
BOOK REVIEW

Public Health And The Missing Body Politic

BY LAWRENCE D. BROWN

Health Care Reform and the Battle for the Body Politic

by Dan E. Beauchamp
(Philadelphia: Temple University Press,
1996), 173 pp., \$49.95 (cloth), \$18.95 (paper)

A distinct and distinguished voice in health policy literature, Dan Beauchamp has tried in several important books and articles to recall attention to "public" health and "community," even as he has elucidated and refined these formidable concepts. His latest book, *Health Care Reform and the Battle for the Body Politic*, packs a lot into a few pages. It is at once a memoir; a participant-observer's mini-case study of the quest for universal health care coverage in New York State in the early 1990s; a critique of Bill Clinton's health care reform plan and of market-based reforms more broadly; and a political program for progressives who yearn to dispel the darkness of "market populism," a doctrine that (says Beauchamp) ushers in a world "dominated by giant corporations more interested in profits and market share than in 'plain people'" (p. 142).

Beauchamp's poignant vignettes of the social "divides" of race and class in the South of his youth remind us that policy technocracy can be no stronger than the humanitarian and civic foundations of reform. His insider's account of the ups and downs of New York's UNICARE plan shows how values of community and solidarity edge ever farther off the screen as health issues come under political and fiscal scrutiny. His brutal critique of managed care, managed competition, and market

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forces shows how hard it is to define the elusive boundary between the public and private realms in social decisions. His insistence that New Democrats rediscover Old Democratic values and coalitions may help to lift the malaise he deplors on the Left. Health care reform, Beauchamp declares, is "about strengthening the body politic, strengthening the ways in which we are a people and a community" (p. x). Its point is "precisely . . . to use policy to create a more populist and civic-centered system" (p. 41). Such lofty ruminations should warm and stir Progressive blood grown cold from repeated failures to communicate with elite and mass opinion.

One cannot help wishing, however, that Beauchamp had better buttressed the courage of his convictions with the aptness of his arguments. Too often he breezes past deep political complications about which good and reasonable people disagree. He asserts that "huge gulfs and divides," especially race and class, are the driving forces of American politics and the root of the health care crisis (pp. 3, 51), but he offers no evidence that the health care reform debate of the 1990s was fundamentally "about" any such thing. And I rather doubt that dismissing opposition to higher taxes and big government as "racism lite" (p. 124) is the swiftest strategy for enticing "plain people" into reformist ranks.

■ **Importance of health care reform.** Mario Cuomo, that "prince of American Politics" and "lion of liberalism" (pp. 72-73), is reproached for deficient zeal in pushing state and national health care reform, but Beauchamp himself notes (p. 74) that a big new dose of taxing and regulating could handicap New York's (or any other state's) competitive quest for revenues. Moreover, Cuomo had to govern many policy priorities and the whole state population, not solely health care, the uninsured, and those citi-

zens willing to support a more active and costly state health program. The public's health is not the whole of the public's interest, and health insurance and medical care are not the only constituents of the public's health. Beauchamp, however, declares that New York, "the one state" best equipped to pass affordable universal coverage, lost its chance to serve up "a powerful lesson for the rest of the nation" (p. 64). He says nary a word about Hawaii, Massachusetts, Washington State, or other pioneering sources of lessons, some powerful and painful, that evidently failed to compute inside the thruway in Albany.

Beauchamp argues that a national health plan would add a new and potent institution with which to forge solidarity and community-mindedness. By "institution" he seems to mean a sizable national program run by a strong national agency, but his (few) cases in point—Social Security, Medicare, the Tennessee Valley Authority, the Forest Service—are fairly long in the tooth. The reader drifts, wondering whether we have long since lost our national taste for such institution building, whether, say, the environmental movement and the Environmental Protection Agency are contemporary examples of what he wants (but which we cannot seem to pull off in the health field), and why he neglects to "test" his broad-brush critiques and exhortations by comparing health with other policy arenas in the larger scheme of U.S. politics.

