To Subscribe: https://fulfillment.healthaffairs.org
Turning Our Gaze From Bread And Circus Games
by Uwe E. Reinhardt

Daniel Yankelovich argues that this nation’s recent attempt at health care reform failed largely because the American public failed to “deliberate” properly on the issue. By “deliberation” Yankelovich means “mulling over” the costs and benefits of alternative choices and making tough choices, all in a serious “give-and-take” with the nation’s “leadership class.” Yankelovich places blame for the public’s failure to deliberate squarely on the shoulders of the leadership class, which, according to him, deliberated only within its own ranks.

Embedded in Yankelovich’s grand thesis are three hypotheses that warrant closer scrutiny: (1) The leadership class itself properly “deliberated” on health care reform but failed to communicate the product of that “deliberation” to the public; (2) there exist channels of communication through which the leadership class could, if it wished, engage in a “give-and-take” with the public; and (3) the public is intellectually and temperamentally predisposed to “deliberate” sincerely on complex issues of public policy and to make the tough choices in a lengthy conversation with leaders.

The validity of these hypotheses can be questioned. Indeed, they strike me as utopian, as does Yankelovich’s strategy for fixing the “disconnect” between leaders and the public.

Deliberation In The Leadership Class

When America’s leadership class sets out to debate health policy, its members invariably preface their deliberations with the mantra: “We all want the same things in health care. We are merely arguing over the means to that end.” This is utter nonsense. The great health care reform debate of 1993-1994 was not just a technical dispute over alternative means of reaching a widely shared goal. It was a fiercely fought ideological battle over the goal itself. The nation’s leadership class was and remains deeply divided over the ethical precepts that should govern the distribution of health care.

At one end of the ideological spectrum are the pure egalitarians who would like to see health care treated as a social good to be made available to all members of society, on equal terms, regardless of a person’s ability to pay for it. This school of thought would like to see health care financed collectively, through mandatory contributions that vary strictly by households’ ability to pay and certainly not by the health status of a household’s members.

At the other end of the ideological spectrum is what one may dub the “food people.” They are puzzled why anyone would make a distinction between health care and other basic, private consumption goods, such as food and housing. As Rep. Richard K. Armey (R-TX), a newly elected leader in the House of Representatives, put it to The Wall Street Journal in his inimitably blunt style: “Health care is just a commodity, just like bread, and just like housing and everything else.” The “food people” regard the procurement and financing of health care as chiefly the responsibility of the individual, whose own behavior is thought to be a major determinant of his or her health status. To be sure, the members of this school of thought do admit that the etiology of illness can be external, and they are prepared to guarantee the poor and near-poor at least a basic ration of critically needed health care. At the same time, however, they see nothing wrong with an income-based health care system in which the quantity, timelessness, and quality of the health care received by American families varies systematically and positively with household income. If one believes, as this school of thought tends to believe, that the American economy is the closest approximation worldwide to a true meritocracy, then an income-based...
health care system is much more defensible on ethical grounds than a purely egalitarian one would be.

The “food people” won the great health care reform battle of 1993-1994 squarely, although perhaps not fairly. One may question the fairness of the battle, because it was never fought openly, in the blunt language favored by Representative Armey. Instead, much of the action was camouflaged behind soothing code words such as “empowerment,” “personal responsibility,” the “freedom to choose whether or not to be insured,” and so on—code words all adding up to the proposition that well-to-do Americans should be empowered to allocate their income to health care and other commodities as they see fit, and that poor and low-income households should be empowered to do likewise with their much more meager budgets.

Three-tier system. In practical terms, the victory of the “food people” represents the official sanction, by the U.S. Congress, of an income-based health care system with the following three tiers.

For uninsured Americans who are poor or near-poor—chiefly, families of persons who work full time at low wages and salaries—we shall reserve and perhaps expand our current patchwork of public hospitals and clinics. These publicly financed institutions will be sorely underfunded, as they have always been, thus forcing severe limits on their physical capacity. Such limits, in turn, will beget the long queues that have always been the classic instrument of rationing. Lack of funding also will limit the medical technology available to physicians working in these public institutions. The uninsured will increasingly be driven to these public facilities, as government programs and private managed care systems eat ever more deeply into the profit margins of private hospitals, thereby limiting these institutions’ financial ability to act as insurers of last resort.

