

Winning Quality Affordable Health Care for All

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Once again the United States is about to engage the vital question of whether to guarantee access to affordable health care. Presidents from FDR to Truman to Nixon to Clinton have proposed a government guarantee of health coverage for every American, only to shrink from the fight before it began or from the battlefield, bloodied. If we are to write a different ending to this story in the next administration, we need to have a sober understanding of the enormity of our task and a strategy that is up to the challenge, based on crystal-clarity about what we are fighting for.

It has become a cliché among progressives that the United States is the only nation in the developed world without a government guarantee of access to health care. The lack of a national health care system in the United States is not just a gaping hole in our social structure, it is symbolic of a society that remains dominated by an individual ethos as opposed to an ethic of collective good, of caring for each other. That we spend much more per person than any other country on health care, underlining the extraordinary inequities in our extraordinarily wealthy nation, further highlights why the lack of health care as a right in the United States is so emblematic of who we are and what we are not.

What's at stake in winning a guarantee of access to health care is not only a matter of creating a health care system that functions better to improve health outcomes and equity while spending resources more wisely. What's at stake, as in other major progressive advances in the past, is demonstrating that government can be on the side of ordinary Americans, proving that government can work for all of us. Establishing a health care system that works for all of us will promote government as a force for collective good and an effective counterweight in people's lives and against corporate dictates, consolidation and control.

Creating a health care system that works for all of us must start with the vision that we are all in this together. We shouldn't be working for the health care system; our health care system should work for all of us. We must join together to make sure that the lack of health care is not an obstacle to achieving the American dream. We need to work together to make sure we have a health care system that works for all of us, guaranteeing economic and family security, a fair system that provides opportunity for all.

Health care is not a product or a commodity; access to affordable, quality health care is a human right, a public good. It's a public good because we share the air we breathe, the water we drink, the food we eat, the communities we live in. It's a public good because when any one of us is ill and unable to contribute to our society, to work, to learn, to care for family, so many others suffer. Ultimately, we all suffer.

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Our goal is simple: a guarantee of quality, affordable health coverage with good benefits and equitable access to health services for everyone living in our nation.

Here's what it will take to win this time. First, we need clarity on what we want to win. Second, we need a real understanding of how people see health care in their lives, of the values and views they bring to health care reform. Third, we need to marry the first two goals in a strategic approach that promotes reforms that meet our policy goals and that are built on the public's values. And fourth, we need to identify the considerable resources to carry out a campaign to advance that strategy with the American people against the onslaught of forces that have so much to lose economically and ideologically from our success.

1. A policy worth winning. The basic distinction between health care in the United States and other developed nations is that the health care systems in other nations treat health care as a public good while we view health care primarily as a commodity, to be bought and sold in a market. This is more than an academic distinction; it defines the great divide in the political debate over health care reform.

The solutions offered by Republican policy analysts and policy makers, including all the Republican candidates for President, is "consumer-driven health care," which leave consumers to purchase coverage in a largely unregulated private insurance market, with some largely inadequate financial assistance from the government. Any attempt to control costs is left to the market.

Democrats who advise and who would make health care policy, including the candidates for President, all share the belief that government has a major role in organizing, regulating and financing health coverage and in controlling health care costs.

University of Pennsylvania bio-ethicist Donald W. Light has studied health care systems in developed nations and identified ten benchmarks that foster a "justice-based" health care system (Fostering a Justice-based Health Care System, *Contemporary Sociology*, 1999; 29; 62-74.) These benchmarks include: universal participation regardless of health condition, risks and ability to pay; minimizing non-financial barriers; comprehensive and uniform services; equitable financing through community-rated contributions and ability to pay; value through clinical and financial efficiency; public accountability and choice of providers.

What would a health care system based on these principles look like? In the United States the closest we've come to implementing these benchmarks is through Medicare, our national health insurance program for seniors and people with disabilities. For that reason, single-payer national health insurance is the model that we traditionally look to. But as students of health care systems in other nations know, there are numerous ways to realize these benchmarks other than through a single-payer, national health insurance system.

Historically Americans have been asked to support reforms based on expanding a regulated private insurance system or replacing such a system with a program like Medicare, national health insurance. However, for the last several years, there has been growing interest in an approach that combines regulated private insurance with a public insurance coverage program.

The question of how far we can go in transforming our health care system is ultimately a political question. We need to build a political force on our side that is capable of achieving the most far-reaching advances in health care that can win the support of the American public. To do so, we must pay serious attention to how the public views health care.

2. Winning with the public. There is widespread agreement about the need for health care reform. But the debate around health care reform changes fundamentally when the focus changes from the problem to the solution; it changes sharply when a Governor or President says “**this** is what I plan to do about it.” At that point, the solution becomes the problem. Unlike many other policy issues, people pay close attention to how proposed solutions will impact their personal lives.

We have just completed an intensive look, values-based look at how the public views health care reform. Under the auspices of a broad coalition of reform groups named the Herndon Alliance (www.herndonalliance.org) we spent two years closely examining the values that the public brings to health care reform. The research married values-based analysis by American Environics, a firm directed by Ted Nordhaus and Michael Schellenberger, authors of *Breakthrough: From the Death of Environmentalism to the Politics of Possibility*, with traditional focus group and polling methodology conducted by Lake Research Partners. The goal, as Celinda Lake has said, is to figure out why the polls keep showing that the public wants health care reform but we keep losing.

