

Presidents And Health Reform: From Franklin D. Roosevelt To Barack Obama

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Abstract

The health care reforms that President Barack Obama signed into law in March 2010 were seventy-five years in the making. Since Franklin D. Roosevelt, U.S. presidents have struggled to enact national health care reform; most failed. This article explores the highly charged political landscape in which Obama maneuvered and the skills he brought to bear. It contrasts his accomplishments with the experiences of his Oval Office predecessors. Going forward, implementation poses formidable challenges for Democrats, Republicans, and the political process itself.

Key Words: Health Reform • Politics • Implementation • Congress • National Health Insurance

President Franklin D. Roosevelt knew that he could not get national health insurance through Congress unless he took the idea to the people first. As World War II came to an end, he flirted with making health care his next great political crusade. His advisers prepared a plan, but Roosevelt died just before the end of the war. The health reform effort then fell to Harry Truman, and every subsequent president. But until Barack Obama's recent victory, only Lyndon Johnson managed to enact major new health care programs, in the form of Medicare and Medicaid.¹

Democrats correctly view the Obama health care reform as a historic achievement. It ranks alongside the most important pieces of social policy legislation in recent American history, including the Social Security Act (1935) and the Civil Rights Act (1964). How did it finally happen? In this paper I argue that there are seven important political lessons for future reformers to ponder.

Have Passion

Enacting major health care reform is a process swarming with special interests, powered by big money, and resonating with popular anxiety, often because it's difficult to explain. No president gets very far unless he is deeply invested. Obama cared about health reform far more than his cool demeanor suggested. In speeches, he spoke of the tough issues inherent in his dying grandmother's receiving an artificial hip paid for by Medicare. He has both spoken and written about how his mother fought to retain her health insurance coverage even as she was dying of cancer.²

Persisting Through Crisis Obama insisted on pursuing health reform despite the current economic crisis, surging deficits, and calls to wait for better times. When Scott Brown, a Republican, stunned Washington by winning Ted Kennedy's Senate seat—explicitly promising to vote against the health bill—many Democrats were ready to back off a reform that seemed to have grown toxic. Instead, the president plunged ahead, championing reform with newfound clarity and vigor. Obama took an enormous risk, as defeat might very well have wrecked his administration.

Unflinching Commitment The lesson is unambiguous: A reform this difficult requires total and unflinching presidential commitment. And what president would risk so much without being passionate about health care?

Act With Speed

After Lyndon Johnson won the landslide 1964 election, he gathered his health care staff around him and warned them: "Every day while I'm in office, I'm gonna lose votes.... We need...[Medicare] fast."^{1(p172)}

Evaporation Of Political Capital Johnson knew that political capital evaporates quickly. By the start of an administration's second year, Washington grows obsessed with the looming midterm election, making ambitious reforms difficult. The president's party generally loses seats in that election, further complicating reform prospects. The incumbent party has lost an average of 18.5 seats in the House and 2.5 in the Senate in the past ten midterms. A fatal mistake of the Clinton administration was its long delay in getting a health reform bill to Congress; deliberations did not begin in either chamber until the administration's second year.

President Obama urged speed at every opportunity. When former Senate Majority Leader Tom Daschle (D-SD), the administration's point person on health, withdrew his name from consideration as secretary of the Department of Health and Human Services, the president overruled advisers who urged him to shelve the health reform effort until later in his term. Instead, he pressed to get the reform passed in his first year. The president repeatedly set deadlines for Congress.

Stall In The Senate However, long negotiations between Senators Max Baucus (D-MT) and Charles Grassley (R-IA) stalled the bill, breached Obama's deadlines, and allowed the debate to extend into a summer of vociferous opposition. Perhaps the Democrats permitted unlikely bipartisan dreams to cloud their political judgment. Perhaps they didn't have the deeply honed instincts that gave leaders like Lyndon Johnson a sense of when to push and when to yield. Or perhaps President Obama was only then beginning to understand how much the reform rested on his own shoulders.

