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2014

Lethal but Legal: Corporations, Consumption, and Protecting Public Health (Preface)

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From *Lethal but Legal Corporations, Consumption , and Protecting Public Health* by Nicholas Freudenberg , Oxford University Press, 2014.

Preface

Never before in human history has the gap between the scientific and economic potential for better health for all and the reality of avoidable premature death been greater. In the past, babies died in infancy, women in childbirth, workers from injuries or occupational diseases, and people of all ages from epidemics of infectious disease exacerbated by inadequate nutrition, contaminated water, and poor sanitation. For the most part, the world lacked the resources and the understanding to eliminate these problems. As societies developed; as science, technology, and medicine advanced; and as people organized to improve their standards of living, more and more of the world's population attained the living conditions that support better health and longer lives.

Today, the world still confronts the global health challenges of the last century. Epidemics of malaria, HIV infection, tuberculosis, and other communicable diseases still threaten well-being and economic development in many poor countries. More than a billion people live in urban slums where the average lifespan can be 35 years, half of that in better-off places where residents have certain access to adequate nutrition, clean water, and sanitation.

Now new threats have emerged. Deaths from chronic conditions like heart disease, cancer, diabetes, and stroke have surged, today accounting for more than 60 percent of the world's deaths. Injuries have become the leading cause of death for young people around the world. Everywhere, from the wealthiest nations like the United States to the poorest countries in Africa, Asia, and Latin America, the proportion of deaths from these causes of death are growing. These premature deaths and preventable illnesses and injuries impose new suffering on individuals, families, and communities. They burden economies and taxpayers and jeopardize the improvements in health brought about by the public health advances of the previous two centuries.

Alarming, these new epidemics are not the result of the poverty and squalid living conditions that caused illness and death in the past, even though chronic disease and injuries afflict the poor much more than the rich. Nor are they the result of ignorance and inadequate science. For the most part, we understand the causes of these illnesses and injuries enough to prevent them. What we lack is the political will to implement the needed preventive measures. Even worse, in some cases the growing health burden is the *result* of new science and technology, which have been used to promote profit rather than prevent illness. These new epidemics of chronic diseases and injuries are instead the *consequence* of what most people thought were the remedies for poverty-related ill health: economic growth, better standards of living, and more comfortable lifestyles.

While many factors contributed to this global health transformation, *Lethal but Legal* focuses on what I consider to be most important and most easily

modifiable cause: the triumph of a political and economic system that promotes consumption at the expense of human health. In this book, I describe how this system has enabled industries like alcohol, automobiles, firearms, food and beverages, pharmaceuticals, and tobacco—pillars of the global consumer economy—to develop products and practices that have become the dominant cause of premature death and preventable illness and injuries. This system was born in the United States and has now spread around the world.

In a global economy that focuses relentlessly on profit, enhancing the bottom line of a few hundred corporations and the income of their investors has become more important than realizing the potential for good health that the world's growing wealth and the advances in science, technology, and medicine have enabled. This tension between private accumulation and public well-being is not new. But in the twenty-first century, it has come to shape our economy and politics in ways that profoundly threaten democracy, human well-being, and the environment that supports life. Paradoxically, the increasing concentration of power in the small number of the world's multinational corporations also presents new opportunities to create another healthier and more just future.

In *Lethal but Legal*, I argue that, for the United States and the world to achieve their articulated goals of better health for all and a more equal distribution of advances in health, we will need to redesign the system that has evolved to promote consumption at the expense of well-being. Succeeding in this task will require taking on the world's most powerful corporations and their allies. Only the naive or foolish would underestimate the enormity of this challenge. But neither nature, human evolution, nor fate created the new burdens of chronic diseases and injuries. Rather, it was human decisions, made in corporate boardrooms, advertising and lobbying firms, and legislative and judicial chambers.

In the last few decades, the directors of a few hundred corporations have changed the world to suit their needs, and as a result set the stage for the twenty-first-century epidemics. Surely the world's people, supported by social movements, honest governments, health professionals, and scientists can take back our health, as we have done so many times before when special interests challenged human well-being.

Three paths led me to write this book. First, as a public health practitioner, I have worked for three decades with community and advocacy organizations, churches, government agencies, and other researchers to develop, implement, and evaluate programs and policies to improve the health of low-income populations. In these efforts, this work has frequently come into conflict with special interests. Paint companies and landlords opposed efforts to eliminate childhood lead poisoning because it jeopardized profits. Pharmaceutical companies charged so much for the drugs that could have kept HIV infection or diabetes under control that the people who needed these medicines could not afford them. Fast food and soda companies promoted their high fat, sugar, and calorie products to children who were becoming obese and overweight and therefore at high risk of diabetes and other diet-related diseases. When the groups I worked

with suggested policies or programs to limit these harmful practices, corporations used their political clout to thwart these proposed remedies.

