
DataWatch

Public Opinion's Tilt Against Private Enterprise

by Lawrence R. Jacobs and Robert Y. Shapiro

Abstract: Drawing on hundreds of identically worded questions, this DataWatch finds that Americans now feel genuine concern for the health status of other people. This is a dramatic development in a country that has encouraged individuals to isolate themselves. The second finding is that necessity has pushed Americans into grudgingly accepting government taxation and regulation as the most feasible way to provide what is by now an expected benefit: secure access to essential health care. Evidence of Americans' concerns and of the tilt away from laissez-faire commitments challenges two of the most sacred conventional assumptions about public opinion in the United States.

Private enterprise in the United States has enjoyed remarkable moral and political support because public opinion historically has embraced two of its core principles: individual pursuit of self-interest and limited government intervention in market operations.¹ A similar pattern has been evident in the health care system. Public opinion on the delivery and financing of health care has favored the business principles of individualism and laissez-faire economics. This support has now been replaced by unprecedented public interest in major health care reform and in abandoning traditional business principles.

Profound changes in the health care system have prompted this erosion of public support for private enterprise. Over the past four decades tax incentives, government subsidies, and business practices all have encouraged firms to establish an occupational welfare state in which employees and their dependents have become entitled to such generous benefits as comprehensive health insurance. The recessions of the early 1980s and 1990s) however, have compelled businesses to scale back the occupational welfare state and to reevaluate their benefit packages.² Business's efforts to control costs and remain competitive have led to a reorganization of health care with managed care replacing conventional indemnity health coverage and medical benefits being reduced by larger firms and dropped by many small businesses. For the average American, these changes have translated into a familiar tale of increased uncertainty and hardship. By 1990 the reduction of benefits had prompted 55 percent of strikers to hit the picket

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lines just to hold onto their health care benefits.

In this DataWatch we examine public opinion on two core business principles as they apply to the health care system: individualism and Americans' preoccupation with their personal circumstances, and the belief in limited government involvement in personal and business affairs. Our analysis identifies a marked tilt away from these two pillars of the private enterprise system. Americans now feel a genuine concern for the health status of others and, moreover, are willing to accept (although not without misgivings) government activism as the most feasible way to provide what are now expected benefits. Economic dislocations of the past decade have shaken Americans' confidence in the private enterprise system and in the viability of individualism and laissez-faire economics for health care.

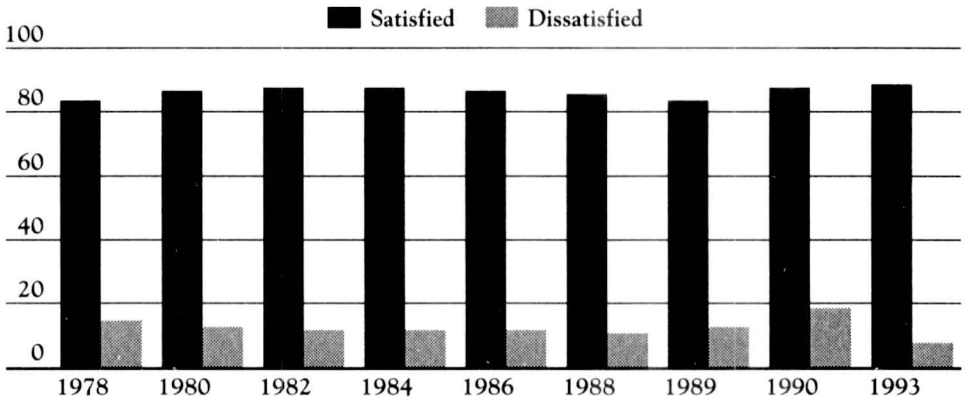
We base our analysis on a historical approach to studying public opinion, which identifies the patterns and trends of Americans' responses to identically worded questions asked in national opinion surveys. This approach makes it possible to see differences from past perceptions, attitudes, and policy preferences.³ Typically, public opinion analysis relies on separate "snapshots" provided by individual surveys that use differently worded questions. While useful for some purposes, this approach is ill suited for tracking genuine shifts in public sentiments because survey respondents are influenced by even slight changes in wording. Our analysis of patterns and changes in public opinion is based on a comprehensive set of identically worded questions on health care; altogether, we have examined responses to more than a thousand survey items since the 1970s.⁴

From Self-Interest To Collective Interest

The private enterprise system is based on the assumption that individuals should fend for themselves and should enjoy maximum freedom to pursue their self-interest. The public's embrace of self-interest also has been evident in health care. Trend data over the past three decades indicate that Americans' evaluation of their personal treatment by health care providers has been consistently positive (Exhibits 1 and 2).⁵ It is not surprising, then, that prior to the mid-1980s Americans rarely ranked health care reform high on their policy-making agendas. Between the mid-1960s and mid-1980s the public failed to rank medical care and health as among the nation's "most important problems."⁶ Instead, the public apparently focused on their individual experiences with medical treatment and expressed steady, positive evaluations of it. Neither political leaders nor events (reported through the media) persistently prodded the public to look beyond their own circumstances and consider other people's difficulties.

