Day and Time: Thursdays, 1-3:50 pm  
Location: Drachman A116  
Instructor: Dan Beauchamp, Ph.D., Senior Lecturer, CEP  
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A. Course Description: The purpose of the course is to explore public health policy from the standpoint of ethics and democratic philosophy. Particular emphasis is placed on the population perspective and with public health as a "second language" of community and as a leading example of a more communitarian public philosophy. This communitarian public philosophy constitutes a major exception to the two contemporary and competing U.S. public philosophies of market and religious fundamentalism versus liberal individualism.

B. Course Prerequisites: Graduate standing at the UA or permission of the instructor.

C. Course Learning Objectives and Competences: This course will explore ethical, political, and philosophical issues in the field of public health and will prepare students for analyzing critical public health issues from the standpoint of leading ethical and political value conflicts.

1. To explore what we mean by “ethics” in political and social philosophy and particularly to learn the strengths and limits of bioethics and applied ethics as applicable to public health.
2. To understand the ethical, legal and philosophical foundations of the public health perspective as social justice and as democratic ethic, as this helps inform and guide critical public health perspectives on health policy.
3. To understand and apply the communitarian and social justice influences in public health as these shape health policy for universal health care, obesity prevention, alcohol and drug policy, controlling health care spending, and reducing economic inequality to assure more health for all.
4. To learn how to identify and concretely apply ethical and philosophical issues that arise from our field, such as autonomy, coercion, paternalism, and other limits to public health as philosophy and ethics.

**MPH and Section Competencies:**

- Assess and interpret information to develop relevant policy options
- States policy options and writes clear and concise policy statements
- Articulating the health, fiscal, administrative, legal, social, political, and ethical implications of each policy option
- Deciding on the appropriate course of action and writing a clear and concise policy statement and implementation plan

**PHPM**

- Understand the legal and ethical environments in which they work and in order to appropriately carry out tasks that achieve organizational goals
- Understand issues pertaining to quality and outcomes as a result of enhanced policymaking and organizational performance.

**D. Course Organization:** The course will use lectures, case study discussions, and writing assignments to meet the learning objectives. Graded assignments are based on individual work.

**E. Course Notes/Power Point Presentations:** When power points are used, they will be made available to the class.

**F. Texts and Readings:** The following texts are required reading (with one exception) and available in the Medical Bookstore or through an online seller of your choice:


Additional articles and hand-outs will be made available online via the class D2L site http://d2l.arizona.edu/ or provided in class.

**G. Course requirements:**

1. **Participation**
   Thoughtful and active class participation is essential to the success of this class. Students are expected to have read the class materials and be prepared to participate in class discussion. Laptops are to be used for note-taking only. *Please Note: Participation means attendance, joining in class discussion, making one’s views and questions heard*
by others in the class and the instructor, and otherwise helping the group learn from each other.

2. **Policy memos** You will be required to submit approximately six (6) or seven (7) policy memos on a variety of topics and readings that bear on the issues raised in the seminar. *The following are examples but may not be the actual assignments.* The audience for these memos will be a senior health official interested in making values and ethics a more prominent part of the department/agency.

Policy Memos: Sample Topics Focused our Core Values

1. How do we explain “the public health perspective?” to the public?
2. What do we mean by “community” in the public health perspective?
3. Why do we say that “social justice” and “community” are core values of our field?
4. Does social justice “define” public health or is it more the other way around?
5. How do we prevent universal health care from being swallowed by the market?
6. What is public health’s role in reducing economic inequality or poverty?
7. What is wrong with: “Public health serve the community; medicine the patient?”
8. Is the mission of “public health as social justice” too broad and ambitious?

I will provide a more thorough description of the requirements for this and the other assignments in class. Briefly, Policy Memos are expected to be roughly 500 to 750 word papers (double-spaced and about the same size as an Op Ed piece in the Arizona Daily Star), and addressed to a designated health official who wants to make values, ethics a bigger part of the mission of his agency. One of the policy memos may possibly require a more extensive paper, perhaps as much as a 1000 to 1500 word essay.