The employed broad middle class will increasingly be enrolled in capitated health plans, such as health maintenance organizations (HMOs). These plans will be budgeted prospectively, on a per capita basis, through competitively bid premiums. To control their outlays, the plans necessarily must limit patients’ choice of doctor and hospital at time of illness. Furthermore, they inevitably will come to withhold some care that patients and their physicians might judge desirable, but that the HMO’s management (and the clinical experts advising them) may find too expensive relative to the expected medical benefits.

Finally, for well-to-do Americans there will continue to be the open-ended, free-choice, fee-for-service health care system without rationing of any form, even in instances in which additional care is of dubious clinical or economic merit. Well-to-do Americans will demand no less, and they will always have it. Furthermore, they will continue to have it on a fully tax-deductible basis, a tax preference to the rich that no economist would ever defend, but that no politician would dare to remove.

While the official sanction of this three-tier system by Congress is now fait accompli, it cannot be said to be based upon a broad consensus among the leadership class. In Yankelovich’s sense of the term, that class did not “deliberate” properly on the matter either. But even if there had been a forthright deliberation and there had been a consensus on the merit of a three-tier health care system, it would have been an extremely delicate task to explore that idea in an open give-and-take with the general public, large segments of which would find themselves at the short end of this arrangement. Furthermore, what channels actually exist for such a conversation?

Media As Communication Channel

Yankelovich takes the by now almost obligatory swipe at the media with his assertion that journalists were more interested in the political ramifications of the Clinton plan than in its contents. Although there is something to that proposition, his is much too broad an indictment. At the very least, a distinction should be made between the television media and the print media.

Television may, in the future, become a medium through which policymakers could communicate with the general public in an
informative give-and-take. So far, however, that medium has not been structured to facilitate such an exchange. Both C-Span and the public television stations allow the public to observe experts in the act of “deliberation,” but that is not a conversation with the public. The remainder of the television industry has not been able to facilitate even a coherent one-way, top-down communication with the general public, aside from a bewildering scatter of sound bites.

The producers of television programs devoted to public policy invariably feel compelled to pack these programs with a variety of opposing views. By the time this dictum of “fairness” and the imperative of commercials have been accommodated, any one person’s role on the program is limited to a few minutes of air time. The thought of using a simple graph or even a simple table to amplify a point in such discussions is quickly discouraged by the producers as too intellectually taxing for the general public.

The print media offer a better potential in this respect. Indeed, the staff reporters of the major newspapers deserve high marks for their ceaseless efforts at digging out the relevant facts on the Clinton plan and other health care reform plans. They also deserve high marks for their skill in presenting these facts to the public. Unfortunately, this channel is best suited for the one-way, top-down communication that Yankelovich decries. Furthermore, it is not clear that the general public even had the patience to digest the lengthier, excellent articles on health care reform in the major dailies.

To the extent that the print media did improperly politicize the recent health care reform debate, as Yankelovich suggests, one must blame the leaders of the industry, not the rank and file. A concrete case can serve to illustrate this assertion.

In a commentary dramatically entitled “The Clintons’ Lethal Paternalism,” published in the widely read weekly Newsweek, syndicated columnist George F. Will flatly asserted that under the Clinton plan “there would be 15-year jail terms for people driven to bribery for care they feel they need but the government does not deem ‘necessary’.”2 To the best of my knowledge, this is a falsehood, for at the very beginning of the Health Security Act, it is stated that “Nothing in this Act shall be construed as prohibiting the following: (1) An individual from purchasing any health services. (2) An individual from purchasing supplemental insurance (offered consistent with this Act) to cover health care not included within the comprehensive benefit package.”3

Because it would be truly astounding to see an American president advocate fifteen-year jail terms for anyone seeking to purchase a health service that the government deems unnecessary (and therefore excludes from the mandated benefit package), I requested that Will pinpoint the paragraph in the Health Security Act that calls for the alleged penalty. So far, in my view, he has not been able to do that, and I doubt that he ever will.4 One must wonder whether any senior editor of Newsweek at the time ever challenged him likewise on this point, as he ought to have been challenged.

