action. He would work to dismantle harmful apparatus—price supports, crop insurance, tax subsidies for advertising and lobbying (they are considered a business expense), and the private purchase of public officials. With such actions, tobacco-related deaths in the United States could be halved during the first quarter of the 21st century to "only" a quarter million deaths annually! Now that would be value for money.

Without discounting the importance of downstream preventive interventions and the essential contributions of public health science, John Snow would most probably take decisive social action. He would consider evidence-based social action on behalf of the public health an appropriate and essential component of the overall public health enterprise as we head into the 21st century.

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