The health official’s name is Frank Clark, M.D., M.P.H., (in my last class the official was Dr. Molly Belkin). Dr. Clark is a recently named commissioner of health for a large state on the West Coast with a Democratic, moderately liberal Governor. He has an MPH degree but admits he hasn’t used it as much as he would have preferred. Each class member serves as a special policy adviser for public health policy to Dr. Clark.

Papers should be uploaded to D2L by the beginning of class on the date they are due to avoid a lower grade.

**H. Grading Scheme**

- Policy Memos 60%
- Final policy memo 20%
- Class participation 20%

**Total:** 100%
Grades: A $\geq$ 90%; B 80%–89%; C 70%–79%; D 60%–69%; F $\leq$ 60%

H. Background: the ideas behind this course
I have had a varied career in public health as both a professor and as a health official. I served as a deputy commissioner for public health policy and planning of the New York State Department of Health from 1988 to 1992, I was a special adviser on prevention at the National Institute on Alcohol Abuse and Alcoholism for a year, and have taught at three other schools of public health: UNC at Chapel Hill, the U. of Michigan, and the University at Albany, SUNY. I also served as the Area Editor for Public Health of the Encyclopedia of Bioethics, Revised Edition, Macmillan, 1995, and commissioned over 20 papers on the ethical issues in public health policy and practice.

For most of my career I have written about the ideas, ethics, and values behind public health policy, including universal health care and the public health perspective. I began with a focus on alcohol policy. The change in our views of alcohol policy was a precursor of the public health or population perspective on alcohol, and it was this shift, among other things, that shaped the work of Geoffrey Rose (“Sick Individuals and Sick Populations”) and that led to what we now term the “population perspective” or “public health perspective.”

In short, in this course I will focus on “ethics” and “values” in public health as political philosophy. Bioethics and applied ethics have already offered important criticism of public health in terms of individual autonomy and also a critique of the population perspective as politically too ambitious for public health agencies. Our text was written by people writing from a mostly applied ethics viewpoint. I know the authors; Bayer, Jennings, and Steinbock I have known for years.

Of course, I am aware that some will argue that applied ethics is the appropriate approach for public health, and hence our text. But I think there is another and important reason for the shift in focus of your text to applied ethics. There are 50 plus schools of public health and other programs. But there are literally thousands of courses in applied ethics across the land, and whatever else it is, applied ethics (and bioethics) are in the textbook business. More important so is Oxford University Press and other publishers. The question, however, is what the field of public health needs, not what bioethics or applied ethics or publishers need.

As I see it, applied ethics has an important place in the future of public health; but this view of ethics must be kept in its place. Bioethics and applied ethics carries assumptions and orientations that leave too much out when it comes to public health. In one way, this is a good thing because it helps make the big point that public health itself is an ethic; more than this I will argue that public health is an ethic of social justice, an ethic that turns the “public” in public health into a verb and not just a noun in our democracy. I understand that others in the field, even in public health disagree, but I
think that at least for now they have the minority opinion. Also, democracy is one of the topics that I believe applied ethics tends to skip over too much.

Public health, applied ethics, and pragmatism

As a side note, what applied ethics (and our earlier text) leaves out is the influence of American pragmatism on our field. In lectures, and in at least one essay by Michael Sandel, I will try to remedy that omission. I will point up how the field of public health came into prominence at the same time as American pragmatism, at the opening of the Twentieth Century and how the similarities between the two fields help explain its “ethical” and “value” positions. Pragmatism embraced contingency, chance, fallibilism, etc. Ethics and moral philosophy have a great deal of trouble with contingency. In fact, the first time I defended “public health as social justice” before a group of philosophers and bioethicists, one exclaimed, “Dan, this is merely contingency.” I didn’t know how important that comment would come to mean for my own future.

The crucial thing to remember is that when we think of “ethics” in public health we are thinking of public health as social ethics for democratic politics and philosophy. In the words of the pragmatist philosopher Hilary Putnam, democracy is “the precondition for the full application of intelligence to the solution of social problems.” Public health as social justice is not mainly following rules or precepts or principles but seeking to serve democracy, as best it can in the U.S. today, as the precondition for the full application of intelligence for solving social problems in health.