Master The Congressional Process

Congress may be the most complicated, exasperating, unwieldy legislative body in the industrialized world. Consider the gauntlet this reform had to run. In the House, three different committees produced two quite different bills. Speaker of the House Nancy Pelosi (D-CA) then hammered them into a single bill through long negotiations with different coalitions, including the conservative Blue Dogs, the Progressive Caucus, the Black Caucus, the Hispanic Caucus, and abortion opponents. Then—after going to the Rules Committee to set the terms of the debate—Pelosi brought the legislation to the floor, where it squeaked by on a vote of 220 to 215 on 7 November 2009.

Over on the Senate side, two committees produced two more bills. Majority Leader Harry Reid (D-NV) then renegotiated the package with individual senators, collecting the magic sixty votes needed to shut off a filibuster. The Senate bill passed, finally, on 24 December. Then, under normal rules, the bill would have gone to conference, where substantial differences between the House and Senate bills would have been negotiated into still another bill that would have then gone back to both House and Senate—where the package would have faced three more filibusters.

The 'Broken Branch' The metaphor of sausage making is nearly a cliché, but there is a more profound point than the unsavory negotiations. This is a uniquely tortured way to pass legislation. No wonder political scientists have dubbed Congress—and especially the Senate—the "broken branch."³

Americans have voted for national health insurance from the time of Harry Truman, who made it a central domestic theme in his celebrated come-from-behind 1948 election victory, to Bill Clinton. But electoral mandates melt away in the congressional process. The upshot brings us to the paramount requirement for health care reform: Learn to manage Congress.

The Obama administration's most remarkable achievement was herding this legislation through Congress. Historians will be excavating the details for years, but one sure sign of success lies in what we did not see. Congressional Democrats rarely made their disputes with the administration public; hasty meetings at the White House cooled disputes that erupted, before the next news cycle. The contrast with past Democratic administrations could not be starker.^{1(ch10)}

Clarity Of Principle Many observers have criticized the Obama administration for "overlearning" the lessons of the Clinton administration and not sending a more fully fleshed out plan to Congress. This criticism reflects naïveté about the congressional process. The crucial element of any plan lies not in the plan's details, which Congress will rewrite multiple times, but in the clarity of its principles.

"I am not trying to go into details," Johnson repeatedly told Ways and Means Chair Wilbur Mills (D-AR) in 1964.^{1(p180)} Likewise, George W. Bush laid out a series of general principles for his Medicare Prescription Drug Improvement and Modernization Act.^{1(pp400-1)} Johnson wanted a big Medicare package; Bush wanted to inject more of the private sector and competitive principles into Medicare. Did Obama have a similarly clear set of principles? Or did he negotiate too much away?

Here there is room for disagreement. Dangers lie on either side: Too hard a line and a president cannot round up the needed votes; too soft and the legislation becomes so attenuated that it fails to serve its purpose. We'll discover, in the years ahead, whether President Obama made the second mistake.

In any case, the lesson for future reformers is clear: Set out broad, clear principles. Stick to them. Leave the details to Congress. Then manage that institution every step of the way.

Go Public

While the Democrats focused on congressional negotiations, at times they lost control of the public debate. The right-wing populists, self-styled Tea Party activists, roared into the health policy discussion with fury over supposed "government death panels." The claims—a variation on the old cry of "socialized medicine"—were pungent, memorable, simple, and effective.

Regaining The Narrative The administration struggled to recapture public attention or to offer an effective counter to the charges. As in the days of Truman and Clinton, the Democrats tried to deny charges, bypassing the underlying fears of big government and focusing on the facts. They pointed out that the proposed reforms didn't constitute a government takeover of the health system. Some backtracked a bit; for example, the plan to pay doctors to provide end-of-life counseling to Medicare patients was stricken from the House bill but survived in the Senate. Once again, the opposition won the battle of popular perceptions.

In the past, opposition came from well-oiled, deep-pocketed corporate lobbies. This time, with many of those corporate stakeholders explicitly in favor of health reform, the opposition exploded from the grass

roots. Moreover, the inevitable wheeling and dealing—there is no other way to pass legislation—was easily ridiculed by the bill's opponents. Through much of the debate, the White House could not generate a persuasive narrative to counter the Tea Party percussion. The narrative of these opponents gained currency and set the scene for the Massachusetts election that almost derailed health reform.

