

crats constituted a reliable voting bloc for many important pieces of legislation. That coalition came undone as liberal Republicans from the Northeast lost their seats and conservative votes in the South shifted to the GOP. After the elections of 1982 and 1984 passed without significant upsets, however, members felt comfortable. In 1985 and 1986, bipartisan majorities passed major legislation on taxes and immigration.

Bipartisanship receded from 1991 to 1995, a period that “saw an upending of political verities.” Republicans were thought to have a hold on the presidency, but Bill Clinton took the White House in 1992. Democrats were thought to own Congress, but they lost control in 1994. The rise of Ross Perot and other third-party candidates added to the uncertainty.

The years from 1995 to 2005 tell an interesting story. Pundits decried the bitter partisanship in Washington, but there was a surprising amount of bipartisan legislation. Despite the hot rhetoric, members of Congress didn’t feel that their seats were especially endangered. President Clinton was able to pass welfare reform in 1996, and he had a good chance of passing Medicare and Social Security reforms too until the impeachment debacle, Barone says.

Even after the divisive election of 2000, bipartisan coalition-building was possible. President George W. Bush enjoyed support from congressional Democrats on his 2001 tax cuts, the No Child

Left Behind education reform effort, the 2003 Medicare prescription drug bill, the invasion of Afghanistan, and the Iraq war (a vote many Democrats later came to regret).

But in 2005, the stable pattern of the prior decade fell apart when support for Republicans dropped sharply in the polls. President Bush’s plans for a comprehensive immigration reform bill, which enjoyed some Democratic support, died in the House because Speaker Dennis Hastert (R-Ill.), aware that many Republicans were at risk of losing their seats, refused to press the legislation. Then came the large Democratic majorities after the 2008 election, which removed incentives for bipartisan collaboration. President Barack Obama’s stimulus package, health care legislation, and financial reform all passed with little, if any, Republican support.

The upheaval in the 2010 election, in which Republicans took control of the House, makes it plain “that major legislation addressing long-term problems will have to have bipartisan support to pass.” But because the electorate has been so volatile, Barone thinks it will be difficult for legislators to overcome their fears and make headway on the deficit, entitlement reform, and immigration.

It’s a vicious cycle, Barone observes. “Why are voters so willing to ‘throw out the bums’? Because they think they can’t get much of anything done. Why can’t they get much of anything

done? Because they’re afraid that bipartisan compromise will get them thrown out of office.”

POLITICS & GOVERNMENT

Disaster Management 101

THE SOURCE: “Our Responder in Chief”
by Patrick S. Roberts, in *National Affairs*,
Fall 2010.

WHEN HURRICANE KATRINA pummeled New Orleans in 2005, Americans looked to the White House to handle the crisis. Not long ago this would have seemed odd. Only in the last 60 years, with the advent of executive agencies responsible for national security, has the president become the go-to official for disaster response. Patrick S. Roberts, an assistant professor of public administration at Virginia Tech, warns that the “fixation on the White House badly distorts the way America thinks about and prepares for major disasters.”

For most of the Republic’s history, federal assistance to disaster-stricken communities took the form of one-off congressional appropriations. The first of these came in 1803, when much of Portsmouth, New Hampshire, was destroyed in a fire. Congress provided a temporary waiver of tariffs to residents in hopes of attracting investment to rebuild the city. As a later instance shows, federal intervention could also be ad hoc: When Army troops helped restore order in the aftermath of the 1906 earthquake in San Francisco, they did so “informally,” with no instructions from Washington.

It wasn't until the Great Depression that the federal government formalized its role. The Reconstruction Finance Corporation, created in 1932 to spur investment and lending, was also tasked with disbursing federal money for disaster relief. But it was the Cold War that really drew Washington into dealing with the aftermath of disasters. Agencies such as the Federal Civil Defense Administration were created to help the country in case of nuclear war, but, in part thanks to pressure from state and local governments, they soon became key instruments in responding to natural disasters.

In 1979, Congress created the

Federal Emergency Management Agency, consolidating the various disaster-response programs spread throughout the government. In 2003, FEMA was brought under the aegis of the Department of Homeland Security. Even so, FEMA is not chiefly a hands-on agency; 90 percent of its \$10 billion budget is consumed by grants to state and local governments and to individuals.

The money pot, along with increased media coverage, has changed the politics of disaster. In the past, localities tried to downplay the damage they suffered because they feared driving away potential investors and residents. Today, state and local governments have every

reason to hope that hurricanes, fires, and floods look terrible on television. The 1988 Stafford Act guarantees that the federal government will cover a minimum of 75 percent of the response and recovery costs in presidentially declared disaster areas. Presidents have made more than a thousand such declarations.

It's time for the White House to back off from disaster management, Roberts argues. The federal government should focus on preventing disasters in the first place by redirecting subsidies to steer development away from flood-prone areas, for example, and should encourage state and local officials to ramp up their disaster-prevention efforts.

SOCIETY

Getting High in Portugal

THE SOURCE: "What Can We Learn From the Portuguese Decriminalization of Illicit Drugs?" by Caitlin Elizabeth Hughes and Alex Stevens, in *The British Journal of Criminology*, Nov. 2010.

DRUG DECRIMINALIZATION IS a topic almost too hot to handle in the United States, but Portugal quietly took the plunge 10 years ago. Since then, overall drug use has increased slightly, but the prevalence of "problematic" (e.g., intravenous) drug use is estimated to have declined, report Australian drug policy researchers Caitlin Elizabeth Hughes and Alex Stevens.

Portugal's decriminalization policy was a response to growing concern in the 1980s and '90s about the spread

of diseases such as HIV/AIDS, tuberculosis, and hepatitis B and C among users of heroin and other intravenous drugs. Drug use rates in Portugal, a land of 11 million people, have historically been pretty low. In 2001, fewer than eight percent of Portuguese 15-to-64-year-olds admitted to ever having used an illegal drug, compared with about a third of Britons. Yet by 1999 Portugal's rate of drug-related AIDS was the highest in the European Union. Since the policy went into effect, the prevalence of drug users thought to be injecting drugs has declined from 3.5 per 1,000 people to 2.0.

Because of the concern about drug-related diseases, a key

rationale for decriminalization was to provide "a more health-oriented response." The number of users enrolled in drug treatment programs increased by around 60 percent between 1998 and 2008, from a little under 24,000 to more than 38,000.

The greatest success has been in reductions in drug-related mortality, HIV, hepatitis C, and tuberculosis. In particular, there has been a large reduction in opiate-related (i.e., heroin-related) deaths, likely because more heroin addicts are receiving treatment. And the number of HIV/AIDS diagnoses among drug users has declined substantially, from 1,413 in 2000 to just 375 in 2008.

Portugal stands out not because of decriminalization—other nations have done that—but because of its emphasis on treating addiction, which seems to have produced an Iberian success story.