The recent economic downturns and reduction of occupational benefits,

Exhibit 1
Personal Satisfaction With Physician Care, 1978-1993

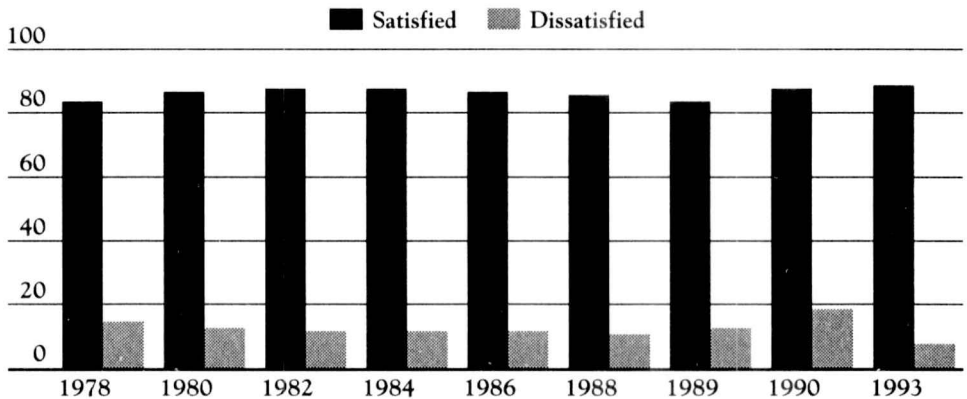


Sources: For 1978-1990 data, Health Insurance Association of America (HIAA), Monitoring the Attitudes of the Public (MAP) surveys, various years; for 1993, Marttila and Kiley poll, 18-25 March 1993.

Note: The survey question read as follows: "People consider a number of things when they think of health care. Please tell me whether you are very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied with the quality of care you (and your family) receive from doctors."

however, have undermined public confidence in the existing health care system and have fueled unprecedented support for far-reaching reform. During the late 1980s health care rose to near the top of the public's policy agenda; only pressing economic concerns ranked higher.⁷ More significantly, more than nine out of ten Americans favored fundamental change or a complete rebuilding of the health system. What stands out is the

Exhibit 2
Personal Satisfaction With Hospital Care, 1978-1993



Sources: For 1978-1990 data, Health Insurance Association of America (HIAA), Monitoring the Attitudes of the Public (MAP) surveys, various years; for 1993, Marttila and Kiley poll, 18-25 March 1993.

Note: Survey question read as in Exhibit 1, substituting hospitals for doctors.

change in opinion: The proportion feeling that the health system needs to be completely rebuilt more than doubled between 1987 and 1991 (from 19 percent to 42 percent) and has now stabilized at the 42 percent level—far above the previous high of 28 percent during the 1981-1982 recession.

This remarkable reformist zeal cannot be explained by Americans' disenchantment with their personal care. Rather, it is partly explained by Americans' anxiety over whether they could personally afford health care. Our compilation of trend data reveals that about half of respondents report difficulty in or anxiety about paying for the cost of medical care, a major illness, or health insurance; as few as one-third of Americans are confident that they can afford long-term care. Further, since 1990 people's confidence in their ability to pay for treatment of a major illness and for long-term care has declined—no doubt as a result of the recent recessions. A spate of separate polls confirm this pattern: 45 percent report that their health insurers require them to pay more of their medical expenses, and 6.5 percent worry about not having enough money to foot these bills. The consequence of recent harsh times is that 20 percent of families have a member who is locked into his or her job to maintain health benefits.

