Democracy and the Media

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Health insurance, President Bill Clinton promised, would be as accessible and universal as a Social Security card. In September of 1993, Clinton kicked off the lobbying for his signature “health security” bill in a rally for doctors and administrative allies. Revealed in full the night before, the policy proposal marked the culmination of years of campaigning and months of intensive planning and speculation. Now, a confident Clinton pledged that before the 103rd Congress adjourned, he would sign into law legislation guaranteeing all Americans access to affordable and reliable health care (C-SPAN, 1993c). Pundits across the political spectrum praised Clinton’s plan. Legislators from both parties complimented Clinton’s speech before Congress the previous evening and commended him for recognizing the need for action. The plan, developed by a 511-member task force of experts, represented an idealized way of creating public policy in which policy experts come together with stakeholders and legislators to create a wide-ranging plan addressing a complex issue.

And yet, even before the administration could submit the bill, callers on C-SPAN spoke of their fears that the federal government could not solve the problem because the government was the problem (C-SPAN, 1993b). Over the next year, these concerns about government overreach intensified, and legislative opponents of the plan portrayed the task force and its most visible members as an overly complex bureaucracy of technocrats controlled by large liberal private foundations. Republicans claimed that the task force had been infiltrated by the Henry J. Kaiser Family Foundation (KFF) and Robert Wood Johnson Foundation.
(RWJF), the two largest foundations at that time dedicated to health care. They cited the revolving door between the foundations and the Clinton administration as evidence of bureaucratic corruption.

By thrusting the task force itself into the limelight, the public debate over health care launched a broader discussion about the very nature of policymaking and expertise. Led by Hillary Clinton and Ira Magaziner, a close associate of the Clintons and senior domestic policy adviser, the policy team sought to succeed in passing a national health policy, something Democratic presidents had attempted and failed to do since 1948. Understanding that lobbying from insurance companies, businesses, and the American Medical Association had long undermined health care reform, President Clinton saw the task force as a way to move beyond gridlock and special interests (Chapin, 2015, 2019). He wanted to rely on expert opinion, not partisan dealmaking, to determine the outline of a new health care system designed to provide universal coverage, reduce costs, and set new standards for private insurers regarding eligibility and portability of coverage (Skocpol, 1997).

Foundations had long supported this method of policy study through the funding of scholars, universities, think tanks, and research centers. Now after decades, an administration embraced expertise and complexity as virtues of comprehensive policymaking. And yet, responses of C-SPAN callers and Republican challenges over the next 13 months suggest that the complexity only gave rise to confusion, and the reliance on experts was interpreted as paternalistic, not pragmatic. In the end, the Clinton administration’s reliance on policy experts proved no match for a segment of the public increasingly wary about the role of bureaucracy in their daily lives, fears Republican organizers and politicians exploited.

The reactions of C-SPAN viewers to the task force and health care plan exposed the tensions underlining the growing prominence of private foundations, and their claim over cultivating and deploying expertise that had reshaped the relationships between policymaking and politics over the previous two decades. Scholars examining the health care battles of the 1990s focus on how the task force insulated the plan from politics, making it harder to secure passage. Stakeholders that would normally be needed in ferrying the plan through the legislative process did not feel adequately invested after being excluded from the drafting process (Johnson & Broder, 1997; Katz, 2008; Skocpol, 1997). Political scientist Jacob Hacker (1996) argues that the Clinton administration’s task force provided an approach focused on “policy analysis,” not politics. Hacker’s judgment
on the limitations of policy analysis undermines the position of private foundations that sought to make expert policymaking a central piece of governance.

By examining the interactions between task force members and C-SPAN callers, the tension between policy analysis and political persuasion becomes even more apparent. The callers engaged passionately with arguments about the size of government and the corruption of the administration rather than with actual details of the plan. The rise and demise of the Clinton health care plan is a telling episode for understanding the kinds of expertise foundations wanted to introduce to the policymaking process and the political challenges embedded within the very crafting of this type of expertise. It also exposes a fundamental paradox that foundations had faced since the 1970s. As nonprofit institutions became more politically and economically influential, the public increasingly questioned expert opinion and who could claim the mantle of expertise. Republican lawmakers took advantage of this public distrust to undermine the credibility of the Clinton health care plan and the liberal commitment to harnessing the federal bureaucracy to provide for the public good. In fact, the language used by C-SPAN callers—a highly engaged and politically involved segment of the electorate—often mimicked the narratives espoused by conservative media outlets. Expert policy analysis failed to overcome an anti-government rhetoric espoused by conservative intellectual and media institutions for over four decades.