Here’s what we found:

- ✓ The public simultaneously sees health care as both a commodity and as a right. On the one hand, people connect to health care as consumers. On the other hand, health care is linked to the pursuit of the American Dream, our country’s destiny, and each family’s well-being and future.
- ✓ Health care is a very personal issue. The first question people ask is how any health care plan will impact their personal lives. Will it allow them to keep their current coverage if they like? Will it allow them to keep their doctor? How much will it cost? What are the benefits? People are worried that if we cover everyone, then all the newly insured will flood the system, making it even harder to see their own doctor. Remember that 94% of voters in 2006 were insured. Only after people are assured that they will not lose what they have – even if what they have is not what they most want – are they willing to ask if reforms will benefit others. The social scientists call this blocked altruism.
- ✓ People value personal responsibility in health care reform. However, the public doesn’t view “personal responsibility” the way conservatives do: being responsible for purchasing insurance in the health care market. Instead, personal responsibility

is conveyed by two aspects of health care: *prevention*, which means that insurance should cover prevention so that people can take advantage of care that will help them avoid illness; and paying for health care on a *sliding scale* with everyone paying something, a very little something if that's what all a person can afford.

- ✓ People want government to be a watchdog and rules enforcer, but do not want the government to provide health care. People understand that only the government is powerful enough to protect consumers against insurance companies, drug companies and hospitals. The public wants the government to stop insurers from denying people coverage for pre-existing conditions and stop insurers from practices that delay and deny payment. The public sees a role for the government in stopping insurers, drug companies and hospitals from ripping people off. At the same time the government people are deeply suspicious of a government role in providing health care or the government's ability to run something. A public insurance plan is welcomed by the public as an option and a safety net, but not as the only choice for coverage.
- ✓ People want choice. They strongly value their ability to choose their own doctor and don't want the insurance companies or government to get in the way of that. They want to be able to keep their own plan or have a choice of plans.
- ✓ People want an American solution to the health care issue. The public believes that we are the greatest nation on earth and therefore we must have the best health care system. Unflattering comparisons between the United States and other nations not only aren't believed, they get people angry at the messenger.

The research also found that given these values, the best motivation for change is anger, not fear. If we advocate for reform by reminding people what they are in danger of losing under the current system people close down and become resistant to any change. When we activate anger against the powerful forces that are blocking care or ripping them off, we motivate people to be eager for change.

3. A Winning Strategy: To achieve our goal, we need to marry the two points laid out above, the policy and the political. The policy must make changes in the health care system so that health care becomes much more of a public good. Those policies must be able to attract and mobilize the public in the political battle for change.

The strategy is that instead of supporting a specific piece of legislation or policy proposal, we build a campaign to demand that health care reform include the following elements:

- ✓ Guaranteed coverage;
- ✓ Standard benefits that meet people's health care needs;
- ✓ Affordable to individuals and families, based on a sliding scale;
- ✓ Affordable to employers, particularly small business;
- ✓ Government playing a strong watchdog role on insurance company practices;
- ✓ Offering everyone a choice of a private or public health insurance plan.

These standards for reform are fully within our progressive values and if implemented would create a health care system in which health care is a public good. Legislation

grounded in these reforms would deliver on the justice-based principles Light identified and are fundamentally in opposition to market-based solutions to health care reform.

In the Herndon research project we tested the public's view of a proposal based on the following core elements: guaranteed coverage; benefits that meet people's needs; affordable based on a sliding scale and offering a choice of a public or private insurance plan. Our research found that such a proposal has strong public support, is overwhelmingly preferred over conservative solutions (Health Savings Accounts and tax credits) and over single-payer. In our research we also aggressively attacked our proposal, anticipating all the salvos that will be aimed against us: government run health care, harming small business, undermining quality, raising taxes and covering illegal immigrants. Even after hearing the attacks and our responses, the public still strongly supported this approach. We are able to keep the public with us because these standards are not only consistent with progressive values, they are embedded in the values of the great majority of Americans.

This strategic approach does not rely on a particular legislative proposal. Recent legislative proposals, including those made by Democratic Congressional leaders on health care, including Senator Ted Kennedy and Congressmen John Dingell and Pete Stark, are consistent with this new approach. All of these proposals combine regulated private insurance and a public insurance plan. Most significantly, the proposals made by the three leading Democratic Presidential hopefuls – Clinton, O'Bama and Edwards – are all within this framework. That is no accident, but a result of conversations with the presidential campaigns spearheaded by the Campaign for America's Future and the Herndon Alliance.

That is not to say that the various legislative and presidential proposals are all the same or that details of each of these proposals are not important. In fact, the details are of crucial importance. The actual proposals must contain provisions that deliver on the foundation principles. A major task of our campaign to win reform will be to gauge the provisions of any proposal against our standards and press for specific measures that will achieve our goals.