What stands out as an explanation for Americans' recent reformist bent is empathy for others' health conditions. This is evident in the disjuncture between the public's contentment regarding their personal care and the public's dissatisfaction with the quality and accessibility of care available to others. Four-fifths of Americans felt that their personal doctor explains things well and spends enough time with them; but when the public looked beyond their own experiences, only half as many agreed that other patients enjoyed this kind of high-quality treatment (Exhibit 3). In addition, while just 10 percent reported losing faith in their own doctor, 70 percent fretted that other people's faith in physicians has been shaken. An all-time high of 69 percent believed that other people's doctors are too interested in making money; this level of suspicion is more than three times higher than when respondents commented on their own doctor's conduct. Substantial majorities also worry that the elderly and the poor fail to get needed medical care.⁹

These and other trends reflect a general pattern: increasing pessimism about health care across America. This is unlikely to abate not only because of the persistence of personal and national problems but also because the media and the Clinton administration are likely to continue to frame the issue as a problem affecting many Americans, not narrow subsets of the population.¹⁰ Indeed, it was apparently the public's national concerns that contributed to its favorable evaluations of the president's recently unveiled health plan: Americans expect less freedom of choice, longer waits, and higher costs for themselves but nonetheless conclude that other people will get a better deal under the proposed plan.

Exhibit 3

Public's Concern With Health Care Experiences Of Others, Percentage In Agreement With Various Statements, 1982-1993

Public opinion	1982	1983	1984	1985	1986	1987	1988	1989	1991	1993
Doctors usually explain things well to their patients	55%	49%	44%	50%	44%	45%	— ^a	43%	42%	45%
Doctors are too interested in making money	60	66	67	62	— ^a	56	— ^a	67	63	69
Doctors act like they are better than other people	33	35	38	42	— ^a	— ^a	35%	— ^a	38	44
Most doctors spend enough time with their patients	46	38	34	41	— ^a	36	— ^a	29	31	31
People are beginning to lose faith in doctors	62	66	68	64	64	— ^a	— ^a	— ^a	69	70

Source: American Medical Association, "Public Opinion on Health Care Issues," May 1993.

Note: Data for 1990 and 1992 are unavailable.

^a Not available.

Evidence of Americans' concern with the national good also has been reported in survey research on policy areas outside of health care. Concern with the country's collective interest explains why Social Security enjoys broad support among all age groups, not just the retired.¹¹ Moreover, research on elections suggests that while economic considerations are decisive influences on voters, it is not personal pocketbook concerns that dominate. Instead, voters' choices have been based primarily on their assessment of economic conditions facing society as a whole.¹² The conventional wisdom, then, that portrays the individual American as self-absorbed and uninterested in the condition of others is outdated. The critical question is whether Americans' national concerns lead them to challenge the other pillar of the private enterprise system: the belief that government should not interfere with individual efforts to look after oneself.

The New Acceptance Of Government Activism

The private enterprise system traditionally has rested on the belief that the marketplace works best when it is left unhindered. Government intervention is expected to accomplish little except to penalize the self-reliant and industrious-through increased taxation-and to reward the unsuccessful. Health care providers have similarly embraced laissez-faire values. For instance, during the debate over the original Medicare legislation in the early 1960s providers criticized reform proposals for threatening to impose

“a government-controlled and compulsory system.”¹³ In particular, the opponents of reform dismissed the idea that health care is “a matter of basic right” and that “everyone is entitled to good health by an agency of the Federal Government;” government intervention in financing care for the elderly was expected to “destroy the concept of individual and family responsibility . . . [which forms] what we call the moral fiber.”¹⁴

An enormous body of research confirms that public opinion historically has accepted the traditional business values of limited government and maximum autonomy for the operation of the private enterprise system. Recent public opinion regarding health care, however, departs from traditional *laissez-faire* values in two ways. First, most Americans reject the creed of self-reliant individualism—namely, that health care (like other economic and social benefits) ought to be distributed according to what a person’s talent and effort can fetch in the private market. Today the public assumes that because health care is a basic necessity of human life, all Americans are entitled to it. This egalitarian impulse is evident in the recent noticeable increase in support for the government stepping in and guaranteeing everyone health insurance: Four recent surveys consistently found that six out of ten Americans “think the federal government should provide health insurance to all Americans.”¹⁵ A separate poll found that 77 percent of Americans explicitly rejected the idea of apportioning health care according to ability to pay and instead prefer that everyone receive the same amount and quality of care.¹⁶ In short, the public now rejects the traditional business principle that one’s success in the marketplace should determine the health care benefits that one receives.