In this work, the corporate role in promoting disease was not our main focus, but repeatedly we were stymied when we tried to make prevention the priority. I wanted to understand how one small sector of society had accumulated the power to block health progress. I wanted to devise useful strategies that my frustrated students and colleagues could use to overcome this resistance they encountered. The second path to this book was my work as a public health researcher and teacher. My research has focused on understanding how social forces influence health and inequalities in health. My teaching seeks to prepare public health professionals and researchers to take action to reduce the forces that damage health.

Like many other researchers, I have come to appreciate the profound influence of what have been called the *social determinants* of health: the day-to-day conditions in which ordinary people live, the political processes that govern society, and the stratifications of wealth and power that characterize today's world. But I have also been frustrated by the lack of impact of this new research on social determinants of health. Too often, researchers *describe* the causes of ill health without illuminating solutions. Too often the solutions they propose—ending the stratification systems—seem pie-in-the-sky, however worthy this goal may be. For me, analyzing the specific pathways by which the business and political decisions that corporations make improve or harm health promises new insights on a key social determinant of health. These insights can then guide policies to improve health and find a better balance between private profit and public well-being.

The third path is my experiences as an activist. I came of age politically in the antiwar and student movements of the 1960s. Over the years, I have had the privilege of participating in or writing about these and other movements: the environmental justice, labor, and women's movements of the 1970s and 1980s; the HIV and health care reform movements of the 1980s and 1990s; and most recently, the food justice movement. In these encounters, I have been fascinated to observe how communities mobilize to confront the threats they perceive and how movements learn from each other—or fail to do so. Too often the health campaigns against the tobacco, food, and alcohol corporations that market unhealthy products or the “Big Pharma” efforts to promote diseases only they can cure seem isolated, missing the opportunity to find new allies and win bigger victories. In the book, I hope to discover common ground across the disparate arenas where people are organizing to change harmful corporate practices.

The aftermath of the 2008 financial crisis further stimulated my activist juices. The evidence suggests that banks and other financial institutions engaged in risky practices that led our economy to the brink of meltdown. But when the public demanded stronger oversight of the financial sector and prosecution of those who had thrown so many people out of their homes, jobs, and communities, “Big Business” blamed the problems on the government and on the foolish consumers these lenders had targeted. If one sector of Big Business could evade any responsibility for the most serious financial crisis since the Great Depression,

surely the consumer sector would try the same strategy to avoid taking action to reduce the slow-motion crisis of chronic diseases and injuries that their products and practices are causing. This book is my effort to prevent such a future. Some public health researchers are uncomfortable traveling on both the research and advocacy roads. To me they are two paths to the same destination: more just and healthy societies. My friend Dr. Jeremiah Stamler, a founder of modern cardiovascular epidemiology and a veteran of many battles with the food and pharmaceutical industries, once told me, “If a researcher isn’t willing to follow his data into the policy arena, who will?” In looking to combine the roles of researcher and activist, I am inspired by the founders of public health—people such as Rudolf Virchow, Louis Villerme, Edwin Chadwick, and Alice Hamilton—who demonstrated that it is possible to both study and act in the political arena to change the conditions that make people sick.

When I speak in public about the impact of corporations on health, people sometimes ask if I am against corporations. This seems like asking if one is against families, religion, or government. People created these institutions over the course of human history to solve particular problems. Of course corporations have made important contributions to creating a better world, and of course they are here to stay in one form or another for the foreseeable future. But the question today is whether our political and economic arrangements maximize the benefits that corporations bring to humanity and minimize the harms. It does seem to me that many of society’s most serious problems— income inequality, compromised democracy, environmental deterioration, and accelerating climate change—are related to the current dominance of corporations. My goal in *Lethal but Legal* is to explore how corporations contribute to our society’s most important health problems and what we can do to reduce this burden of premature death and preventable illness. If our efforts to reduce corporate-induced health problems also contribute to reducing other harms that corporations cause, so much the better.

Another question I am asked is why I have chosen to focus on only (!) six industries. I have chosen to limit *Lethal but Legal* to the alcohol, automobile, firearms, food and beverage, pharmaceutical, and tobacco industries for a few reasons. These six are central to the global consumer economy, the largest portion of the world’s economy today and in the future. They have a profound influence on health behavior, lifestyle, and the physical environment. As a result, their products and practices are associated with a significant proportion of the global burden of disease, as I explain in Chapter 2. Finally, researchers have extensively documented their impact on health, and health authorities and social movements have taken action to reduce the threats these industries pose, providing a body of evidence to inform action. Friends and colleagues often urge me to add more industries to my portfolio of interest: energy, entertainment, tourism, gaming, health care, and petrochemicals, to name a few. I encourage other researchers to investigate these other important influences on health but believe my already broad focus gives me more than enough to cover in this book.

