

The Spirits of Reform Past:

How the Ghosts of Clinton Era Public Opinion
Haunt Obama Health Reform

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Prepared for Presentation at New Directions in American Health Care:
Innovations from Home and Abroad, Hofstra University, March 11-12, 2010.

The apparent failure of President Barack Obama and congressional Democrats to pass comprehensive health reform is a devastating political setback. Incomprehensible to many Democrats is that fact that in 2009 the environment appeared particularly auspicious to such an effort. Indeed, compared to the most recent period when Democrats attempted to pass health reform, the early Clinton years of 1993 and 1994, circumstances in 2009 were arguably more conducive comprehensive legislation. First, there was the health care “crisis.” Health care costs had continued to accelerate beyond the rate of general inflation, by 2009 accounting for 17 percent of the nation’s GDP. Additionally, the deep recession beginning in 2008 would likely only exacerbate the percentage of uninsured Americans, approximately 16 percent in 2008. Second, the political circumstances: Obama had discussed health reform extensively during his presidential campaign. He had won over 50 percent of the popular vote, an achievement that eluded Clinton in 1992 and 1996, and his popularity at the top of the ticket was responsible for the election of increased and overwhelming Democratic majorities in the House and Senate (now filibuster-proof). Equally important, Obama was intent on avoiding the mistakes that had undermined the Clinton effort. He appointed a veteran of that administration, Rahm Emanuel, his chief of staff and according to one account “methodically assembled the most Congress-centric administration in modern history” (Bai 2009). Instead of proposing a comprehensive plan as had Clinton, Obama set out only general principles and permitted Congress to develop detailed legislation. As the legislative process progressed, Obama took to the bully pulpit, prodding Congress forward while Emanuel served as a trouble shooter, brokering compromises when necessary.

Given the favorable policy and political environment, why then has the current effort ended in apparent disaster? The argument here is that Obama's effort was felled by the same defect that undermined Clinton's a decade and a half earlier, namely the failure to understand a number of fundamental beliefs held by the public with respect to health care. One finds extraordinary consistency between public opinion before, during and after the introduction of each plan. Detailed below are the extraordinary similarities between Americans' perceptions of virtually every aspect of health care, from personal health insurance to the proposed reforms themselves, during the periods of the Clinton and Obama initiatives. The failure of health reform advocates to understand, much less surmount, these public perceptions provides an important part of the explanation for their failure to enact comprehensive legislation.

The parallels between public opinion surrounding the Clinton reform effort and Obama's are striking. **First, both plans developed in an environment in which most people believed health reform was necessary but were satisfied with their health insurance.** Support for a dramatic overhaul of the American health care system increased slowly during the 1980s before accelerating dramatically during the economic downturn between 1989 and 1991 (Hacker 1997, 18-20, Jacobs and Shapiro 2000, 223-224). By 1993, 55 percent of Americans in one poll supported an "overhaul of the entire system" while another found 79 percent agreeing that "we are headed for a crisis in the health care system" (Yankelovich 1996, 76). At the same time, however, the overwhelming majority reported "satisfaction with the care they and their family received" (Ibid.). Notably these levels of satisfaction remained "extraordinarily high and stable

over time” (Jacobs and Shapiro 2000, 237). From 1978 to the early 1990s “between 80 and 90 percent of survey respondents expressed satisfaction with their medical care, the explanations offered by doctors and a host of other aspects of their experience” (Jacobs and Shapiro 2000, 237-238).

Recent surveys conducted are remarkably consistent with earlier ones from the Clinton era. With respect to perceptions of the American health care system, 90 percent of Americans continue to agree that it should be “completely rebuilt” or requires “fundamental changes” (Jacobs 2008, 1881). Additionally, since 1990 large majorities of Americans, typically about 70 percent, agree the system is in “a state of crisis” or has “major problems” with the percentage responding affirmatively, increasing to 81 percent in November, 2007 (Ibid).

However, just as they had more than a decade earlier, large majorities of Americans expressed satisfaction with their personal health coverage and medical care. A September, 2009 survey found 73 percent of Americans rating their health care coverage “good” or “excellent” (Kaiser Family Foundation 2009b, 2). Further, among Americans with insurance, satisfaction was even higher, with 90 percent providing either response. The insured also claimed to be pleased with specific aspects of their coverage, with over 85 percent claiming to be at least “somewhat satisfied” with their choice of doctors, quality of care received, number and kind of treatments covered and the amount of paperwork and phone calls required to manage coverage (Ibid).