Thus, the ethics of public health considers politics as central to its task, seeking to use democratic inquiry, social criticism, setting off conflict, mobilizing the public to support policies for prevention, and helping build or strengthen public health agencies and institutions to advance the public’s health.

Regarding social justice, one of our texts is Why Social Justice Matters by Brian Barry. I hope, you will come to appreciate the value of this very fine book, mainly because it teaches us all what we are up against in working for societal change to promote more health together.

Thus, public health as social justice is a “big idea” in this course, and generally speaking I treat the “social justice” as a constantly growing and shifting horizon for our field, as well as a constant reminder that, as a democracy, if we want more health together for people, we must come to live and work together differently. One political party treats social justice as a great sin against American values. The other party treats social justice as a “hot potato.” We have our work cut out for us.

The crucial issue in this course is how are we to think of the central purposes of our field and its future? Will it remain social justice, or are we going to have an ethics of public health where social justice is relegated to a lesser role, and redefined in ways that limit its full capacity. This is the major question for our course: If we are to have an ethics of public health, which ethics will it be?
I. Course outline and semester sessions
What follows is the general outline and covered topics for the course. (I will likely revise this syllabus one or two times given the needs of the class. I will post the new syllabus at D2L, and give sufficient notice.) Also, in the reading assignments, I often abbreviate social justice as “SJ”, and I have tried to put an asterisk in front of readings that are from required texts. I have also put in some readings that are optional resources, and noted it with two asterisks. Finally, I make an appearance in five of the first seven sessions, and then I mostly stop with my own articles. I haven’t published for over 10 years or so, and I have used my articles as a historical record of where the field was and what direction it seemed to be heading in.

1. January 12, 2012: The Great Society and the ethics, values in public health

   The introductory lecture will take up the question, where does public health as social justice come from? To answer that question I will spend time talking about the 1960s and the Great Society and the creation of a national public health. The above three readings are posted on D2L as are all the assigned readings not in your three required texts. Try to read the three articles before class, so that we can get going at a reasonable speed. I will try to capture the Great Society era, and also talk a bit about the social justice article I wrote in 1976 that was one of the earliest attempts to label public health as an ethic. It was certainly a “thin theory,” but it helped our field to start thinking of itself in broader terms. The question today is whether we still embrace social justice, and if so, how should we be going about this?

2. *January 19, 2012: Public health as applied ethics
   a. *Bayer, et. al., PHE* Introduction, 3-24; The Public Health Perspective, 27-81

   In this set of readings and in the class lecture I try to distinguish and critique applied ethics and (in the lecture) the pragmatist’s view of ethics as focused on the issues of societal change, social reorganization and reconstruction in democracy. In my opinion, despite their endorsement of social justice, Gostin and Powers invert our ethic to become “Social Justice for Public Health.” I provide Tom Beauchamp’s article for reference purposes, and to get a flavor of how “beneficence” is used in applied ethics. An underlaying theme is all of this is the “fact”versus “value” distinction. Public health provides the facts; ethics provides the values.
3. *January 26, 2012: Is public health as social justice an ethic?*

a. (Review) D. Beauchamp, “Public Health as Social Justice”” Inquiry, 1976 (D2L)


In general, applied ethics believes that public policy, to be considered as “ethic,” must resort to those categories and nomenclature philosophers and applied ethicists consider as established and justified ethics, using the language (“beneficence”) moral and applied philosophy has traditionally employed. To define public health as social justice because it changes society and saves lives (like the highway traffic safety example) is not ethics, but merely contingent results of public policy.

In my 1976 article, even though I use the term “social justice,” I don’t explicitly tie it to an established tradition such as utilitarianism or Rawlsian ideas about social justice. But ethicists insist that arguing that because public health policies produce more health together, that doesn’t make public health an ethic; ethics need to be “backed up” not with contingent results but “justified” with other “oughts.” In “Public health and individual liberty,” I attempt this, arguing that—to reduce the great harm of early death (before 65) — those in the “original position” would accept the burdens of mandatory limits to voluntary risks so long as basic autonomy is not violated and when powerful corporations are not allowed to escape their fair and redistributed share of the burdens of prevention, as with mandatory seat belt laws.

