

## Moralism, Politics, and Health Policy

*James A. Morone, Ph.D.*

Is drinking a sin, or simply behavior that sometimes involves sickness? Is AIDS a consequence of immoral behavior, or a deadly medical threat to public health? From alcoholism and teenage pregnancy to tobacco and universal health insurance, the nation's thorniest public health challenges often ignite when exposed to America's unique strain of morality. The collision of the pragmatic and the puritan can transform health policy debates into divisive campaigns to protect the virtuous from the vice-ridden.

James Morone, Ph.D., explores the powerful role the nation's puritan moral tradition plays in shaping — and stifling — American health policy. With support from a Robert Wood Johnson Foundation Investigator Award in Health Policy Research, Morone's work outlines the ways in which fears about individual morality can conflict with sound scientific approaches to community health problems. His upcoming book *Hellfire Nation: The Politics of Morality in American History* illuminates the moral frame that often constrains health policy decisionmakers. Good science and virtuous behavior, however, aren't doomed to an eternal policy standoff. Morone presents an approach that could add a compelling new moral component to the science-based policies proposed by public health policymakers. His solution embraces America's long-dormant "social gospel" perspective, a moral tradition committed to uniting, not dividing, stakeholders around community-based health policies.

### *The Snake in the Health Policy Garden*

In a perfect world, policymakers would create sound public health solutions by focusing on the health needs of targeted populations. Following a course set strictly by public health concerns, a mixture of scientific criteria and financial constraints would determine which interventions best serve an entire community.

But America suffers from a split political personality. The nation's pragmatic, scientific side is matched by an equally deep-seated moral streak. When the two conflict, a public health question can quickly explode into a turbulent moral debate.

Are issues such as drug use simply health problems, or moral failings that jeopardize the nation's social and spiritual well-being? For those in the political arena with strong moral convictions, the answer is clear: A destructive, immoral minority threatens the health and security of society's majority. The moral "us" is besieged by the immoral "them."

"This is a set of moral fears that goes back 350 years," Morone says, "and those fears tilt our policy decisions in formidable ways."

Moral divisions can wreak havoc on scientifically based public health proposals. Filtered through the prism of morality and fear, society's sickest and most disadvantaged members suddenly become sinners. The search for needs-based treatment gives way to the pursuit of behavior-based punishment.

A puritan moral perspective can further undermine progress in health policy issues through the use of incendiary code words. Terms such as "underclass," "teenage mom," or "crackhead" often have racial undertones, Morone cautions. Adding a racial dimension can fracture communities even further — and make all-encompassing public health solutions even harder to achieve.

A National Program of  
The Robert Wood Johnson Foundation

National Program Office:  
Rutgers, The State University  
of New Jersey

Institute for Health, Health Care Policy,  
and Aging Research

317 George Street, Suite 400  
New Brunswick, NJ 08901-2008

phone: 732.932.3817 ext.256  
fax: 732.932.3819  
email: [depdir@ihhpcpar.rutgers.edu](mailto:depdir@ihhpcpar.rutgers.edu)  
[www.ihhpcpar.rutgers.edu/rwjf](http://www.ihhpcpar.rutgers.edu/rwjf)

## *Good Morals, Bad Health Policy?*

Textbook examples of the constant tension between public health science and political morality aren't hard to find. Morone highlights the fate of the following public health issues when scientific solutions and moral qualms collide:

■ **AIDS:** Few health issues highlight America's policy tug-of-war as sharply as the onset of the AIDS epidemic in the 1980s, Morone suggests. Relatively unencumbered by moral debates, the United Kingdom quickly attacked AIDS as a public health problem — and managed to head off some of the disease's worst consequences.

Any hope for a similarly speedy response in America, however, quickly withered in a firestorm of moral debate. No public health action came without intense negotiation among the nation's scientific, conservative, and religious communities. Questions surrounding the morality of AIDS victims' behavior often overshadowed efforts to understand and attack the pathology of their affliction.

While Britain asked itself, "What can we do for public health?" Americans argued over the answer to a far different question: "What moral message does our approach send?"