This strategy is not aimed at or predicated on weakening insurance company opposition to what we propose, that somehow insurers will be less aggressive in opposing stringent regulations and the establishment of a public insurance plan than they will single-payer public insurance. We are clear that the industry will throw everything it has at us, framed as government run health care, at both approaches and for that matter, at even less ambitious proposals to rein in their power to control the system. We are also clear that unless we have the resources to respond to the next incarnation of Harry and Louise, it won't matter what proposal we support. But if we are to win this fight it absolutely does matter that what the next president is proposing is within the values of the American public and can sustain public support under white-hot fire on the political battlefield.

In working to win quality affordable health care for all we will frame our campaign within our values of health care as a common public good. This includes deliberate

choices of messages and tactics. For example, rather than arguing that the goal of regulating private insurance is to make the market work better or that the purpose of a public option is to offer competition with private plans, we will communicate within our progressive values: “We’ve got to stop insurance companies from denying, delaying and destroying our health care in order to increase their profits. And we need a public insurance plan so we’re not stuck with only private insurance.”

While there is growing support among progressive organizations for an approach based on fighting for specific principles there has been resistance from those who believe that single-payer national health insurance is the only possible solution for health care reform. Like many of these activists, I helped lead the fight for single-payer in the early ‘90s and come from an organization that has long supported single-payer and continues to do so. Earlier this year our organization involved more than 100 of our grassroots leaders in a discussion of whether to continue to campaign for single-payer or instead run a campaign around principles for reform including the choice of a public option. At the end, our organization’s leadership voted overwhelmingly to campaign for principles, including a public option. A growing number of single-payer champions came to understand that establishing a public insurance plan that has good benefits, is affordable to individuals and employers and offers a choice of providers, would be a huge and historic accomplishment, establishing health care as a public good and demonstrating a powerful, positive role for government in people’s lives. Many of these same people also took seriously the argument that a campaign for single-payer, effectively telling 180 million people in George Bush, post-Katrina America they would have to give up private insurance for a government run plan, would doom the entire project to failure.

4. A Winning Campaign. Of course, it’s not enough to have a strategy without a campaign. Winning will take the considerable resources to carry out an aggressive, national campaign based on that strategy. Think of this as a national presidential campaign. In this campaign our candidate is “a government guarantee of quality affordable health care for all.” Our opponent is “you’re on your own with the insurance industry.” The campaign must lift our candidate to victory and drive up our opponent’s negative through the basement. Here’s what we need to win.

- ✓ **Strategic Unity.** We need a broad array of forces getting behind our candidate, making the same basic point over and over again: the solution to the health care crisis is a government guarantee of affordable, quality health coverage rather than a market-based solution that puts the onus on the individual to purchase health coverage. We need our forces pointed in the same direction at about the same time, as described in the next bullets.
- ✓ **Building a base.** We need to educate an army of activists around the country who understand what we are working for, what we are working to stop and who will enlist their neighbors, co-workers, friends and family in the campaign. We need to activate that base by combining and creating a new synergy between traditional community and political organizing and the new modes of organizing we see through the Web and through movements that lead millions of people to wear plastic “live strong” bracelets.

- ✓ **360-degree communication.** We need a communications plan that fills the American political space, including local and national news and opinion, paid advertising on the web, TV and print, the new media of Internet, blogs and text messaging.
- ✓ **Attacking the health insurance industry and their supporters.** The health insurance industry is wildly unpopular. We need to direct anger against the industry and against anyone who advocates for market-based solutions that leave people at the industry's mercy.
- ✓ **Lobbying Congress in 2008.** The campaign needs to educate our current elected officials now about what we expect from health care reform. It's not enough for members of Congress to think they need to do something about health care, they need to understand that we are demanding a public solution not a market solution.
- ✓ **Defining the election.** Here again, the issue is not just making health care the top domestic issue, it is making the election about a public demand for a guarantee of quality, affordable health coverage for all and a vote against reforms that leave consumers out on their own.

All of this will take a huge amount of resources beginning in 2008. We will need to build the coalitions, organize and mobilize our base, finance the earned and paid communications and deploy our forces effectively in the elections. We will need to be sure that the American public hears our message and that we are able to respond to the industry's attacks on reform.

We have to start where the American public is today. After seven years of the Bush administration and 30 years of conservative dominance the American public is fearful about their economic status. Most Americans sees the government as being corrupt, ineffective and on the side of wealthy special interests. People do not trust the government and that don't think that the government is on their side. Health care reform contains the promise to turn this around, to demonstrate that government can work for all of us, that the public interest can trump corporate interests and the you're on your own ethos of our new gilded age. Health care reform holds the promise to create a generation of Americans that support a government that works for all of us, just as the New Deal's advances led to four decades of activist government for the public good.

Coming off more than a quarter century of conservative domination of American politics, I'm reminded that Karl Rove's hero, William McKinley, was followed by Teddy Roosevelt and the Progressive era. Our job is to build a movement for health care reform that ignites the hopes and aspirations of the American people, the American values of opportunity and fairness. Winning real health care reform will requires a clear vision, a persistent, strategic energy and a belief in the miracle of change.