Second, a majority of Americans believed that providing health care to those without it should be a key component of health care reform. However, universal coverage was a secondary priority. What concerned Americans most were rising costs of personal health care, specifically those associated with insurance premiums, deductibles and the ability to

pay for expenses associated with major illnesses. During 1993 and 1994 Americans overwhelmingly supported the principle of universal coverage as a key component of health reform. Following Clinton's State of the Union Address, almost three quarters of those polled agreed that the president should veto legislation that failed to guaranteed universal coverage even if it would otherwise improve the nation's health system (Shick 1995, 233). Even as support for the Clinton plan declined, approximately 80 percent of Americans continued to support the principle of universal coverage (Shick, 1995, 233-234). At the same time, most Americans believed that curbing rising health care costs should be the chief priority of health reform. For example, a 1993 Gallup poll found that 74 percent of Americans named rising costs as the "main problem facing health care in the US today." By comparison, only eight percent of Americans cited problems with access (Yankelovich 1996, 76). Moreover, to many Americans, concerns about rising health care costs were closely related to personal costs. One survey, for example, "found that almost two thirds of Americans feel 'the cost of the medical care (they) receive is unreasonable'" (Yankelovich 1996, 77).

Similarly, in 2009, 74 percent of Americans believed that "finding a way to provide health insurance coverage to all Americans" was "very important" as a goal of health care reform (Kaiser Family Foundation 2009a, 6). However, as in the 1993-1994 period Americans viewed controlling health care costs as a distinctly higher priority. Asked in September, 2008 to choose their top health care priority for the next president 45 percent of Americans selected "affordability" while only 22 percent chose "expanding health insurance coverage for the uninsured" (Blendon et. al. 2009, 2053, 2058). Again, when Americans worried about affordability, many likely meant the cost of their own health care. According to a 2009 survey,

two-thirds of Americans with health insurance “worried about having to pay more for their health care health insurance” while more than 40 percent reported having delayed or skipped medical care due to cost or worried they might have health care needs their insurance wouldn’t pay for (Kaiser Family Foundation September 2009b, 3).

Third, to many Americans, the major problems with the American health care system stem from waste and greed. Reform, to many, means first and foremost addressing these defects rather than, for example, curbing access to potentially expensive medical treatments. Asked in the early 1990s to list the factors contributing to high health care costs, the public cited “waste, greed, fraud, profiteering and malpractice” (Blandon et al. 1993, 2754-2755). A 1992 poll by the Roper Center asking “what most needs to be done to cure rising health care costs” found 77 percent of Americans citing “the need to cut waste, high profits and fraud” (Blendon et. Al. 1993, 2755). By contrast, only 20 percent chose the alternative: “need to limit health care available to the average person.” Yankelovich (1996, 77) summarizes: “Since most Americans attribute the rising costs of health care to waste, greed, fraud and inefficiency, they assume that the money saved from curbing such venality and waste will fully pay for health care benefits.” More than a decade after the demise of the Clinton plan Americans’ perceptions of the causes of the problem remained the same. A 2005 survey asked Americans to cite “very important” factors “in causing higher care costs.” The three most frequently given responses were “high profits made by drug and insurance companies” (71 percent); “number of malpractice lawsuits” (58 percent); and “amount of greed and waste that occurs in the health care system” (59 percent) (*USA Today*, et. al. 2005, Chart 26). By contrast, the public ranked other systemic factors as less important. These included “aging of the population” (50 percent); use of expensive, high-tech

medical equipment and drugs” (46 percent); and “people having too little incentive to look for lower cost doctors and services” (34 percent).

Fourth, while Americans believe that the federal government should guarantee health care for all citizens, their support waivers when presented with the potential costs of providing it. Americans display little willingness to pay higher taxes or tolerate diminished access to

health care in order to achieve this goal. In 1991, 80 percent of Americans agreed that “government should be responsible for medical care for people who can’t afford it,” a percentage virtually identical to the response given more than five decades earlier (Yankelovich 1996, 75).

Asked whether “government should guarantee health care for all Americans” or whether it “isn’t the responsibility of government” roughly 60 to 65 percent of Americans agreed with the former in surveys taken between 1993 and 2007 (Kaiser Family Foundation 2008, p. 10). Additionally, in a 2008 survey, 63 percent supported the US government guaranteeing health insurance even if it means raising taxes” (Ibid).

However, surveys consistently show that support for universal health care declines significantly when Americans are confronted with the potential personal costs of providing it. A 1993 survey found that “Even an increase of \$30 a month in premiums or taxes failed to win majority support.” (Blendon 1994, 283). Similarly, a 2009 study found that “tax increases sufficient to pay for expanding coverage even to one quarter of the uninsured were simply too large to attract majority support” (Kessler and Brady 2009). Support for health reform during both periods also declined significantly when Americans were presented with the possibility that such measures would limit their choice of doctors and hospitals or create waiting lists for health care (Blendon 1994, 280; Kaiser Family Foundation 2008, 15). For example, a 2008 Kaiser survey found that

even among the 49 percent of Americans who supported a universal health care program, one quarter or less said they would continue to support it if it meant “waiting lists for non-emergency treatments,” “limited your choice of doctors.” or “meant that some medical treatments that are currently covered by insurance are no longer covered.”