■ **Drugs:** America's response to the drug problem sharpens the distinction between pure public health approaches and strategies shaped by strong moral fears — and illustrates how morality often comes wrapped with racial implications.

Punishment, not treatment, remains the dominant response to illegal drug use. Our drug wars have helped fuel an unprecedented rise in incarceration rates, which have grown four-fold in the past two decades. That morality-driven solution falls disproportionately on minorities. Although data show that drug use varies little by race, arrests and convictions for drug use vary greatly. Morone points to studies showing that 23 states arrest more than five blacks to every non-black for drug-related charges. And data from the National Institute on Drug Abuse show that although African Americans account for 13 percent of monthly drug users, their rates of interaction with the legal system for drug possession are far higher — 35 percent of arrests, 55 percent of convictions, and 74 percent of all prison sentences handed down.

Despite the sharp racial bias, policy proposals that emphasize treatment or harm reduction face withering moral criticism about bad people who threaten the nation.

■ **School-based health centers:** Bringing health care resources directly to adolescents at risk for everything from depression, suicide, substance abuse, sexually transmitted diseases (STDs), and unintended pregnancies might seem a wise move, at least from a public health viewpoint. The rise in school-based health centers, proponents argue, could help reduce teenagers' 1 million unintended pregnancies every year, 3 million STDs and more than 4,000 suicides. The number of school-based health centers grew from 150 in 1990 to more than 1,300 by 2001.

That increase, however, has stirred morality-based fears that the centers will encourage sexual promiscuity or take decision making away from parents. Public health policymakers have learned to tailor their school-based services to the mores of the local community. While some school districts offer a full range of reproductive services, for example, others must steer clear of delivering services that become quickly tangled in controversy.

---

*Textbook examples of the constant tension between public health science and political morality aren't hard to find.*

---

■ **Universal health coverage:** The great national health insurance debate of the early 1990s casts more light on how moral qualms frustrate the urge to rally society around a public health solution. Strong support for an all-inclusive health coverage solution evaporated in the heat of arguments warning the deserving majority against throwing in their lot with a destructive, irresponsible minority.

“There’s this hidden moral dimension that kept confounding the impulse to see ourselves as a single people with a single problem in health care,” Morone says. It wasn’t enough for the Clinton administration to pragmatically argue it had designed a better mousetrap. Without giving national health insurance proposals a firm moral grounding to help deflect opponents’ arguments, Morone contends, the project was doomed.

“While public health has been great at devising scientific solutions to our most intractable health problems,” Morone cautions, “it doesn’t speak to our hopes, dreams and highest aspirations.” With no card to play stronger than “good science,” public health policymakers consistently find their practical solutions trumped by puritan morality.

---

### *Shifting the Moral Compass*

Science and morality aren’t inherently enemies in the struggle to shape health policy, Morone contends. In fact, public health advocates would do well to resurrect a once-vibrant, now nearly extinct American moral tradition: the social gospel movement. The social gospel shifts the focus. Public policy turns, not on punishing irresponsible individuals, but on facing up to shared social responsibilities. Somewhere along the line, that social gospel strain of morality has been lost in American politics.

“The real moral stance shouldn’t be about whether an individual sins,” Morone asserts, “but about what you can do to help the weakest and poorest in the community. That’s been the most powerful reform ideal in American history. From abolitionism and the women’s movement in the 19th century to the civil rights movement of the 20th century, social reformers firmly anchored their campaigns on a moral foundation. Melding the social gospel with scientific reasoning proved a potent combination for progressive politicians such as Franklin D. Roosevelt, Morone argues. FDR began his arguments for social and public health reforms by reminding his listeners of religious traditions that supported his community-based efforts. When progressive reformers abandoned their moral voice, they gave up their most potent political weapon.

Consider how Morone’s social gospel template fits around the public health issue of drug abuse. Driven by puritan morality, the traditional approach emphasizes punishment, criminalizes drug use, and uses the government to teach moral lessons about the evils of drugs.

Morone’s approach incorporates public health advocates’ treatment-based solutions to reducing drugs’ damaging effects on individuals’ health. But the social gospel movement adds a strong moral focus on finding ways to minimize the harm done to society’s weakest and poorest. If that means drug maintenance programs and needle exchanges because it leads to less harm to users and non-users alike, then so be it, Morone argues.

