

The Right to Self-Harm

Free To Be Foolish. Politics and Health Promotion in the United States and Great Britain. HOWARD M. LEICHTER. Princeton University Press, Princeton, NJ, 1991. xviii, 281 pp., illus. \$35.

"In the past, improvements in the health of the population derived largely from advances in environmental living conditions and measures to control infectious disease. Today, the greatest scope for further progress would seem to lie in seeking to modify attitudes and behavior." This broad conclusion, stated in a 1977 White Paper "Prevention and Health" issued by the governing British Labour Party, echoed the essential thrust of "A New Perspective on the Health of Canadians," issued two years earlier, and prefigured the orientation that would inform "Healthy People," a report by the U.S. Department of Health, Education and Welfare issued in 1979.

In each instance government was seeking to compel the public to recognize an epidemiological transformation of great significance. No longer were citizens in advanced industrial societies threatened by infectious scourges. Rather, the pattern of morbidity and mortality increasingly had come to reflect the consequences of deeply rooted behavioral norms. In each instance the social cost of health care in general and for those diseases linked to behavior had become a crucial matter of national concern. In each instance the reports reflected the broad debate on the "limits of medicine," a debate given its most potent and polemical expression with the publication of Ivan Illich's *Medical Nemesis*.

But broad agreement on the nature of the problem did not entail broad agreement on the appropriate set of policies to be pursued. At the core of the policy problem was an essential question: How far should governments go in seeking to modify the behavior of individuals in order to achieve public health goals? How forceful should efforts at persuasion be? What limits, if any, should be imposed upon industries that produce goods the consumption of which may lead to ill health or premature death? Should the power to tax be employed to affect the choices of consumers of such products? Should prohibitions of certain behaviors be considered?

These questions touched the central issue of the appropriate relationship between the liberal state and its adult citizens. What justification could be offered for educating, cajoling, or coercing individuals to forgo behaviors or consumptions that are pleasurable? Paternalistic arguments that cast the government in the role of the protector of individuals against their own preferences produce an almost visceral reaction among those committed to liberal values. It was inevitable, therefore, that the course of public controversy over the role of government in promoting healthy behavior would be framed in quite different terms. However strained such efforts appeared at times, the debate increasingly centered on the degree to which individual behaviors produced social consequences, on social costs, and on the extent to which such concerns could justify restrictions on individual freedom.

It is against this backdrop that one can appreciate the laudable undertaking by Howard Leichter in his study *Free To Be Foolish*. A political scientist, Leichter has sought to compare the politics and policies of health promotion in the United States and Great Britain. Lucidly written and well documented, *Free To Be Foolish* moves from a very interesting general analysis of the history of concerns about behavior and the public health in the 19th and early 20th centuries through four generally well-crafted case studies. In the central chapters of the book, "Smoking and health policy: a new prohibition?," "Alcohol control policy: who should drink, when, where and how much?," "Road safety policy: blaming the car or the driver?," and "Dealing with AIDS: just desserts [*sic*]?" Leichter describes and interprets the parallels and differences between the processes of policy formulation as well as the patterns of policy outcomes in the United States and Britain. Unfortunately, the chapter on AIDS is the least original: In it Leichter does not demonstrate the grasp of complexity that is reflected in his other case studies. This is all the more regrettable since AIDS raises some of the most difficult issues about not just individual but intimate behaviors and the collective well-being.

One of the remarkable features of the

health promotion debate, on both sides of the Atlantic, is the extent to which each effort to impose restrictions or constraints provoked profound concern about the fate of freedom more generally; and often the consternation found expression in similar language. Thus in a parliamentary debate on smoking policy, one member declared, "Where would we stop in trying to interfere with products which if used to excess can be dangerous? Alcohol, of course is an obvious example, but there are plenty of others that are less obvious—man-made fibers, aerosol sprays, butter, milk, fish and chips. All those things show statistical links with one serious illness or another. I do not want us to drift down a slippery, Scandinavian-style slope."

In the American state legislative debate over mandatory seat-belt laws, legislators asked, "Where do we stop?" "Where does government end and where should the individual take up just ordinary common sense?" "Where [do] we draw the line between the nanny state and the freedom of the individual to make sensible decisions?"

To those with a libertarian orientation, the threat of the slippery slope provided reason enough to halt the trend toward restrictions. Talk of the social burdens created by individual behavior was but a pretext for unacceptable paternalism. To those in whose vision the social costs associated with smoking, motorcycling without helmets, driving without seat belts, and excess alcohol consumption represented a preventable source of human misery, state intervention was clearly needed. For them the invocation of the slippery slope was designed to inhibit the development of wise social policy. Seat-belt laws did not inevitably lead to the Gulag.

Leichter concludes his analysis by noting some striking differences and similarities between the approaches of Britain and the United States on government policy and behavior related to morbidity and mortality. Thus, in the unitary British system it was possible to enact mandatory seat-belt laws more effectively. In the United States pressure brought at the state level retarded the process of forging a national consensus on seat belts. By contrast, the very same decentralization allowed for more effective policy-making on the issue of smoking. Here the power of the tobacco lobby to influence policy at the center in both countries meant that the federalist devolution of power permitted innovative restrictions on smoking at the state level even while Washington was unable to act. In Britain, no such local exercise of authority was possible.