Dorfman, Wallack and Woodruff argue that public health is social justice because it represents a fundamental change in how society views health as a problem, a view that requires redistributing burdens and benefits. The authors lean on the work of cognitive scientists like George Lakoff, especially his view that when we change how we think of health as a problem, we have achieved social change. In my view Dorfman et al, advances a powerful thesis, that when we change how we see health as a problem, we are more than halfway home.

Sandel introduces us to pragmatism and John Dewey and I will use his article to talk more about the pragmatists and democracy as a “verb.”

4. February 2, 2012: Social justice and applied ethics


This session was a review session to catch up and close the comparison of applied ethics and public health as an ethic, an ethic of policy assessment, policy development, and policy assurance.
5. February 9, 2012: Social justice and structures of injustice, inequality
   c. A.Wolfe, Does American Democracy Still Work? “Democracy w/o justice.” (D2L)

   In the opening sections of Brian Barry’s book, we take a look at our democracy and our society as having powerful structures of inequality and social injustice. By structure I mean social patterning and divisions that continue, generation after generation, despite overall changes in societal prosperity. Things do change, and things do get better, but the old divides and structures of inequality persist. The 1968 APHA presidential address of Milton Terris, “A Social Policy for Health,” reminds us that many in public health have sounded the alarm decades ago. Wolfe worries that in our desire to justify health as an individual good and value we are losing the sense that society itself may be unjust.

6. *February 16, 2012: Democracy, community, and the public’s health
   a. A. Wolfe, Does American Democracy Still Work? Chapter One. (D2L)
   c. L. Wallack and R. Lawrence, “Talking about Public Health: Developing America’s Second Language of Community, AJPH. (D2L)
   d. *Sandel, “America’s Search for a Public Philosophy.” PP, 9-34.

   Why should we explicitly link public health as ethics and democracy? Isn’t that too much for our field to tackle? Wallack and Lawrence want more talk of community so that we can reduce, say, early death, this will require that we strengthen our democracy. Sen’s article is a contemporary classic of democratic theory and helps us see how democracy helps identify and formulate new interests, new dangers, and needs.

   Last week you read Parts I and II of Brian Barry’s Why Social Justice Matters, with a crucial chapter on health, inequality, and stress. A question: Should we in public health be worried about the tax code and inequality as an anti-communitarian value and as a direct threat to our common health?

7. February 23, 2012: Community, paternalism, democracy, and limits

   I have written an unpublished article, “Where’s Poppa? Paternalism as Confusion in All Realms,” and I will use this as the basis for my “take” on paternalism. Actually, I have been all over the map with this issue. Mostly I would like students to hear a different perspective on this issue than is employed today. Sandel again criticizes
liberals for their failure to embrace community and I think this is why he doesn’t hammer away at paternalism. Forgetting paternalism, the bigger question is: could promoting the public’s health become a powerful path to a more communitarian democracy? Will our future policies to reduce obesity or smoking be attacked as “state paternalism”? Is it possible for public health to persuade the American public that a big job of democracy as promoting community values, and that this includes warnings and disincentives to common dangers like smoking or excessive drinking?

8. *March 1, 2012: PHASJ and alcohol: how not to think about public health
   c. D. Beauchamp, “Public Health: Alien Ethic in a Strange Land?” AJPH, 1975 (D2L)

   I am skipping the section on “meritocracy” in Barry’s book and asking you to read Section IV on individual responsibility and irresponsible societies. This is an important topic in our field and for me. I could easily say, “Everything I know about public health I learned from booze.” The story of the rise of the concept of alcoholism as a disease, developed in the 1950s and 1960s, was a powerful attempt to get a better deal for alcoholics from society. But it also did one other thing: It exonerated and even “disappeared” alcohol policy from the political agenda, and society’s responsibility for alcohol policy. This is definitely not going upstream; it is denying that there is an “up stream” altogether. This is how we become an irresponsible society. Public health and alcohol epidemiology has begun to change that.

   a. *Bayer, et. al., PHE, Chapters 7-10, 117-163.
   d. Murtaugh and Ludwig, “State Intervention in Life Threatening Childhood Obesity,” AJPH, July 2011. (D2L)

   Skim the following essays by Sandel in his book to see how moralism informs public policy.