The second (and related) departure is that Americans accept (with reservations) increased government activism to achieve more efficient and equitable provision of health care. Americans undoubtedly continue to favor private-sector arrangements that are familiar and viable over new government initiatives. The unraveling of the occupational welfare state, however, has eroded the public’s *laissez-faire* conviction that individuals should take care of themselves; although the public has misgivings about Washington’s capabilities, it is willing to consider and to grudgingly accept increased government activism as the most feasible means for reforming the health system. The tempering of Americans’ anti-statism is evident in public opinion toward taxation and regulation.

Taxation. Perhaps the most revealing evidence regarding Americans’ attitudes toward government activism involves public opinion on the generation and use of government revenues.

Exhibit 4 shows the weak position of *laissez-faire* principles among Americans. In 1993 only 15 percent of the public held the traditional view associated with individual self-reliance—that each person should take care

Exhibit 4
Public Support For Government Intervention To Address Rising Health Costs

	Are government or individuals responsible to pay health care bills?									
	1975	1983	1984	1986	1987	1988	1989	1990	1991	1993
Strongly agree that government is responsible	36%	26%	24%	28%	26%	27%	30%	30%	32%	28%
Agree that government is responsible	13	19	19	20	20	22	22	26	25	22
Agree with both answers	29	32	35	32	35	35	30	30	27	32
Agree that people should care for themselves	8	10	12	11	9	9	8	7	9	9
Strongly agree that people should care for themselves	13	10	8	6	8	6	7	4	6	6

Source: L. Jacobs et al., "Poll Trends: Medical Care in the United States—An Update," *Public Opinion Quarterly* (Fall 1993): 394-427.

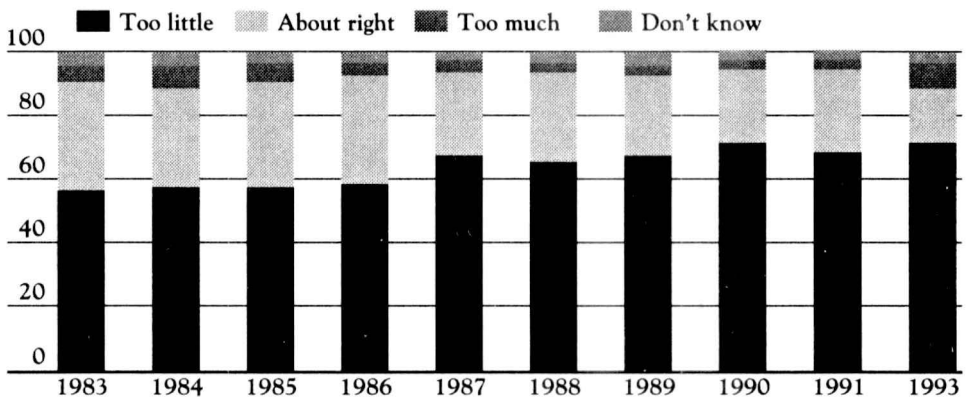
Note: The survey question read as follows: "In general, some people think that it is the responsibility of the government in Washington to see to it that people have help in paying for doctors and hospital bills. Others think that these matters are not the responsibility of the federal government and that people should take care of these things themselves. Where would you put yourself on this scale or haven't you made up your mind on this?"

of paying for his or her own health care—while more than thrice that number looked to government to help pay providers. Moreover, the trend suggests that fewer Americans accept laissez-faire principles since the mid-1970s (21 percent in 1975 compared with 15 percent in 1993). Two recent Yankelovich surveys indicate that nearly two-thirds of Americans look to government to guarantee health care.¹⁷

Exhibit 5 indicates that Americans want more from government. More than a decade of surveys suggest that the public overwhelmingly agrees that the government spends too little on the nation's health care. Indeed, growing numbers of Americans accept this position: Between 1983 and 1987 public conviction that too little was spent rose by eleven percentage points to a record high, where it has remained remarkably stable.¹⁸ Significantly, these changes occurred during the 1980s, when the recession and the reorganization of the health care system were in full swing.