It is entirely proper for a syndicated columnist to refract particular policy recommendations through the prism of his or her own ideology and to judge them on that basis. It is another matter entirely, however, when syndicated columnists use the extraordinary privilege granted them by the media to proffer their own ideology in the guise of synthetic “facts” that are likely to be accepted by the general public as reliable. Editors who passively accept that particular form of “spin doctoring” shortchange not only their own conscientious staff reporters, but the general public as well. They allow a potentially useful channel of communication to be polluted with static and thereby make it all the more difficult for conscientious leaders to communicate with the public. The recent debacle of health care reform offers media leaders an opportunity for some soul searching on this point.

### Deliberation By The Public

But suppose that America’s leadership class had deliberated properly on health care reform, and suppose the leaders of the print media had acted responsibly, carefully...
checking the veracity of whatever was presented as fact in their publications. Would this happy circumstance then have led to a productive give-and-take between the leadership class and the general public, and would it have triggered the proper deliberation within the general public?

One wishes it were so. Alas, Yankelovich's own paper is anything but reassuring on this question. He deplores the American public's habit of "blaming the system, not itself," its failure to "come to grips with reality," its "persistence of wishful thinking and . . . failure to wrestle with hard choices," and its "continuing belief that [the public] can have it all-quality and convenience and high-tech medicine and lower costs." "The polling data clearly show," he writes, that Americans "do not understand what their choices are and what sacrifices and benefits each choice entails."

If one had to distill Yankelovich's description of American public opinion on health care reform into one adjective, it would be "adolescent." This eternal adolescence of the plebs is by no means confined only to health policy, nor is it a uniquely American trait. Of the Roman plebs, for example, that era's great poet Juvenal wrote, in the first century A.D.: "Duas tantum res anxius optat, panem et circenses. (Its anxious longing is confined to but two things-bread and circus games.)"

Yankelovich's paper suggests that not much has changed in the course of civilization. Although, unlike their peers in other nations, America's leadership class seems unduly eager to pay homage to the legendary perspicacity of the grass roots, Yankelovich's survey of public opinion leads one to wonder whether, even in the minds of politicians, their habitual praise of the grass roots really is more than an expedient courtesy.

Indeed, Yankelovich's paper leads one to wonder whether the American public is either intellectually or temperamentally inclined ever to engage in the protracted, sincere, public deliberation of complex public policies called for by the optimistic author. If successful health care reform must await the day when the public musters the patience to deliberate carefully on the hard choices before us, at the price of abandoning the endless "circus games" that engage its mind, then we may have to wait a long time.

As someone neither born nor schooled in this country, I certainly do not mean to be disrespectful of a basically admirable people. Nor am I persuaded, however, that the American public somehow stands out among its counterparts elsewhere in the world in its willingness and ability to deliberate seriously on serious issues of public policy. My observation of this nation during the past thirty years persuades me that, in almost all cases, successful major initiatives in public policy occurred when the leadership class had reached a broad consensus on the matter and then simply told the rest of the nation what was good for it. President Reagan's "supply-side economics" was enacted on that basis, and so was the quite revolutionary tax act of 1986. In either case, the general public had only the dimmest idea of what these policies entailed; it simply took the leadership's assurances on faith.

Given the general public's age-old preoccupation with panem et circenses, it will generally go along passively with its leadership, unless that leadership makes evidently egregious mistakes or is evidently divided. Thus we start wars, thus we bomb those wars, thus we pass tax laws and civil rights laws, thus we allow the leadership (along with leaders of sundry special interests) to regulate and sometimes to deregulate the conduct of the plebs, and thus, perhaps one day, we shall undertake a major reform of our health insurance system. Perhaps.

NOTES

4. Because I apprised Will in my first letter that I would like to share the correspondence with others, I feel at liberty to offer copies of that correspondence to anyone interested in obtaining it.