“You have to counter the puritan morality with a social gospel morality,” he explains. “We not only *can* do better as a society, the social gospel movement says a moral society *must* do better.” By embracing a moral perspective that complements — rather than co-opts — pragmatic public health solutions, Morone’s vision could speed the delivery of powerful public health programs to underserved and disadvantaged Americans.

---

*“The real moral stance shouldn’t be about whether an individual sins,” Morone asserts, “but about what you can do to help the weakest and poorest in the community. That’s been the most powerful reform ideal in American history.”*

---

## About the Investigator

James Morone, Ph.D., is a professor in the Department of Political Science at Brown University, president of the New England Political Science Association, and past president of the American Political Science Association's politics and history section.



Morone's compelling voice for political and health policy reform has echoed everywhere from academic and popular journals to the halls of Congress. His research and commentary have appeared in *Health Affairs*; *Journal of Health Politics, Policy and Law*; *American Prospect*; *Studies in American Political Development*; *P.S. Political Science and Politics*; *University of Pennsylvania Law Review*; *Public Administration Review*; *Ethics*; and in syndicated columns nationwide.

He has also written or edited half a dozen books and contributed research to numerous others.

Morone's book, *The Democratic Wish: Popular Participation and the Limits of American Government*, won the American Political Science Association's Gladys M. Kammerer Award as the best book on American national policy and earned distinction from *The New York Times* as a "notable book of 1991."

Morone has matched his accomplishments in print with skills as a convincing public speaker. He has testified before Congress, debated prominent political figures, and serves frequently as a panelist at national and international conferences. Morone also won Brown University's Barrett Hazeltine Citation for outstanding teaching in 1993, 1999, and 2001.

With his 1994 RWJF Investigator Award in Health Policy Research, Morone has focused his analytical skills on the combustible role morality plays in the nation's health politics and policy debates. His research explores the political and social consequences when pragmatic public health solutions collide with Americans' moral anxieties about issues such as drug abuse, AIDS, tobacco, and universal health care coverage.

## Publications

Dr. Morone draws on his research to write a book exploring the moral framework that often constrains health policymakers. His forthcoming book, *Hellfire Nation: The Politics of Morality in American History*, will be published by Yale University Press in early 2003. To order a copy, call 1.800.987.7323 or visit [www.yale.edu/yup/](http://www.yale.edu/yup/).

Related publications by Dr. Morone include:

- Kersh R and Morone JA. When the personal becomes political: prohibitions, public health and obesity. *Studies in American Political Development*, forthcoming.
- Morone JA, Kilbreth E and Langwell K. Back to school: a health care strategy for youth. *Health Affairs*, 2001; 20(1):122-36.
- Morone JA. Citizens or shoppers? Solidarity under siege. *Journal of Health Politics, Policy and Law*, 2000; 25(5):959-68.
- Morone JA. Populists in a global market. *Journal of Health Politics, Policy and Law*, 1999; 24(5):887-95.
- Morone JA. Enemies of the people: the moral dimension to public health. *Journal of Health Politics, Policy and Law*, 1997; 22(4):993-1020.
- Morone JA. The corrosive politics of virtue. *The American Prospect*, 1996 (May-June):30-9.
- Morone JA. Nativism, hollow corporations, and managed competition: why the Clinton health care reform failed. *Journal of Health Politics, Policy and Law*, 1995; 20(2):391-8.
- *Healthy, Wealthy and Fair* (New York: Westview Press) edited with Lawrence Jacobs and Lawrence Brown, in preparation.

Dr. Morone may be reached by phone at 401.863.1573, fax at 401.863.7018, or by email at [james\\_morone@brown.edu](mailto:james_morone@brown.edu).

To order additional copies of *Moralism, Politics, and Health Policy*, contact the National Program Office of the RWJF Investigator Awards in Health Policy Research at 732.932.3817, ext. 256, or [depdir@ihhpar.rutgers.edu](mailto:depdir@ihhpar.rutgers.edu).