PRIVATE FOUNDATIONS IN AMERICAN POLITICS

Government officials, foundation leaders, and scholars have long viewed foundations as a kind of policy laboratory with the flexibility to pilot reform efforts at a scale that governments could then expand (Zunz, 2014). Both the Kaiser and Johnson foundations viewed the Clinton administration’s commitment to a national health plan as a continuation of their missions and cumulation of tens of millions of dollars spent on reform efforts. So, when the administration sought to develop a comprehensive plan based on expert opinion, the administration and foundation directors found it natural for the task force to rely on the decades of foundation research and talent.

However, foundations have long served as a tool to advance political agendas, sparking controversy as a result. In fact, since the proposal for the first tax-exempt foundation in 1913, lawmakers have been skeptical of the influence
of foundations in the democratic process. In an essay expressing his misgivings, chairman of the U.S. Commission on Industrial Relations Frank Walsh went as far as to declare foundations a “menace to the welfare of society” (Walsh, 1915). One of the earliest debates on the role of foundations centered around Margaret Sanger and her efforts to provide access and information concerning birth control to women regardless of their class. Sanger’s efforts to educate the public on the leading scientific opinions of the time and open health clinics promoted ideas that fit the eugenicist beliefs of her donors by increasing the prevalence of birth control among racial and ethnic minority groups. Efforts to serve impoverished communities seemingly fit Congress’s guidelines for tax exemption of organizations dedicated to “religious, charitable, or educational” purposes. However, throughout the 1920s and into the 1930s the controversial, and in some states illegal, nature of information concerning birth control found Sanger advocating for policy changes to enable the dissemination of birth control literature. Regulators felt that advocating for specific policy changes violated the congressional intent of the law. The courts agreed. For Sanger’s supporters, this meant that the IRS viewed their donations to programs that lobbied for legislative changes as political contributions and therefore ineligible for a tax deduction (Zunz, 2014, pp. 76–103).

In 1934, Congress codified previous judicial rulings that attempted to create a firewall between philanthropy and politics allowing tax-exempt foundations to educate but not advocate. And yet, the difference between education and advocacy proved rather gray throughout the century and often depended on the observer. In 1934, the National Economy League watched as Congress decided what limits to place on the practices of tax-exempt organizations. The tax-exempt group largely consisted of veterans and was organized around a non-partisan goal of reducing wasteful spending in government. In response to cuts in veterans’ pensions, the group sent out material advocating for the restoration of the cut in benefits to every member of Congress. The group’s critics argued that just like with Sanger, the Economy League should lose its tax-exempt status because it was involved in direct lobbying. However, the Economy League represented an important voting block of veterans and was left undisturbed by regulators (Zunz, 2014, pp. 76–103).

The inconsistent regulation of nonprofits continued with the activities of large foundations in the middle decades of the 20th century. In 1967, the Ford Foundation sought to continue its work with the Congress of Racial Equality (CORE) to tackle the problem of growing racial inequality in deindustrialized
cities. In this, the Ford Foundation appeared to be financially supporting CORE in its efforts to organize and register voters in Cincinnati and elect the city’s first Black mayor. Foundations had supported voter registration before, but previous efforts had focused on entire regions. Segregationists in Congress argued that the Ford Foundation waded into a specific political contest violating regulations against advocacy. This perceived transgression led segregationists to lend their support to long-term critics of private foundations like populists such as Rep. Wright Patman (D-TX), who had sought for decades to curb the influence of wealth in politics. (Young, 2000; Zunz, 2014, pp. 220–231). Together, Patman and the segregationists’ efforts created an explicit definition of a “private foundation” in the U.S. tax code and increased IRS oversight to prevent foundations from taking advantage of their tax status.

During the 1970s, new priorities among think tanks and policy researchers altered the relationship between philanthropy and politics, ultimately allowing foundations to exercise even more influence over policy. Foundations had long invested in public policy research based on a Progressive Era faith in the social sciences to solve complex problems (O’Connor, 2001, 2007). As social and economic problems grew seemingly less localized and more complex throughout the 20th century, many foundations underwrote larger and larger projects designed to combat the issues the foundation’s directors viewed as the most pressing. For instance, in response to the oil crises of the 1970s, the Ford Foundation spent $7.4 million on issues related to energy and the environment, including $2.4 million on the creation of a foundation-run policy research center on the issue (Ford Foundation, 1973).