The critical question, though, is, Are people willing to put up their own money to pay for these preferences? The conventional wisdom is that Americans flat-out refuse to pay the necessary hike in taxes, that the public is logically inconsistent and fiscally irresponsible. Recent political battles over taxation—both Ronald Reagan's triumphs and George Bush's ill-fated "no new taxes" pledge—have firmly implanted the impression that Americans are unambiguously antitax. This impression feeds on opinion surveys such as those reporting that only 20 percent or less are willing to pay above a relatively small tax increase of \$200 for national health insurance.¹⁹

Exhibit 5
Public Opinion On Level Of Government Spending For Health, 1983-1993



Sources: National Opinion Research Center (NORC) General Social Surveys, various years.
Note: Roper Organization data for this period parallel these trends. For earlier periods, see R. Shapiro and J. Young, "The Polls: Medical Care in the United States," *Public Opinion Quarterly* 50 (1986): 418-428. The survey question read as follows: "We are faced with many problems in this country, none of which can be solved easily or inexpensively. I'm going to name some of these problems, and for each one I'd like you to tell me whether you think we're spending too much money on it, too little money, or about the right amount...on improving and protecting the nation's health?"

Public opinion toward taxation, however, is quite ambiguous. Three methodological and substantive reasons lead us to challenge the conventional assumption that Americans are unequivocally antitax. First, the polling results that purport to show that Americans oppose tax increases may be an artifact of the survey questions themselves. In the example just cited, a striking number of respondents (30-50 percent) had no answer. This extraordinary level of uncertainty may express Americans' difficulty in weighing tax hikes in the abstract. As information about benefits becomes more specific and abundant, the public's uncertainty and opposition regarding tax hikes is likely to drop. For instance, two March 1993 surveys suggested that when respondents are informed of the added benefits that tax hikes will finance, the proportion of respondents who were unsure plummeted to 8 percent or less, and support for more significant tax hikes-of \$40 per month-jumped to 41 percent.²⁰ Because Americans' attitudes toward tax hikes depend on whether they see concrete, specific gain, question wording about the content of new policies is critical.

Polling results also change when the questions mention possible savings to be accrued by avoiding future increases in insurance premiums and other costs. A spring 1993 survey reported that 67 percent were willing to pay additional taxes in exchange for comprehensive health care benefits and no copayments or deductibles.²¹ Moreover, two CBS/*New York Times* polls from early 1992 reported that among those favoring national health insur-

ance, a majority (53 percent and 54 percent, respectively) were willing to pay an additional \$1,000 a year in taxes if they would have no further health costs. (A 1993 CBS/*New York Times* poll elicited weaker support for the \$1,000 tax increase perhaps because of changes in question wording: instead of paying “no other costs for health insurance and health care,” respondents were only spared “premiums for basic health care coverage.”) In short, if Americans are given sufficient information, they may accept the necessity of paying more taxes for specific and needed health benefits.

Second, analysts of public opinion erroneously assume that respondents equate the financing of new government programs with taxes. If the public favors expanded benefits but no new tax hikes, it is reasoned, then respondents are ducking the hard choices about financing. In fact, evidence suggests that Americans look to sources other than taxes for additional funding. Susan Welch investigated precisely this in a survey of a midwestern state; she found that respondents preferred several alternatives—such as reallocating resources from other areas—to new taxes for financing increased spending.²² Indeed, current national data indicate that the public supports reallocation as a method for funding increased health care spending. In addition to reallocating funds from within the health sector itself, Americans are especially hopeful that in the post-Cold War era new funding can be reshuffled from the military budget, which now suffers from historically low levels of public support.²³

Another apparently nontax source of funding that the public favors is employer financing.²⁴ A half-dozen polls since June 1993 have found strong majority support for the proposal that the government require employers to provide health benefits for their employees.²⁵ The employer-mandate approach is attractive to Americans because it not only avoids an explicit tax but it also builds on familiar arrangements: The government’s intervention appears to preserve the occupational welfare state.

In short, most Americans are strategic about identifying new sources for funding health care programs; a simple comparison of Americans’ preferences toward taxing and spending fails to examine the full range of public attitudes toward financing new government programs.

The third reason for concluding that Americans are ambivalent toward taxes is suggested by extensive data concerning Americans’ attitudes toward paying for health care reform. The surveys in Exhibit 6 indicate that by January 1993 about two-thirds of the public had steadily supported tax-financed national health insurance; this support is ten points higher than it was a decade ago and has reached record levels. Moreover, public support for taxation is especially strong when it comes to levies on liquor and cigarette sales.²⁶ Recent surveys indicate, though, that support for tax-financed health reform has slipped to about 50 percent. These results

Exhibit 6
Public Support For Tax-Financed Health Reform, 1981-1993

CBS/New York Times: Do you favor or oppose national health insurance, which would be financed by tax money, paying for most forms of health care?