■ **Influence of moneyed interests.**

Beauchamp laments that moneyed interests, working adroitly through southern Republicans, have paralyzed both Democratic reform visions and communitarian stirrings among the grassroot folks who would (presumably) benefit from national health care reform. The enfolding political picture—that Clinton and other New Democrats came to power amid twenty-five years of right-wing gains and three straight presidential victories by con-

servative Republicans, fueled by the sense that national institutions were dysfunctional and that the U.S. welfare state was neither well nor fair—does not much faze him. Nor does he allow that in health affairs few people are so plain as to escape major ambivalence and confusion about the interplay of values, interests, facts, myths, and prognostications and the implications of all of this for policy judgments. It is still not clear exactly what

"people" wanted from reform in the early 1990s, and Beauchamp sheds no new light on the puzzle. He also misses the central irony of his argument: While New Dealers were erecting such national institutions as Social Security, health care providers were busy citing communitarian scripture to create Blue Cross and Blue Shield—strong new institutions, community-

based, community-serving, and community-controlled—which thereafter helped to preempt national health insurance politically.

The hallmark of U.S. health care reform politics is that all "sectors"—public insurers, providers, and business—exempt themselves from responsibility for the system's problems and demand measures that hold themselves harmless from costs borne by others. It is thus hard to buy the proposition that if only the country started acting as if it were a community and passed a national health plan, the resulting institutional power would make the deed father to the thought. The issue invites cross-national discussion, but Beauchamp merely cites a few opinion polls (pp. 133–134), which, he says, show that American values are not all that exceptional after all.

Similar elisions and ellipses weaken his critique of market morés in health care. Beauchamp declares summarily that the principles behind market and community reflect "entirely different logics" (p. 84), antagonistic and irreconcilable. Why then is the fashioning of new syntheses of equity and efficiency, solidarity and competition, community and mar-

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kets a pressing project in such faithful health insurance systems as those in Britain, the Netherlands, Germany, and Israel, and indeed in most Western nations?

■ **Managed care and managed competition.** Beauchamp distrusts managed care because (he contends) it sets markets above communities and invites insurers to profit from health care. Ergo, an angry aside on how New York is making “an \$8 billion market available to American business” (p. 139) by moving to managed care in Medicaid is devoid of discussion of whether this innovation might better serve the poor than the troubled traditional Medicaid model did.

He eviscerates managed competition too but, alas, barely acknowledges such egalitarian elements as uniform benefits, community rating, open enrollment—indeed universal coverage—that are basic to its procompetitive regulations. And his stubborn antinomies obscure intriguing parallels between managed competition and his own reform aims. For example, managed competition would build new integrative institutions (purchasing cooperatives or health alliances) that would work within national rules to forge countervailing power for purchasers against payers and providers.

■ **A plea for democratic populism.** Beauchamp entreats New Democrats to abandon “market populism” for a true democratic populism that builds national institutions and therewith a true national community. He does not dwell on populism’s traditionally touchy attitudes toward Washington, D.C., yet he notes that populism is increasingly “an angry voice raised against the federal government” (p. 116). He chalks up this perversity to the political power of big corporations (a rogue’s gallery that now includes the managed care industry). But another explanation—perhaps more complementary than alternative—is that plain people have come to view their democratic populist proponents and protectors as part of the problem. The civic institutions that Beauchamp favors would “reorganize entire sectors or activities of society, reallocating responsibilities,

changing how people think about things and how politics . . . works” (p. 87). Health care reform must be a subset of true progressive politics, which (according to a source he quotes approvingly) “must be about transforming social relationships, developing popular consciousness, enhancing people and their everyday lives” (p. 148). One need not be Newt Gingrich to find this game plan spooky or to pity the poor plain folks who, having coveted portable health insurance coverage only to be offered membership in Clinton’s health alliances, now learn that health care reform is “really” about raising their consciousnesses to awesome heights of communitarianism.

■ **Old wine, new bottles.** As the book closes, Beauchamp wonders whether he belongs to the cadres of “anachronisms, aging Depression babies with a faded political era haunting our days and nights” (p. 156). The issue is less whether the shoe fits than what today’s reformers can extract from the sixty years of then and now that Beauchamp trots out. Are the New Deal and its Old Democratic defenders guardians of enduring political wisdom that only awaits rediscovery, or are they launching blasts from a past that merely clutters and encumbers sound policy for the twenty-first century? Or maybe *fin-de-siecle* reform demands both a reaffirmation of durable principles of justice and equity and their renovation into new strategic forms (including syntheses of public and private, community and market, professionalism and profit). These strategic forms could try to accommodate the formative experiences, educational exposures, and life chances and choices not only of traditionally disadvantaged groups but also of middle-class, middle-American, middle-management types who now trust neither market nor government to ease their insecurities and have turned a deaf ear to the moral claims of “social policy.”

Beauchamp’s blueprint for progress may leave some readers unconvinced, but few will fail to sharpen their grasp of the ends and means of health care reform by working through these issues along with him.