Other exclusively grant-making foundations channeled their resources into public policy research by relying on think tanks as conduits. As historians Kim Phillips-Fein and Jason Stahl have shown, these grants proved influential, allowing think tanks to develop the policy that matched the free-market and anti-regulatory beliefs of some foundation leaders that characterized much of the New Right (O’Connor, 2008; Phillips-Fein, 2009, 2011; Stahl, 2016). By choosing which topics foundations would study and who would study them, foundation leaders held immense power to direct policy debates. So long as the research avoided explicit partisanship, foundations would be seen as educating without advocating. The proliferation of think tanks designed to fit the ideological views of their donors inverted the notion of expert policymaking by allowing politicians to find experts to support their favored policy claims rather than having expertise lead to policy.
It was in this environment that the directors of the RWJF had to decide the priorities of a foundation that was soon to be the nation's second largest foundation. The foundation's namesake, Gen. Robert Wood Johnson, transformed the family company, Johnson & Johnson, from a modest national medical supplier to an international standard in medical manufacturing in his 30-year tenure as CEO. His death in 1968 and subsequent $1 billion bequeathment to the foundation bearing his name led to a total overhaul of the RWJF that Gen. Johnson established in 1936 to manage his contributions to hospitals in the New Brunswick, New Jersey, area. In 1971 the foundation's directors hired the dean of the Johns Hopkins School of Medicine as its president and moved out of the small two-story clapboard house that had long served as the foundation's office, and in 1972 it committed to donating $45–$50 million to nonprofits and projects dedicated to health care. Second in size only to the Ford Foundation at that time, the foundation's president promised to make gifts in concert with Gen. Johnson's desire that all Americans have access to adequate health care regardless of their station. An independent Republican, Johnson had favored decentralizing business operations, educating workers and nonworkers for a new era, raising the minimum wage, and promoting public health—all stances that often found him at odds with his peers. After his death, his estate funded the largest foundation dedicated almost exclusively to issues of health care training, access, and policy (Farber, 1971, 1972; “The Johnson Fund Is Widening Vistas,” 1972; “Robert Wood Johnson, 74, Dies,” 1972). This policy mission guided the foundation's trustees in the Clinton health care debate as they pushed to ensure that the task force's plan reflected their priorities and critiqued the plan for what they perceived as shortcomings (RWJF, 1994).

While lacking the financial clout of the RWJF, the KFF under president Drew E. Altman found innovative ways to utilize its resources into becoming one of the most influential voices in health care policy. Henry J. Kaiser, the famed shipbuilder of World War II and whose company played a pivotal role in the construction of the Hoover and Grand Coulee Dams, created the foundation in 1948. After his death most of his estate went to the family foundation (Foster, 1989, pp. 274, 278). While primarily known for his massive infrastructure projects and the large planned communities organized along the West Coast to smash production quotas during the war, Kaiser also created one of the nation's first health maintenance organizations (HMO), the nonprofit Kaiser-Permanente Health. This plan brought doctors, associated health providers, and medical facilities from a variety of specialties under one plan to control costs and provide comprehensive
care with a particular focus on preventive care. This made it relatively inexpensive for enrollees to seek care from the Kaiser-Permanente network of doctors but offered no benefits when utilizing providers outside of the umbrella (Starr, 2017). While the Kaiser health plan proved popular among the majority of its enrollees, Kaiser and his son wanted the KFF to continue to innovate and bring robust and affordable health care to the masses with its policy study programs.

In 1990, when the KFF’s directors named political scientist Drew Altman as the foundation’s next president, the foundation underwent much more than a change of leadership. Altman, the former commissioner of health for the State of New Jersey and a former administrator at both the RWJF and Pew Charitable Trust, recognized that the KFF did not have the financial resources of the RWJF to pursue a wide range of initiatives. Therefore, he wanted to focus in depth on three areas and spend resources on ensuring that they reach the media and policymakers (Pallarito, 1990). Responding to the concerns of 1990, the KFF prioritized HIV/AIDS care and policy, reproductive health, and national health policy. In each of these areas, the foundation worked to become the premier information clearinghouse, making sure that policymakers, members of the media from The Washington Post to MTV, and the general public recognized the KFF as a reliable source of information (Altman, 1998). The KFF focused on in-house policy research and media outreach—essentially creating a think tank within the foundation—as part of its prioritization of long-term policy solutions, a decision that Altman felt would allow the KFF to increase access to care far beyond what it could hope to achieve through the funding of community health clinics. In the health care debate, foundations contributed directly through personnel and advertising that seemingly favored the Clinton plan, which opponents of the legislation later claimed crossed the line into direct advocacy.