	April 1981	October 1990	June 1991	August 1991	January 1992	July 1992	January 1993
Favor	52%	64%	60%	54%	65%	66%	63%
Oppose	37	27	30	33	26	25	26
Don't know, no answer	11	8	10	12	9	9	11

ABC: Would you favor or oppose a program of National Health Insurance funded by an increase in taxes?

	July 1992	January 1993 ^a	March/April 1993=	June 1993
Favor	57%	57%	49%	45%
Oppose	40	35	44	52
Don't know	3	6	7	3

Would you favor or oppose additional taxes to pay for reforming and expanding health care in the United States?

	Gallup, February 1993	Gallup, March 1993	Princeton, April 1993	Princeton, June 1993
Favor	65%	50%	56%	48%
Oppose	32	47	37	47
Don't know/refused	3	3	7	5

Sources: R. Shapiro and J. Young, "The Polls: Medical Care in the United States," *Public Opinion Quarterly* 50 (1986): 418-428; and L. Jacobs et al., "Poll Trends: Medical Care in the United States—An Update," *Public Opinion Quarterly* (Fall 1993): 394-427.

^a Survey sponsored by Money magazine.

may reflect vague question wording—respondents are offered no specific benefits in return for paying more—as well as uncertainty about the details of the president’s proposed reforms.

Regulation. Americans continue to have misgivings about the appropriateness and effectiveness of using government to reform the health care system. Surveys repeatedly tap uneasiness regarding the impact of a vaguely defined “government-run national health insurance plan;” government involvement is expected to introduce undesirable trends in the cost of care, the quality of treatment, and the freedom of choice available.²⁷

The evidence suggests, however, that Americans’ attitudes toward governmental activism have shifted from strong laissez-faire anti-statism toward a more ambivalent position based on pragmatism. Exhibit 7 taps this ambivalence toward governmental activism: The public is split between leaving the private sector in charge and accepting explicit government control over the organization and delivery of health care. What is significant is the remarkable change in public opinion. Between 1990 and 1993

Exhibit 7
Public's Views On Alternatives For Regulating: Health Care

Public opinion	1990	1991	1992	1993
Pay higher taxes, have government be in charge	34%	37%	44%	46%
Pay more money out-of-pocket to private doctors and hospitals	60	55	52	49
Don't know/no answer	6	8	4	5

Source: American Medical Association, "Public Opinion on Health Care Issues," May 1993.

there was a steady twelve-percentage-point rise in support for putting the government in charge (from 34 percent to 46 percent).

As the purpose of Washington's intervention becomes more specific and concrete, the public's acceptance of government activism increases.²⁸ Americans' grudging acceptance of government regulation is especially evident in their receptiveness toward using price controls. Recent survey evidence indicates the highly lopsided support for government limits on the amounts charged by private health insurers, drug companies, doctors, and hospitals (Exhibit 8); the public also backs government controls to restrict increases in health spending—even if it means that some health services would be harder to obtain.²⁹ This support for government regulation is considerably stronger than public support in other policy areas for government wage/price controls, which hovers around 40-60 percent.³⁰ Finally, when Americans are given a direct choice between government price setting and provider competition as a method for controlling costs, 39

Exhibit 8
Public Support For Government Regulation, March 1993

Regulatory option	Strongly favor	Somewhat favor	Somewhat oppose	Strongly oppose	Not sure
Placing a limit on the prices of prescription drugs	68%	18%	6%	7%	1%
Placing a yearly limit on total private and government spending for all health care in the United States	26	31	19	18	7
Placing a limit on the rates that can be charged for health insurance	58	23	9	8	3
Placing a limit on the fees that can be charged by individual doctors and hospitals	58	24	9	8	2

Source: Marttila and Kiley poll, 18-25 March 1993.

Note: The question was worded as follows: "For each of the following four steps the government could take to regulate health care costs directly, please tell me whether you strongly favor, somewhat favor, somewhat oppose, or strongly oppose having the government take that particular step."

percent opt for a government approach, and 31 percent favor competition.³¹

A New Public Philosophy

The basic pressure for health reform—growing public expectations and shrinking occupational benefits—is unlikely to vanish. Americans want to preserve the health benefits that many employers have provided for decades. The problem is that Americans' expectation of comprehensive health benefits can no longer be provided reliably through the occupational welfare state. The collapse of the occupational welfare state has eroded the traditional counterforce to the development of universal government health insurance: public support for individualism and minimum government. The result is that a gap has opened between business's commitment to limited government and the public's acceptance of government interference with private enterprise in health care.

