



## Public Health and Corporate Partnerships: The Dangers of Health Care Industry Green-washing under the guise of Reform

Robert Mason, Fellow, EQUAL Health Network

Regulations under consideration by HHS would allow insurance companies to count money spent on programs to promote public health as medical expenses, thus allowing them to spend less on covering actual medical claims. One provision allows programs run in collaboration with local health departments, such as educational outreach programs to improve health life-styles, to count in this way. These kinds of programs are at first glance attractive – corporations, which have money, funding public health organizations, that do not, to carry out programs that help everyone.

But the historical record, when examined, turns this assumption on its head. The promise of money for good works from interested corporations inevitably undermines the capacity of governmental bodies to aggressively regulate those industries. Though there are not enough examples of explicit partnerships between local health departments and the health care insurance industry to demonstrate this directly, extremely powerful evidence can be found in another place: the prodigious archives that document the interaction between public health authorities and a different highly profitable industry interested in touting itself as a socially responsible player regarding the public's health: the tobacco industry.

*By aggressively marketing purported anti-youth-smoking campaigns, and successfully inducing a vast array of public health, regulatory and law enforcement departments to collaborate with them, the tobacco industry undermined attempts to regulate its activities, intentionally failed to decrease youth smoking, and both financially and morally compromised public health departments all the while promoting itself as a good citizen in the public health arena.* A type of health care 'green-washing' is found here -- programs that appear to promote public health actually function as public relations shields against genuine public health regulation.

While it might seem preposterous to compare these two industries – tobacco and health insurance – the analysis of the operations of the 'socially conscious' public relations arms of the tobacco makes clear how relevant this history is.

### Tales from the Tobacco Crypt<sup>1</sup>

For several decades the tobacco industry - often using front groups depicted as science-in-the-public-interest institutions - offered money, materials, trainings, and other resources to public officials if they would cooperate in programs meant to restrict youth smoking. As Apollonio and Malone demonstrate, reduction in youth smoking was never a genuine goal of these programs, nor were they ever successful

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<sup>1</sup> Most of the data and analysis below come from the article:

**The "We Card" Program: Tobacco Industry "Youth Smoking Prevention" as Industry Self-Preservation**, by Dorie E. Apollonio, PhD, MPP and Ruth E. Malone, RN, PhD (<http://ajph.aphapublications.org/cgi/content/abstract/100/7/1188>)

in such reduction. The intent, from the beginning, was to “Improve the tobacco industry’s image and to reduce regulation and the enforcement of existing laws.” The lesson to be learned by policymakers, the authors conclude, is that they should be cautious about accepting such industry programs at face value, because they redound to the industry’s benefit and because they are by design ineffective.

Health departments, police departments, attorneys general, alcohol, drug and tobacco enforcement agencies are all chronically short of funds. They therefore are easily attracted to industry money that appears to be able to do good – whether promoting healthy lifestyles, preventing children from buying cigarettes, etc. But this is more than just a slippery slope: the aims of a financially powerful industry will always undermine the much weaker public organization meant to regulate it. A single program – the “We Card” program, still very much in effect, analyzed in the above article – induced cooperation by hundreds if not thousands of institutions meant to protect the public. Police departments in at least 47 states requested and distributed program materials to tobacco vendors; dozens of local health departments requested materials and/or participated in joint trainings; by 1997, 3 state governors and 4 attorney generals had formally endorsed the program, and more did later. One state department of Health and Human Resources recruited retailers, participated in trainings, and distributed the program materials to vendors. The centerpiece of Apollonio and Malone's article is a five page table listing 6 different modes of participation engaged in by a hundred or so types of state and local organizations. All of this despite the fact that no serious evidence was ever shown that these programs were effective. In fact, the program was worse than ineffective: not just because evidence shows that once a police department distributes these materials, it is less likely to enforce laws against illegal sales to minors, but because these programs were designed by people who knew they would not succeed. While huge amounts of precious time and money were wasted on these programs, millions of minors began smoking, roughly half of whom will die from it. And, sadly, this is not ancient history: ineffective, phony, 'we card' displays are found throughout America, and one can go to [wecard.org](http://wecard.org) to see a colorful professional website touting every falsehood mentioned above as truth.

### **Lessons for Health Reform Policy**

The implementation rollout of the ACA includes constant contention over the ways that HHS, state regulators, the health insurance industry, health care providers and other stakeholders are allowed to structure their relationships. Profit-driven, financially well endowed corporations strive to present themselves as partners in the process of reform, rather than that-which-needs-to-be-reformed. But such presentations are always self-serving. If a public health program is valuable, it should be devised by public health authorities and financed by proper methods, not by corporations wishing to protect themselves from 'medical loss.' In the 6 months since the passage of the ACA, the health insurance industry has attempted to manipulate the law to keep its profits up and its provision of medical coverage down. HHS would be wise to learn from history and concentrate on regulating the industry, and not collaborating with it.