For readers who want a roadmap, let me briefly summarize the journey this

book covers. In Chapter 1, I describe the practices of three industries that have since World War II had a profound impact on health in the United States. The fast food, soda, and snacks sectors of the food industry produce the products most associated with the rise in obesity and diet-related health problems like diabetes. As a result of some success in controlling its practices in the United States, the tobacco industry has moved its lethal marketing campaigns to countries like Russia, Mexico, and Indonesia. The alcohol industry has developed and marketed products to win over new populations: teens and young adults, women, and blacks and Latinos. As a result, these groups are now seeing some of the alcohol-related health problems previously concentrated among white men. I use these three stories to illustrate the rise of what I call the *corporate consumption complex*, a network of corporations, financial institutions, banks, trade associations, advertising, lobbying and legal firms, and others that promote what I call “hyperconsumption,” a pattern of consuming that is directly linked to premature mortality and preventable illness or injury. Like the military-industrial complex that jeopardized American values during the Cold War, today the corporate consumption complex threatens public health, democracy, and sustainable economic development.

Chapter 2 examines the state of global health today and charts the rise of chronic condition diseases (called non-communicable diseases in most parts of the world) and injuries here in the United States and in emerging nations like Brazil, India, and China. I analyze the theories that have been proposed to explain these increases, including population aging, the conquest of infectious diseases, and changes in lifestyles related to health. I describe three more industries that contribute to injuries and chronic conditions: the automobile, firearms, and pharmaceutical industries, and summarize the growing evidence that the business and political practices of these and the three industries described in Chapter 1 have become the major modifiable causes of today’s top killers. I also compare changing harmful corporate practices as a solution to two other intervention strategies often proposed by policymakers and researchers: applying biomedical advances to the prevention and treatment of chronic diseases and modifying the unhealthy lifestyles of individuals who smoke, eat, or drink too much or act in other ways that hurt their health.

How did this political and economic system that promotes consumption arise? How is it different from earlier stages of free market economies? In Chapter 3, I seek to answer these questions by telling the story of changes in corporate power and practices since 1970. While the consumer economy started much earlier, I make the case that domestic and global threats to the power of U.S. corporations in that period were the precipitating cause of the transformation that has led to today’s health problems. I also examine how the 2008 global economic crisis both threatened and strengthened the corporate consumption complex.

In Chapter 4, I dissect the corporate consumption complex today, profiling a few key players and describing its anatomy and the particular ways it uses its power to achieve its goals. I examine two prototypical members of the complex, the McDonald’s Corporation and the Pharmaceutical Research and Manufacturers Association, showing the webs that bind the corporate consumption

complex together. Today, even if its members do not always agree on everything, the complex has become the dominant voice on public policy and public health in the world.

The corporate consumption complex uses its political clout when it needs to, but much of its impact is due to its success in promulgating and broadcasting an ideology that supports its values and justifies its actions, even when they have been shown to cause millions of preventable deaths. In Chapter 5, I describe key elements of that ideology and the mechanisms that corporations and their allies use to advance that ideology. Using public opinion polling data, I also examine to what extent people here in the United States and elsewhere accept or challenge the tenets of this ideology.

The corporate consumption complex hatched in the United States but is now a global force. In Chapter 6, I describe how corporations have set the rules for international trade and how they use organizations like the World Trade Organization, the North American Free Trade Agreement, and other trade groups to advance their business goals, often at the expense of public health. By examining some key current conflicts—on global tobacco control, setting public health standards for food advertising to children, and deciding when health considerations can trump corporate patent protections, I illuminate the global issues that divide public health advocates and corporate leaders.

In the last two chapters of *Lethal but Legal*, I ask how we can reverse the accelerating epidemics of chronic conditions and injuries. What have we learned from the myriad of efforts to change harmful corporate practices? What are the elements of a political, policy, and scientific agenda that will enable the world to realize its vast potential for reducing human suffering and inequalities in health? Chapter 7 provides an overview and analysis of several strategies that have been used to reduce corporate practices that harm health. I describe six efforts—one from each of the six industries—to change harmful corporate practices, describing the strategies the organizations and movements used, their accomplishments and limitations, and the lessons they learned. While these disparate strands of activity have different goals and operate in different settings, they share a commitment to protecting public health by taking on special interests that profit at the expense of health, and using flexible and creative strategies to realize their health objectives. I analyze the barriers to a unified movement to modify health-damaging corporate practices and suggest the pathways by which we can weave these strands into a transformative force for improving health in the United States and around the world.

Finally, in Chapter 8, I describe how we can restore the balance between corporations and government; between profit and public health. I suggest actions that can challenge the current dominance of the corporate consumption complex and examine alternative paths to prosperity and well-being. I propose several specific policy goals designed to bring together the diverse strands of the emerging challengers to the corporate consumption complex and to speed the process of changing harmful corporate practices.

In the current political climate, these proposals may seem idealistic, even naive. But in a society committed to public health and democracy, they would be common sense. Public opinion polls show that the majority of Americans support these propositions and would choose policies that achieve these objectives. Recently, some researchers estimated that if current trends in obesity and diabetes continued, our children and grandchildren can expect to have shorter life spans than we do. ¹To escape the possibility of bequeathing our children a world where the public health gains of recent centuries have been reversed, we will need new ideas, new policies, new political will, and new action. Converting these ideas into the practical steps that can restore the balance between government and business constitutes the public health priority of our time.