The public's acceptance of governmental activism is born of necessity, but Americans continue to harbor a lingering attachment to the abstract idea of laissez-faire. The implication, however, is that public opinion accepts government taxation and regulation for specific, pragmatic purposes that improve the health care system for all Americans.

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NOTES

1. L. Jacobs, *The Health of Nations: Public Opinion and the Making of American and British Health Policy* (Ithaca: Cornell University Press, 1993); and L. Jacobs, "The Health Reform Impasse: The Politics of American Ambivalence toward government," *Journal of Health Politics, Policy and Law* (Fall 1993): 629-655.
2. M. O'Connell, "Coming Unfringed: The Unraveling of Job-Based Entitlements," *The American Prospect* (Spring 1993): 55-63.
3. Generally, a change in public responses needs to be six percentage points or more before it is considered substantively and statistically significant. Three or four percentage point differences in the findings of separate polls are the normal result of sampling error and do not indicate real change in the opinion of the population. See B. Page and R. Shapiro, *The Rational Public: Fifty Years of Trends in Americans' Policy Preferences* (Chicago: University of Chicago Press, 1992), chapter 2.
4. For an earlier presentation of this data set, see L. Jacobs, R. Shapiro, and E. Schulman, "Poll Trends: Medical Care in the United States—An Update," *Public Opinion Quarterly* (Fall 1993): 394-427; and R. Shapiro and J. Young, "The Polls: Medical Care in the United States," *Public Opinion Quarterly* (Fall 1986): 418-428. For an example of broad historical study of public opinion, see Page and Shapiro, *The Rational Public*. Data

were assembled from the Roper database and other published sources.

5. J. Feldman, *The Dissemination of Health Information: A Case Study in Adult Learning* (Chicago: Aldine Publishing Company, 1966), 74-88.
6. According to Tom Smith's extensive studies of the Gallup "most important problem" question, medical care and health received only a passing mention as "miscellaneous issues"—typically receiving one or two percentage points at most. When questions asked about "family" or "personal problems" associated with health, then "health" was cited more frequently and was reported by Gallup as a separate item. But these questions focussed on illness and well-being and not on access, quality, or other policy aspects of health care. T. Smith, "The Polls: America's Most Important Problems, Part I: National and International," *Public Opinion Quarterly* (Summer 1985): 264-274; T. Smith, "The Polls: America's Most Important Problems, Part II: Regional, Community, and Personal," *Public Opinion Quarterly* (Fall 1985): 403-410; and T. Smith, "America's Most Important Problem—A Trend Analysis, 1946-1976," *Public Opinion Quarterly* (Summer 1980): 164-180.
7. M.D. Smith et al., "Taking the Public's Pulse on Health System Reform," *Health Affairs* (Summer 1992): 125-133.
8. Jacobs et al., "Poll Trends."
9. Ibid.
10. S. Iyengar, "Agenda Setting and Beyond: Television News and the Strength of Political Issues," in *Agenda Formation*, ed. W. Riker (Ann Arbor: University of Michigan Press, 1993), 21 1-29; and S. Iyengar, *Is Anyone Responsible? How Television Frames Political Issues* (Chicago: University of Chicago Press, 1991).
11. F.L. Cook and E. Barrett, *Support for the American Welfare State: The Views of Congress and the Public* (New York: Columbia University Press, 1992).
12. J. Citrin and D. Green, "The Self-Interest Motive in American Public Opinion," in *Research in Micropolitics: A Research Annual*, ed. S. Long (Greenwich, Conn.: JAI, 1990); and D. Kinder and D. R. Kiewiet, "Economic Discontent and Political Behavior," *American Journal of Political Science* 23 (1979): 495-527.
13. L. Larson, president, American Medical Association, testimony before the House Ways and Means Committee, 1961, 1439.
14. B. Alger, U.S. Congress, statement before the House Ways and Means Committee, 1961, 247, 1449.
15. Gallup polls, June 1989, June 1990, June 1992, and June 1993, sponsored by the Employee Benefit Research Institute.
16. EBRI poll, August 1992. The question was as follows: "Which statement do you tend to agree with most? Everyone should receive the same amount and quality of health care, whether or not they can pay for that care. Above a basic level of health care, those who can afford it should be permitted to buy the more expensive treatment, such as a heart or liver transplant, that might not be available to everyone." One-fifth of respondents chose the second option.
17. The question was the following: "Do you think health care is a right that should be guaranteed by the government, or that all people should pay for health care themselves?" In June 1993, 59 percent believed it was a right, and 28 percent thought that people should pay for themselves; the respective figures for the April 1993 surveys were 62 percent and 27 percent.
18. Fluctuations in public responses after 1987 were not statistically significant.
19. *Los Angeles Times* poll, 1990; and Gallup poll, 1991.
20. In Gallup poll, March 1993, the question was as follows: "About how much per month would you be willing to pay (in increased taxes) to assure that a National Health Care Plan (providing coverage for long-term care, doctor's bills, hospital bills, prescription drugs, and mental health with no copayments or deductibles) would cover everyone?"

