

Stakeholders, factors and outcomes concerning health policy formation debate

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Abstract

This article examines the notions and patterns of power employed in the case of health policy reformation in the United States of America in 1990s. For the needs of this paper, a brief analysis of the American healthcare system background during this period will be provided, since this is an eventful period concerning health care in the U.S. Additional times prior to this decade will be analyzed whenever needed for the scope of this paper. Thus, based mainly on Lukes' power dimensions concerning (i) decisions and (iii) ideas, this paper attempts to report on factors and outcomes concerning healthcare reformation. Especially the third one of the dimensions as provided by Lukes is of critical importance in this study, since in the healthcare sector one needs to examine actors, such as health insurance providers, that play a catalytic role on healthcare policy discourse formation and aim to present the government as a healthcare reform adversary.

Keywords: power; healthcare reforms; three dimensions power; U.S.; Luke's power.

1. Introduction

Both the notion and concept of power are subjects to constant exploration, multiple interpretations and much debate among scholars. Many publication efforts have attempted to define power. For the needs of this article the definitions that will be

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in use are the ones provided in the works of Bachrach and Baratz^{1,2} and Lukes³. According to the above mentioned scholars power is described as two-faced and three-dimensional. Power with its political and social correlations should be analyzed under different perspectives; whether power is exercised over or to and whether its subject is human or non-human⁴.

Additionally, the three dimensions of power concern (i) the decisions taken, i.e. the power to form and make decisions (ii) the agenda formed, i.e. the issues that are judged as important and are worth bringing to the table, and (iii) the ideas transmitted, i.e. the shaping of ideas and construction of perceptions and preferences. This article examines the notions and patterns of power employed in the case of health policy reformation in the United States of America in 1990s. For the needs of this paper, a brief analysis of the American healthcare system background during this period will be provided, since this is an eventful period concerning health care in the U.S. Additional times prior to this decade will be analyzed whenever needed for the scope of this paper. Thus, based mainly on Lukes' power dimensions concerning (i) decisions and (iii) ideas this paper attempts to report on factors and outcomes concerning healthcare reformation. Especially the third one of the dimensions as provided by Lukes is of critical importance in this study, since in the healthcare sector one needs to examine actors, such as health insurance providers, that play a catalytic role on healthcare policy discourse formation and aim to present the government as a healthcare reform adversary.

2. Brief historical background of Clinton's healthcare reform

Prior to analyzing the relation between Lukes' first and third power dimensions and U.S. healthcare reforms, it is significant to overview certain aspects of this American system. In this way, this paper will provide a complex view on the issue in question providing both its theoretical and practical applications through important times in American history.

During the post-war era, national polls have repeatedly illustrated that a comprehensive health insurance system has been a common need between Americans⁵. Surprisingly, the Constitution of the United States of America does not grant Americans the right to healthcare in an explicit way. Additionally, neither does the Supreme Court assure the right to healthcare to Americans who cannot afford it themselves⁶. Based on the abovementioned facts, experts and scholars point out the U.S. as the only industrial country lacking a universal healthcare system.⁷ Thus, health insurance derives from three different sources, both private and public; the largest part (60%) from employment, another part (27%) from various state programs and another part (9%) from private insurance plans that each individual chooses for themselves⁷. Consequently, the nation

seemed to be in need of a reform, since healthcare costs burdened American citizens.

The 1990s status quo concerning healthcare and insurance system in the States was about to be reformed after the election of President Clinton. The public believed that his healthcare plan and promises were the key of his campaign and thus they responded accordingly. In fact, the reforming Act of 1993 concerning health security was Clinton's answer to Americans need of a universal healthcare system, based on both federal and free-market grounds⁸. Although on this year the majority of Americans (71%) were satisfied and approved the presidential reform, almost a year later Clinton's efforts in the Senate and Congress failed to pass any significant healthcare legislation and so he seemed to have lost the battle of healthcare reform⁹.

The reasons behind Clinton's healthcare reform rise and fall can be identified and analyzed based on Lukes' dimensions of power, especially the first and third one; concerning decision-making and construction and shaping of ideas¹⁰.

3. The first dimension of power in Clinton's healthcare reform example

According to Lukes, a feature of the first dimension of power is the decision-makers and specifically the one who prevails during the process of decision making¹⁰. In details, it examines the behavior of the parties in the case of decision making for issues characterized as ambiguous and debatable, mainly because they concern subjective interests in policies. In the example of Clinton's healthcare reforming Act of 1993 the parties were both state and non-governmental actors who demonstrated their power over obstructing and ultimately defeating such a reform.

On the one hand, the battle against Clinton's reform attempt was an internal one; within the governmental fields, concerning the conflict between Democrats and Republicans. As instructed by the Republican chairman, William Kristol, Republicans were to be opposed to the reform at any cost and they were not open to any compromise. Defeating Clinton's plan was their only objective¹¹. Within the Senate Republicans' means was the filibuster. According to this technique politicians are able to delay or even prevent the discussion or even pass of bills, as it occurred in this case, too. The aforementioned actions are first dimension of power examples since certain politicians acted in such a way as to control one's responses to a certain situation¹². The result of all the above was that never was there any vote held in Congress concerning Clinton's healthcare plan, since

Republicans' efforts and the practice of the first dimension of power led them in achieving their desirable goal of killing the bill.