Fifth, both the Clinton and Obama initiatives, initially popular, lost support over months of public debate and proved particularly unpopular among older Americans. Additionally, while the majority of Americans claimed to be interested in health reform many admitted they did not understand the public debate. Between September, 1993 when President Clinton formally unveiled his Health Security Plan and April, 1994 support declined from 59 percent to 43 percent (Blendon et. al. 1995, 10). While support declined among virtually every demographic group during this period it was most precipitous among those 65 and older, falling from 62 percent to 37 percent.

Additionally, only a small minority professed to understand the plan and this percentage actually declined as the debate continued. Between September and November, 1993 the percentage of Americans saying that they knew a lot about Clinton’s proposal dropped from 21 to 13 percent. Further, reports Yankelovich (1996, 79), “By August, 1994 a Harris poll showed only 13 to 15 percent of Americans felt they were very well informed about the debate and how the various proposals for reform would help them and their families.” Low levels of public understanding were also reflected in surveys that asked factual questions about health reform (Blendon et. al. 1994, 280-281). During the debate over the Clinton plan, less than one quarter of recipients said they knew the meaning of terms such as *pay or play*, *managed competition*, or *single payer*.

Fifty-nine percent also said they knew “not too much” or “nothing” about the Canadian health care system.

During 2009, public opinion regarding health reform followed a similar pattern with support declining (although not as precipitously as during the 1993-1994 period) and opposition steadily increasing. While Americans supported health reform in June, 2009 by a 42 to 36 percent margin by February, 2010 they opposed it 52 to 42 percent (Pollster.com 2010). As in the case of the Clinton health plan, support was particularly low among the elderly, with only 23 percent supporting health reform in December, 2009 (Pew, 2009a, 14). Between June and October, 2009 Americans were engaged in the health care reform debate with large majorities believing it to be important (91 to 93 percent), interesting (71 to 72 percent), and that its outcome would affect them personally (73 to 78 percent) (Pew 2009b, 2). However, throughout this period, the percentage of Americans who said the debate was hard to understand outnumbered those believing it easy to understand by a margin of nearly two to one (Ibid.).

Sixth, public support for both plans was closely related to assessments of whether one would benefit personally. According to Blendon et. al.’s (1995, 12) analysis of public opinion of the Clinton plan: “Support for reform plummeted if Americans heard that reform would require rationing, would reduce the quality of care most persons received or would require more than a modest tax increase.” For example, a 1994 CBS/*New York Times* poll found that 55 percent of the public worried that the quality of their own health care would decline if health insurance was provided to everyone. This survey and others would lead Yankelovich (1995, 81) to conclude: “Whether or not reform is seen to add to personal costs is the single most important predictor of lack of public support.”

Fifteen years later, public opinion regarding health reform remained closely linked to assessments of how it would affect one personally. In December, 2009, a Pew research poll found that among the plurality (48 percent) of Americans opposed to health reform, 70 percent cited the fear that their own health care would suffer as a major reason for opposition (Pew 2009a, 15). A *Washington Post*/ABC News poll (2009, 3) taken the same month found 50 percent of respondents agreeing that the “quality of care you receive will get better” if “the current system is left as it is now.” By contrast, only 37 percent believed that the quality of their care would improve if the changes became law. These findings proved particularly problematic because as the health care reform debate continued during 2009 increasing percentages of Americans came to believe that they would be worse off were Congress to enact legislation. Between February, 2009 and January, 2010, a Kaiser Family Foundation (2010, 2) tracking poll found that the percentage of Americans believing health reform would make them worse off increased from 11 percent to 33 percent, while those believing they would be better off declined from 43 to 32 percent. Also notable is the fact that in December an additional 29 percent believed the proposal wouldn’t make any difference to them or their families. Thus, 62 percent did not believe they would benefit personally from the passage of health reform.

Seventh, opposition to both initiatives also occurred in an environment of significant public mistrust of government and the belief that they would lead to increased budget deficits. A survey in March, 1993 found only 23 percent of Americans believing they could trust the government to “do the right thing” either “just about always” or “most of the time” (Blendon et. al. 1995, 12). In such an environment the public was skeptical of Clinton’s argument that his plan could be paid for largely through savings wrung from an inefficient health care system.

