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In this age of “declinism” and deepening concern about American institutions, *The Democratic Wish* belongs to a genre of books that will become increasingly important. The question author James Morone asks is how this society, skeptical and ambivalent about its “political center,” will confront the task of transforming itself. Today, the prospect may seem dismal. Yet this same attitude toward government has characterized American political history. The polity has transformed itself before, during several critical periods when, ironically, deadlock and futility produced as a kind of antithesis new vision and a fresh access of political energy. The source of this political energy is the Democratic Wish.

The term “Democratic Wish” conveys ambiguity and ambivalence, a fact important to understanding the book itself: ambivalence, because of an unresolved tension in American history between a libertarian fear and dislike of public power and a yearning for a more vibrant democracy; ambiguity, because the Democratic Wish is both process and idea. At most times weak and unsteady in its action, the Democratic Wish can be decisive in moments of cumulative change or political upheaval.

**Historical perspective.** Morone lends perspective by citing Alexis de Tocqueville’s observation that “Americans were born equal without having to become so.” In their domestic conflicts and their nation building, Americans did not have to struggle against a monarchy, entrenched hereditary privilege, or clerical orthodoxies. Hence our enormous freedom to expand across a continent, develop commerce and industry, and create myriad institutions. Yet there was a price: Americans lack institutionalized leadership, a serious deficit when attempting to mobilize widespread public energy.

One result of this heritage has been a politics of consensus and pragmatic accommodation: substituting material for ideological incentives: expanding access rather than sharpening class antagonism; and realigning the parties as an alternative to revolution. Another consequence has been inability to make large structural changes in our institutions except on those rare occasions when a national emergency or a great democratic movement created a decisive consensus on some issues, temporarily mobilizing and centralizing political power. These are the moments when the Democratic Wish is invoked, but not well understood.

Morone directs attention to an inadequately examined topic: the nature of politics in the absence of governing elites, a public philosophy, or strong political parties. Politics alternates between incremental change and generational lurches. But where do the resources for the periodic transformations come from? When institutionalized leadership is lacking, a large role is played by dilute ideologies such as Tocqueville’s Civil Religion or Gunner Myrdal’s American Creed and by occasional widespread enthu-
siasms such as the second Great Awakening, Progressivism, and the civil rights movement. Of particular interest, especially for Morone, is when this kind of mobilization is directed toward overcoming hard policy conflicts not resolvable within our own political system of divided powers.

This larger historical perspective freshens an awareness that politics is not simply a linear, incremental progression. One useful way to read this book is to regard it as an Americanized version of Hegel or Marx, which contributes this perspective of dialectical development. In Morone’s version, the first stage in this stepwise process is policy stalemate: a juncture at which ideology, interests, and institutions block rather than mediate change. Historic examples might be Medicare or the civil rights legislation of the early 1960s. Over time, pressures for change increase, but because of the institutional weakness of the American polity, that change cannot be directly legislated or legitimated. The stalemate is broken by widening the scope of conflict through an appeal to the “people”-by invoking the Democratic Wish. Invigorated by an expansive, hopeful vision, the struggle begins within a political framework of narrow institutional forms. Perforce, the conflict is moderated and negotiated in various ways. Under the stress of unresolved conflict, a temporary sense of community vanishes. But residues remain: widened participation and newly legitimated interests, the institutional foundations for a new status quo, and the seeds of new discontent.

For political scientists, Morone’s argument fills a niche. It is an interpretation not intended to explain everything but to provide important insights into politics and the policy process. It can be compared to Samuel Huntington’s thesis about ideology, interests, and institutions block rather than mediate change. Historic examples might be Medicare or the civil rights legislation of the early 1960s. Over time, pressures for change increase, but because of the institutional weakness of the American polity, that change cannot be directly legislated or legitimated. The stalemate is broken by widening the scope of conflict through an appeal to the “people”-by invoking the Democratic Wish. Invigorated by an expansive, hopeful vision, the struggle begins within a political framework of narrow institutional forms. Perforce, the conflict is moderated and negotiated in various ways. Under the stress of unresolved conflict, a temporary sense of community vanishes. But residues remain: widened participation and newly legitimated interests, the institutional foundations for a new status quo, and the seeds of new discontent.

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For each of these case studies, Morone directs attention to a particular “reconstruction” and to an institution that represents an initial attempt to mediate change. Students of political and administrative history will find food for thought in these accounts. But the discussion of health politics and policy is of more interest for readers of Health Affairs and serves to illustrate his approach, its
useful perspectives, and some caveats.

For medical politics, Morone considers the health planning movement and the Health Systems Agencies established by the National Health Planning and Resources Development Act of 1974. Like labor and racial politics, this “reconstruction” was preceded by accommodations and concessions. The Comprehensive Health Planning (CHP) agencies and Professional Standards Review Organizations (PSROs) amounted to little more than a delegation of regulatory authority to the profession itself. Controversy was partially sublimated by resorting to the “scientific” gimmick of rational planning. At one point, the issue was avoided by a proposal for catastrophic health insurance.

In time, the conjuncture of professional dominance, institutional weakness, and rising costs produced another policy impasse, managed and partly avoided by engaging the Democratic Wish, this time by the Health Systems Agencies and the “community.” These agencies were resounding failures and lost funding in 1986, but they left behind important residues. As Morone says, “Before fading into irrelevance, they had transformed the politics of health care:“-They decisively challenged the professional dominance of physicians. And they legitimated change in the form of new programs “operating with the authority the Health Systems Agency board members had unwittingly won,” such as rate setting and risk pools.

Many who participated in the Health Systems Agencies will be astonished to read that these inglorious creations produced anything decisive or lasting and will wonder why, except for reasons of symmetry, they were chosen for examination. Yet they are good examples of negotiated institutions, too weak to contain conflict, but instrumental in widening it and leading to unforeseen consequences, possibly more important than any that were intended. Morone’s account is persuasive enough, moreover, to leave the reader with disturbing second thoughts about the process of change and how little we are able to say about such “paradigmatic” shifts.

This study of medical politics and the Health Systems Agencies also shows why such concepts as Morone’s Democratic Wish must be used with care. The interpretive method employed requires the identification of a particular negotiated institution such as the Health Systems Agency. Yet that step itself can be misleading, for it can lead to the factoring out of important, often obscured determinants, such as the evolution of professional groups or the administrative shaping of policy alternatives. Moreover, it takes little account of extraneous events, such as a presidential election (or assassination), a major war, or runaway inflation. With such variables reduced or ignored, an institution such as the Health Systems Agency and the Democratic Wish it stirs up may acquire unwarranted significance.

Future action. Readers of this book need to use it to begin a reflective process rather than to end it. Morone concludes with some sobering observations. One is that American domestic policy is heavily dependent upon extraneous, unpredictable influences, typically a democratic upsurge or a national emergency. A second is that we live in what he calls a “dense political environment”-one of pervasively entrenched interests and foreign interdependence that makes progress difficult. What is to be done? His own answer is that we must have a “more powerful political center.” This is to be attained by creating a competent administration and infusing it with “broad, workable forms of popular participation.” A generation ago, an American presidential candidate said it was time to “get America moving.” This book looks to the past, but its main concern is with a future Reconstruction.

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