But it is not only such structural features that account for the differences Leichter

details. Cultural factors were also at work. Thus in Britain the tradition of conservatism was much more open to paternalistic measures—despite the Thatcherite stress on individualism—than was the case in the United States, where conservatives have viewed government with much greater hostility.

As important as the differences noted by Leichter is the fact that public health officials on both sides of the Atlantic learned from each other. "The diffusion of ideas between the United States and Britain . . . helped set the agenda, framed the parameters of debate, even suggested the content of policy in a number of life style and health issues." In the case of AIDS, the British looked to America as a model both for what to do and for what not to do. In the case of seat belts the process of diffusion moved from Britain to the United States.

It is one of the great assets of this fine volume that it will permit not only policymakers but citizens more generally to consider the questions raised by the passionate debates over health promotion and disease prevention without the national insularity that often characterizes discussion of such matters. The comparative perspective employed in this volume is especially valuable because the issues involved are among the most difficult for all liberal societies—societies that purport to be committed to the protection of individual freedom as well as the collective welfare.

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German Imports

Secret Agenda. The United States Government, Nazi Scientists, and Project Paperclip, 1945 to 1990. LINDA HUNT. St. Martin's, New York, 1991. xii, 340 pp. + plates. \$19.95. A Thomas Dunne Book.

As the constrictive strands of the Cold War are unraveling, Americans are beginning to come to terms with the meaning of that conflict and with its costs. Many of these costs—structural distortions of the economy, environmental damage due to the production and testing of weapons—are tangible. Others are more subtle, such as the institutionalization of attitudes and policies that were responses to some perceived immediate Soviet threat.

Linda Hunt's *Secret Agenda* addresses one set of such responses—postwar programs for appropriating German experts that American officials saw as useful in an era of

Vignettes: Earth Health

Economics used to be the dismal science; environmental science is now taking its place.

—Talbot Page, in *Ecological Economics* (Robert Costanza, Ed.; Columbia University Press)

We need to do something in haste
About the production of waste
For if we do not
Then what have we got
But a world that is not to our taste.

—Kenneth E. Boulding, in *Ecological Economics*

Intelligent hypochondriacs do not consult a biochemist or a molecular biologist about their worries; they go instead to their doctor, a general practitioner of medicine. A good doctor knows that hypochondria often masks a real ailment different from the one imagined by the patient. Could it be that our deep hypochondria about the state of the global environment also masks a real disease of our planet? How can we find out, and who should we ask for advice? . . . It could be that the real planetary malaise is beyond the understanding of specialist scientists in fields like climatology or geochemistry . . . If the history of human medicine is a guide, planetary medicine will grow from guesses and empiricism, from practical solutions to immediate problems, from common sense and good hygiene. And its scientific basis will be physiology, the systems science of living organisms—or rather, geophysiology, the systems science of the Earth.

—James Lovelock, in *Healing Gaia* (Harmony Books)

increasingly sophisticated weapons. In addition to exploiting the skills of these specialists, Operation Paperclip and other such classified projects were meant to deny the Soviets access to German expertise. This could best be achieved, it was believed, by bringing the researchers and technicians to the United States.

Hunt's central claim is that the dossiers of Nazi adherents were altered to obscure their affiliations, specifically in order to evade visa restrictions that would otherwise have applied to them. Such acts reveal patterns of high-handed behavior in government agencies that persisted throughout the Cold War. Furthermore, since many of the Germans became prominent in the U.S. space effort, the procedures and priorities of military and NASA programs are called into question. Some government aviation medicine and biological warfare research projects have been similarly tainted.

This is not the first time such claims have been made. There were already whistleblowers in 1947, when Drew Pearson repeatedly published stories on Nazi scientists brought to the United States. Historian Clarence Lasby's account of these importations, *Project Paperclip* (1971), was limited by the classification of relevant files and the ongoing protection still provided to Paperclip participants, but since the Office of

Special Investigations was established in the Justice Department in 1979, and especially since the much-publicized proceedings against NASA's Arthur Rudolph in 1984, those records have largely been subjected to review.

Hunt has been particularly vigorous in prying out the details from files and reluctant sources. The results of her labors first appeared in the *Bulletin of the Atomic Scientists* in 1985 and in a CNN investigative report a year later. There and in the present book she has firmly documented the circumvention of law and public policy that occurred in the name of national security. *Secret Agenda* is based on sound historical evidence, even if it retains much of the breathless tone of an exposé. More effectively than other works on the subject, it keeps before the reader the human consequences of Nazi rule with which the scientists were directly associated—especially the murderous research experiments on human subjects at Dachau and elsewhere and the conditions of the Dora-Nordhausen concentration camp that supplied slave labor for V-2 rocket production. Hunt graphically depicts the gruesome scenes recounted in Nuremberg Trial records and by survivors she has interviewed. She minces no words about the involvement of Walter Schreiber, Hubertus Stughold, and other Paperclip medical spe-