   This session deals with several diverse issues: limiting liberty, tobacco policy, and questions of responsibility for illness. (I threw in dancing to see if you are paying attention.) I am adding another one: moralism. For some reason, your text ignores moralism and public health. In general moralism refers to the attempt to proscribe and stigmatize certain practices or ways of living as morally repugnant.

March 15: SPRING BREAK

Many ethicists limit the term “social justice” to remedying economic and status inequality, or “fair shares.” This is social justice as mainly “distributive justice,” justice for individuals. But as far as these reading suggest, inequality and economic injustice not only damages health, it deforms society altogether. Recall that Alan Wolfe in his “Democracy without Justice,” (Session Three) had important criticisms for social justice as justified, for individuals. He thought we ought not to lose the idea of an unjust society. In our course, and with Brian Barry’s Why Social Justice Matters, an “unjust society” should stand for politics and policy that perpetuate the “pathologies of inequality,” a section of the book that drives that point home.

I want you to try and focus on pp. 169-199, in Barry, Why Social Justice Matters, as well as Norman Daniels, Why Justice is Good for our Health, pp. 205-230. This is what we will focus on in class discussion.

I know you are back from Spring Break and probably catching up everywhere, but these two sections of two of our texts are very important and worth discussion, so please go over it. I strongly suspect that our next two policy memos will be focused on economic inequality and health, and universal health care, UHI, and maybe the final paper will ask to summarize some of this.

Additionally, I am forwarding this morning two legal briefs sent to me by Professor Robertson, that make the lawyer’s case for why President Obama’s single mandate requirement is sound Constitutional policy for interpreting the commerce clause.

We are under the curse of living in exciting times, and next week one of the most important debates of our time will occur in the Supreme Court. Try to follow the issues as much as your schedule will allow. How this all turns out over the next 5 to 10 years will, in my view, pretty much shape the politics of our Republic, including the politics of public health.

   b. Maurice Sandel, PP.

Okay, here we go. Obama care. National health insurance. Single Payer. By the time we get here we should be closer to understanding how the Supreme Court is going to rule on the “individual mandate.” Of course, the big question is how to get from implementing the ACA to some form of a cohesive, common health care system.

12. *April 5, 2012 Community, NHI, and social responsibility

This session will continue our discussion of health care reform and the rationale for a single payer system of health care. I think there is an ethical case for a single payer system, if for no other reason than repudiating the statement: “Medicine is about the individual’s good; public health is about the common good.”

13. April 12, 2012: The media, the market, money, and democracy

a. Wiist, “Citizens United…” *AJPH,* 2011 (D2L)

The media plays a powerful role in our democracy, framing issues in various ways that are helpful and harmful. Wiist’s analysis of “Citizens United…” is already a classic in public health. Dorfman, Wallack, and Woodruff argue that we can make “public health as social justice” a powerful political strategy, and I tend to agree. I will likely have us all read this important article earlier in the course.

14. April 19, 2012: Environmental, occupational health and genetics


Environmental and occupational health, and especially genetics, are not my forte, and if there are people in the class with special interests/knowledge for these topics, please speak up. I’ll let you take the podium for a good stretch.


a. *Bayer, et. al. PHE,* Section Four, 249-306.

I have thought that bioethics and applied ethics spends way too much time worrying about public health and coercion but Ron Bayer and others set me straight. The outbreak of HIV in the 1980s brought some terrible ideas about homosexuality and sexual promiscuity and the spread of HIV. I was in the midst of all this when I was an official of the NYS Department of Health, and the head of the AIDS Institute, Dr. Nick Rango, was a good friend of my wife and me. My wife Carole served as the lobbyist for the Department of Health in Washington, and worked a great deal on issues in HIV policy.
NOTE: The last four or five weeks may well change due to the needs of the class, and so forth. So these topics and assignments are provisional.