- Fifty-two percent favored \$20 per month or less.
21. Gallup poll, 26 March-9 April 1993, sponsored by Consumers Union.
 22. S. Welch, "The 'More for Less' Paradox: Public Attitudes on Taxing and Spending," *Public Opinion Quarterly* (Fall 1985): 310-316.
 23. Page and Shapiro, *The Rational Public*.
 24. While the public favors the approach of employers financing health benefits as an alternative to the government tax route, this approach is in fact a form of taxation—namely, a less visible payroll tax.
 25. Hart and Teeter Research Companies poll, 4-8 June 1993, sponsored by *NBC News/Wall Street Journal*; Gallup poll, June 1993, sponsored by EBRI; Tarrance Group poll, 29-31 August 1993, sponsored by U.S. News and World Report; Yankelovich poll, 23 September 1993, sponsored by *Time/CNN*; KRC poll, 7-8 September 1993, sponsored by *Boston Globe* and Harvard School of Public Health; *CBS/New York Times* poll, 16-19 September 1993; Yankelovich Partners poll, 12-13 May 1993; and Louis Harris and Associates poll, 4-10 March 1993. The enthusiastic support for government mandates holds up even when respondents are given the option of leaving health insurance coverage up to the individual company (the former is preferred 54-41 percent). *CBS/New York Times* polls, 28-31 March 1993 and 16-19 September 1993.
 26. Marttila and Kiley poll, 18-25 March 1993; Chilton poll, 15-19 April 1993; Gallup poll, 15-24 March 1993; R.J. Blendonet al., "Public Opinion and Health Care," *Journal of the American Medical Association* 268 (1992): 3371-3375; and R.J. Blendon and K. Donelan, "Special Report: The Public and the Emerging Debate over National Health Insurance," *The New England Journal of Medicine* 323 (1990): 208-212.
 27. Surveys in 1990 and 1992 indicated strong reservations about a "government-run national health insurance plan." In 1990, 31 percent feared the program would cost more and 39 percent expected it to cost less; opinion shifted by 1992, with 42 percent anxious that it would cost more and only 25 percent anticipating it costing less. In terms of quality, the 1990 survey reported that 39 percent expected lower quality and 16 percent expected improved quality; the 1992 poll found similar results (37 percent and 13 percent, respectively). Finally, a majority of respondents in both surveys envisioned less freedom of choice (53 percent in 1990 and 54 percent in 1992); in both polls only 12 percent expected freedom to increase. C. Jajich-Toth and B. Roper, "Americans' Views on Health Care: A Study in Contradictions," *Health Affairs* (Winter 1990): 149-157; and Roper Center poll, in *The American Enterprise* (March/April 1992).
 28. See L. Free and H. Cantril, *The Political Beliefs of Americans: A Study of Public Opinion* (New Brunswick, N.J.: Rutgers University Press, 1967); H. McClosky and J. Zaller, *The American Ethos: Public Attitudes toward Capitalism and Democracy* (Cambridge, Mass.: Harvard University Press, 1984); and C. E. Ladd, *The American Polity: The People and Their Government* (New York: W.W. Norton, 1985)
 29. Eighty-four percent of respondents to a March 1993 Louis Harris survey favored federal government limits on health care spending (14 percent were opposed and 3 percent were not sure). A follow-up question of those favoring government limits found that 64 percent continued to support this approach "even if some health care services would be harder to obtain." (34 percent became opponents of government limits and 5 percent were not sure.) The first question was worded as follows: "In order to contain health care costs, do you favor or oppose the federal government gradually imposing limits that will keep increases in health care spending more in line with the rate of overall inflation in the general economy?" The second question for the 84 percent favoring government limits was the following: "Would you support such limits . . . even if some health care services would be harder to obtain, or not?"
 30. McClosky and Zaller, *The American Ethos*, 148.
 31. Twenty-four percent favored neither. Marttila and Kiley poll, 18-25 March 1993.