An Insistent, Eloquent Voice That cataclysmic event in turn seemed to rouse the president. With reform's prospects sinking fast, Obama finally found his voice. He clearly defined the problem, assisted by a development almost too timely to be true: Anthem Blue Cross announced a 39 percent premium increase for 800,000 individual policyholders in California.

More important, Obama finally injected a moving, human story into the national debate. He began to win audiences over with stories like the one he told at a Democratic fund-raiser in February 2010. An uninsured Obama volunteer from St. Louis was dying of breast cancer. As the president spoke of her, he left unspoken the fact that his own uninsured mother had died of ovarian cancer. The campaign volunteer "insisted she is going to be buried in an Obama T-shirt," the president continued. "How can I say to her, 'You know what, we're giving up'? How can I say to her family, 'This is too hard'? How can Democrats on the Hill say, 'This is politically too risky'? How can Republicans on the Hill say, 'We're better off just blocking anything from happening'?"⁴

The insistent, eloquent voice—missing in the first year of the debate—offers a model for every subsequent reform effort. Obama found a message with all of the crucial ingredients: a problem, a solution, a victim, and a demon.

Get Your Philosophy Straight

Health reform taps issues that stretch far beyond health care policy. Each effort to pass national health insurance becomes an argument about what kind of nation we are. The most deeply felt matters—immigration, welfare, the role of government, abortion, religion, and, inevitably, race—roiled the health care discussion.

Perhaps every nation's health care system taps essential national sentiments, such as worker solidarity, equality, ethnic rivalries, racial tensions, the role of government, and an unwavering commitment to capitalism. Health care in the United States certainly raises the deepest communal questions: Who are we? What are our bedrock values?⁵

Addressing Deep Questions Successful presidents address these deep questions. They help define our nation's values and identity. Franklin D. Roosevelt and John F. Kennedy stressed mutual obligation. Ronald Reagan offered a powerful alternative: individualism, markets, and government bashing. The Reagan perspective, which has dominated American political discourse since the 1980s, has proved to be barren ground for Democratic programs.⁶

Explaining The Philosophy The Obama presidential campaign challenged that perspective. As the candidate told "Joe the plumber," "I think when you spread the wealth around, it's good for everybody." He invoked the old social gospel vision of community and sharing. Once in office, however, Obama lost touch with the social gospel message that had been so central to his campaign.

Roosevelt, Kennedy, and Reagan projected an overarching philosophy in their eras. Both Democrats and Republicans would do well to learn the overlooked lesson: Explain the philosophy that frames your programs.

Don't Get Bogged Down In Details

Jimmy Carter, poring over his paperwork, scrawled in the margin of one memo: "I'm personally inclined to think we need...[to] make PSROs work."^{1(p270)} A president who talks about PSROs (physician panels that reviewed expensive Medicare cases) is too deep in the policy weeds. Successful presidents focus on defining the big picture, framing the national debate, and managing the congressional process.

Despite his reputation as a policy wonk, President Obama stayed above the details. During convoluted technical debates—about providing a "public option," taxing "Cadillac" health plans, establishing health insurance exchanges, or redefining the Medicare cost containment commissions—the White House batted away pleas for the president to jump into the fray.

Occasionally Obama would lob a pronouncement down Pennsylvania Avenue: He supported a public plan; he was flexible on an individual mandate. But for the most part, when he finally rolled up his sleeves, it was to do the president's job: manage the politics, stiffen the back of skittish Blue Dog Democrats, and bring disappointed liberals back to the table. Perhaps Obama should have intervened more forcefully or earlier in the process. But he avoided the temptation to dive into the details, unlike his failed predecessors.

Learn To Lose

The hardest lesson of all is facing up to defeat. Harry Truman was beaten badly on health reform—not once but twice. He never gave up the fight, however, and became the inspiration for future reformers.^{1(ch2)} In contrast, Bill Clinton was eloquent in arguing for health reform but, once it went down, he left the field—musing that he should have tried welfare reform instead. This left the historical spin entirely in his opponents' hands.^{1(p380),Z}

President Obama learned this toughest lesson. Instead of giving up, he pressed on. His voice grew louder, clearer, and more confident as the Democrats fell into disarray. "Don't walk away from reform," he told Congress in his 2010 State of the Union address. "Not now. Not when we are so close." As things began to fall apart—yet again—he drew a line, rallied his troops, and insisted on continuing the fight.