Three quarters of Americans “expected such savings would not be enough and that some tax increase would be required” (Blendon et. al. 1995, 16).

By 2009, little had changed. A *New York Times*/CBS News (2009, 7) survey from June found that only 20 percent of Americans believed they could trust the government to do what is right “just about always” or “most of the time.” Further, among the plurality opposed to health reform in 2009, “too much government involvement” and “too expensive” were the most frequently cited reasons for opposition (Pew 2009a, 15). Despite president Obama’s frequent assurances that health reform would pay for itself, a January, 2010 survey found that 60 percent of Americans believed it would increase the deficit (Kaiser 2010, 3).

Discussion

More than fifteen years after the demise of the Clinton plan, the fundamentals of public opinion regarding American health care and reform remain virtually unchanged. Americans are satisfied with their health insurance arrangements at the same time many believe the system is in crisis or requires a dramatic overhaul. While they are concerned about the uninsured, their chief priority is the rapidly rising cost of their own health care. The main remedy they favor involves eliminating waste and reigning in greed by providers, insurers and lawyers. Such measures, the public believes, lower the cost of health care without compromising access to quality medical care that many enjoy. Reduction in waste and greed could also finance health care for the uninsured. If asked to pay for universal health care through increased taxes most Americans balk, believing such alternatives should be, at most, a last resort after inefficiencies are wrung from the system.

Given these predispositions, the public is initially supportive of health reform proposed by the president who promises coverage for the uninsured, lower costs and improved quality of care with seemingly no sacrifice required of anyone except, say, greedy insurers, pharmaceutical companies, providers and employers. As the debate develops, Americans become increasingly suspicious that health reform is a zero sum game and, indeed, may affect them adversely.

Opposition to reform begins to rise as they come to believe that it may compromise the quality of care they receive. They also remain skeptical that universal health care can be accomplished inexpensively without higher taxes or increased deficit spending. Throughout this process, public trust in government is further undermined by stories of backroom deals between politicians and special interests. Within several months, public opinion solidifies against health reform and nothing the president says or does can change it. Fearing political repercussions even representatives and senators personally sympathetic to the plan distance themselves from the issue or oppose reform.

Now, as another attempt to pass comprehensive health reform ends in apparent political disaster, the post mortems have begun. They ask how savvy politicians yet again failed to deliver legislation addressing what they believe is the most urgent priority facing the nation. Many explanations will, no doubt, cite some combination of the following: President Obama's lack of leadership; moderate Democrats who are insufficiently progressive; institutional obstacles such as the filibuster which make forging consensus exceedingly difficult; and the current recession for creating rising federal deficits that make health care reform appear unaffordable.

However, even if one or more of these variables were absent or more favorable and health reform had become law, it is arguable that the measure would have remained unpopular because it failed to address Americans' core beliefs. At least part of the explanation for Democrats' willful misreading of public opinion or ignorance of it appears attributable to simple arrogance. In both 1993 and 2009, Democrats were intent on imposing their versions of health reform on Americans whether they wanted them or not. Legitimate criticism regarding their cost or concerns that their passage would compromise existing health arrangements that many Americans liked were dismissed as delusions or falsehoods propagated by the far right or special interests. Democrats believed that if only Clinton or Obama could simply explain their plans, the public would eventually come to its senses. On both occasions, however, the public the public remained unpersuaded. Indeed, as Democrats ratcheted up their efforts to educate the public-Obama would make 52 statements or addresses emphasizing health care in 2009 - opposition only increased.

Interestingly, it is an assiduously non-partisan expert on public opinion, Daniel Yankelovich (1996, 82-83), whose analysis of the failure of the Clinton reforms appears to presage the fate of Obama's. The failure to pass the former, he writes, "rests with the one-way, top-down model of communication that is part and parcel of our culture." It assumes "that the public is *tabula rasa* on which one can write whatever message one wishes to convey. In fact, people come to an issue like health care armed with a lifetime of prejudices, convictions, personal experience, information and misinformation." Yankelovich argues that forging a consensus on issues as complex as health reform may require years of dialogue between the public and political leaders as the former come to understand the trade offs involved in reform and the latter, the limits of

what the public will accept. Certainly one can criticize Yankelovich's ideas as hopelessly utopian, particularly in an age of hyper-partisanship and culture war. Presidents simply may not have the political capital to carry out a dialogue that lasts for years. Yankelovich's argument may also overstate the degree to which process is more important than policy content. However, given the inattention or indifference to public opinion exhibited by health care reform advocates in both 1993 and 2009, more attention to such matters would seem to be a necessity. Otherwise, future health reform efforts are likely to remain haunted by the same ghosts that haunt the current Obama plan.

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