On the other hand, the battle against Clinton's reform attempt was also an external one. Private actors, such as insurance companies and healthcare associations had a great influence in the field of policy-making. It is known that millions of dollars are spent by insurance companies and their marketing campaigns which not only address potential customers but also politicians involved in decision-making. Consequently, huge amounts were spent in order for insurance companies to ensure that the responses they wanted were expressed by Congress members. Thus, interest groups used their huge financial resources to exercise the first dimension of power. More than \$100 million were spent for such purposes within only the fourteen months that the debate in question took place¹³. As a result, the abovementioned lobbying techniques is an accurate example of the first dimension of power, since a promising plan that seemed to gain popularity at the beginning of its promotion ended up never being voted, due to the fact that insurance companies acted in such a way that ensured governmental responses for their advantage.

As far as the first dimension of power is concerned, the winners and the losers in Clinton's healthcare reform example can be easily identified. On the winning side Republicans and insurance companies succeeded in killing the bill, while on the other side the Democrats and Clinton himself failed to pass a bill which at the beginning seemed as a welcomed and promising one.

4. The third dimension of power in Clinton's healthcare reform example

Apart from the debate and the success and failure of the two sides accordingly, Clinton's healthcare reform example also includes the exertion of the third dimension of power by the winners of this conflict in order to fulfill their objectives. As stated in the introduction of this article, the third dimension of power is related to the use of perceptions, ideologies and preferences over an ideological opponent. In other terms, discourse and language are employed in order for one to gain power and achieve their purpose. According to Lukes, a party may exercise power over another party having them perform specific actions even against their will or beliefs and also influence them in shaping their own wants in a very specific way as this is indicated by the first party¹⁴. A common way of doing so is by defining the who and what masses view as normal and generally acceptable or else unwanted and even hazardous. Discourse and language are the main components of achieving this technique and exercise this power. Thus, using this dimension of power, the means via which certain organizations, such as AMA (the American Medical Association) and HIAA (the Health Insurance Association

of America) managed to form certain perceptions and ideologies concerning governmental involvement in insurance and healthcare, can be examined.

It is claimed that from the very beginning the American national healthcare reform had been a discursive issue. Not only governmental actors, but also companies from the private sector aimed at shaping certain opinions among the voters, but also control the way they think about healthcare. By this fact one can conclude the key importance of the third dimension of power in this debatable issue. In the case of healthcare as a controversial issue the words and language chosen to be used were charged with strong emotion so as to shape and guide public opinion. As it has been lately illustrated, the parties in conflict at that era traded “horror stories” in defense or against particular reforms¹⁵.

A strong example of this case is a series of advertisements sponsored by HIAA¹⁶. In these specific advertisements, aired in the crucial for the healthcare reform year (1993-1994), an upset and worried couple promoted negative notions about the reformations that their healthcare plan would suffer if Clinton’s reform passed. Through simple language, but with strong meanings and emotionally charged words, such as “they” and “choose” (referring to the American government) and “we” and “lose” (referring to the American people), the advertisement manages to create a dichotomy between the people and the government. In this way and with the use of such wording the government is established as the enemy that needs to be fought or resisted. Thus, the government that aims at gaining more involvement in healthcare and insurance is considered unwelcomed and even evil.

After these powerful advertisement with the strong statements against governmental intervention in healthcare Clinton’s plan inevitably lost public support and the polls were no longer promising for him. As it was later proven, this played a pivotal role in bringing about Clinton’s healthcare reform failure¹⁷. Thus, with the abovementioned campaign example, the third dimension of power becomes evident as exercised by HIAA in influencing not only lawmakers but also the public opinion. This is also the very first example of an advertising campaign that succeeded in manipulating the public to push the government towards a specific direction. This was the age during which advertising became a key factor in lobbying.

Nevertheless, this was not the first time in American political history that a non-governmental actor sought to influence the public towards a specific direction. Almost fifty years prior to Clinton’s healthcare reform AMA tried to argue that any governmental intervention in the healthcare system would have disastrous effects. From the destruction of the relation between doctor and patient to the great conflict between America and Sovietism AMA used various examples and threats to shape public opinion against any governmental healthcare system¹⁸. In a

dichotomy with the proportions of that of good versus evil AMA using the third dimension of power managed to create a deep public suspicion towards state participation in healthcare.

5. Conclusion

This article has attempted to demonstrate how Lukes' perspectives on power were put in practice in American healthcare reform issues. In fact, Lukes' framework seems to have found various implementations in the exercise of power in the field of American healthcare policy reformations. More precisely, two of Lukes' dimensions of power; the first and the third one, have been useful and effective tools in the hands of those opposed to the reform. The first dimension refers to the process of decision-making and became evident in Republican's attempt and insurance company's resistance against Clinton's initiative in healthcare. Additionally, the third dimension concerning the formation of ideologies, perceptions and attitudes with the use of specific and well-chosen words, language and discourse in general has more than once been used against governmental participation in the sector of healthcare. Thus, it has been proven that even when a plan seems promising and enjoys public acceptance at the beginning, with the right manipulation of the dimensions of power this very plan can fail and its popularity can decline. Similarly, certain actors, such as the government and its doings in this specific example of Clinton's healthcare plan can be presented as the enemy of healthcare.

In conclusion, it is vital that such previous examples be analyzed and their effects and implications be recognized and analyzed. Power in healthcare reform attempts, as exercised in its many forms, has been proven to play a major role and any previous success or failure is critical as future reference for the better organization and conduct for the reforms to come.

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