What Next?

Despite the historic achievement, great hurdles lie ahead. The implementation of this complicated legislation introduces almost as many challenges as passing it did—and will be just as crucial to the program's success. However, implementation introduces a very different kind of politics largely outside the media spotlight, without the dramatic votes or tight schedules.

From Politics To Pragmatism Getting the reform through Congress required one compromise after another: There is no public option or Medicare buy-in; there are attenuated cost controls and more limited subsidies for buying private insurance. Even after all of those compromises, the plan passed without a

single Republican vote. For the Democrats, the perils ahead are obvious. If the legislation proves unpopular or unworkable, they will be entirely responsible.

Moreover, with this reform, the government owns the problem of health care for most of the population. Requiring all individuals to buy coverage will turn each spike in private insurance premiums into a public policy problem. As a result, the success of the program will rest, in no small measure, on effective responses to future problems.

For Republicans, the political calculations—and the perils—are even more dramatic. Only ten Republicans in the House supported Medicare, only one Social Security. But they voted "nay" on complicated parliamentary maneuvers and switched sides once passage was inevitable. This time, Republican opposition remained unambiguous and unwavering. As the Obama reform moves into implementation, Republicans face a conundrum. Implementation is about negotiating details more than simple up-or-down votes. At what point does Republican resistance look like stubborn obstruction? And what are the consequences if the program takes effect despite their opposition and proves popular (as most health programs have done)?

Republican majorities always have to prove that they can address the nation's health care needs and be good stewards of popular programs. As a result, they have often gone further to prove their health care bona fides. They have thought creatively about health reform: The Nixon administration's national health insurance proposal is a clear forerunner of the Clinton plan; the Republican counter to the Clinton plan, sponsored by Republican Senators Bob Dole (R-KS) and John Chafee (R-RI), is now known as Obamacare. Moreover, the largest extensions of Medicare came from our most conservative presidents, Ronald Reagan (catastrophic coverage) and George W. Bush (prescription drugs). If the fledgling Obama reform survives, Republicans may very well feel the pressure to defend, protect, and even expand it.

Testing The Political System On a deeper level, the implementation of health reform will offer another test of our political system itself. Democrats and Republicans have very different health care visions. The congressional process is designed for precisely that kind of clash between philosophies; the implementation process, however, ought to be geared toward efficiently implementing whatever Congress decides.

Although some politics is inevitable, if each party tries to subvert the programs passed by the other party, Americans will have good reason to worry that the troubles of the "broken branch" have metastasized into a dysfunctional political system.

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Footnotes

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James Morone is a professor of political science and urban studies at Brown University. He also chairs the Department of Political Science at Brown. He holds master's and doctoral degrees in political science from the University of Chicago.

He is the coauthor, with David Blumenthal, of *The Heart of Power: Health and Politics in the Oval Office*, and also of *Hellfire Nation: The Politics of Sin in American History*, which was nominated for the Pulitzer Prize in nonfiction.

Morone, who was a Fulbright lecturer in Japan in 2005, has been analyzing health reform since graduate school, but until recently had never focused on the topic from the standpoint of presidential action. "Almost everyone in the field has emphasized the congressional politics," he says. That changed four years ago, when Blumenthal contacted Morone and asked him to recommend a political scientist to help with his book on presidents and health care. By the time Morone hung up, he had signed on.

Blumenthal is now the national coordinator for health information technology at the U.S. Department of Health and Human Services.

Morone says that the book he and Blumenthal wrote was an attempt to reconstruct "the presidents and their health policy successes and failures, almost like a forensic specialist reconstructs what happened at a crime scene." In the process of researching the book, the presidents effectively "came alive" to the authors, Morone says. He and Blumenthal were newly impressed with how actively many Republican presidents had engaged in health issues, including Eisenhower, Nixon, Reagan, and George W. Bush.

Morone says that his colleague Blumenthal "developed a special affection for Dwight Eisenhower, because he was such a gentleman. We were both in awe of Lyndon Johnson. And I came to feel a special affection for Harry Truman and the health advice he dispensed: 'Eat a good breakfast—no butter—and finish it off with a shot of bourbon.'" 

NOTES

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