PRIVATE FOUNDATIONS IN THE HEALTH CARE DEBATE

The work of individuals like Judith Feder, a Harvard PhD in political science and an expert in health policy, illustrated how foundations like the Kaiser and Johnson foundations acted as way stations for policy experts, providing resources and employment that allowed researchers to continue working when the politicians that favored their policies were out of power. Before being named an acting assistant secretary of Health and Human Services, where she became one of the most visible members of the task force, Feder previously worked as an associate
director of one of the KFF’s largest programs—the Commission on the Future of Medicaid. Before working for the KFF, she served as executive director of the Pepper Commission, a bipartisan congressional commission that worked from 1989 to 1990 to produce a plan for health care reform, as well as working at the Urban Institute (C-SPAN, 1993a, 1993d). Feder’s oscillation between time in government and time in the nonprofit sector was far from unique. In fact, it shows how a small group of foundation directors shaped national debates by supporting the work of particular policy researchers.

Foundations, like universities and think tanks, trade on the stated nonpartisanship of their actors, their perceived expertise, and their research output. During the health care debate, foundations magnified the voices of their directors in various ways. They could directly try to bring policymakers toward their way of seeing certain issues by deciding which studies on which issues were worth undertaking. Or, they could shape media narratives surrounding specific topics by seizing opportunities of having their roster of experts ready to weigh in when a particular issue gained public attention. In short, foundations had an indirect hand in shaping available options for policymakers during the Clinton health care debate by either supporting specific research projects or shaping the boundaries of policy. Individuals like Feder pushed this influence further by bridging the Clinton administration and the KFF.

The RWJF pursued other initiatives that proved more egregious to critics. The foundation funded six “fellows” assigned to various working groups on the task force. When court rulings and public pressure forced the administration to disclose the names of all task force members, the administration listed the fellows as legislative aides to various proponents of the bill, prompting further outcry (Center for Public Integrity, 1994). The foundation argued that it had funded legislative fellowships for decades, but with the initially secretive nature of the task force and the fact that these fellows played an active role in drafting such a sweeping and ostentatious proposed overhaul of the nation’s health care system, opponents of the bill cried foul (Pear, 1993).

The administration’s connections to the Kaiser and Johnson foundations went beyond staffing. In a February 1993 letter from the president of the KFF, Drew Altman, to Carol Rasco, assistant to the president for domestic policy, Altman wrote, “Let me underscore again my willingness to be helpful with polls, media briefings, focus groups, or in any other way.” The letter was then shared with Ira Magaziner and Hillary Clinton with a note from Rasco describing Altman as a “genuine friend” of the administration (Altman, 1993). Whether due to this memo or for other reasons, Kaiser polls were often included in task force
proposals and later during the legislative push for the plan (Center for Public Integrity, 1994).

Beyond polling, the Clinton administration viewed people like Altman as central to its media strategy. Internal memorandums laying out the media blitz to accompany the plan showed a reliance on foundation experts (Pellicci, 1994). In a reference table of experts that the administration viewed as “sympathetic individuals whose opinions are valued by the media,” Clinton’s media team flagged Drew Altman as being particularly useful in speaking on the need for reform and current trends in public opinion and as a spokesman for outside interest groups (White House Health Care Task Force, 1994). Additionally, they listed Judy Feder as the preferred person to contact Altman. The memo stated that internal research and outreach had “great potential to backfire” and highlighted the need for foundation leaders like Altman to serve as “outside validators” of the Clinton health plan (White House Health Care Task Force, 1994). Sociologist Thomas Medvetz (2012) argues that one of the primary functions of think tanks has become filling media appearances in a 24-hour news landscape. The Clinton administration understood this and recruited Altman as an outside expert for its larger media rollout. This plan matched Altman’s commitment to a vigorous courting of members of the media and policymakers so that the foundation’s policy briefs reached its intended audience and did not yellow in a drawer.

The RWJF, however, took a more public approach in bringing the health care debate to citizens and policymakers. On June 21, 1994, the foundation hosted Tom Brokaw, Hillary Clinton, Senator Bob Dole (R-KS), and Senator George J. Mitchell (D-ME) for a two-hour primetime special on NBC devoted to the health care debate. To secure a two-hour block of ad-free coverage on the issue, the RWJF paid $2.5 million to NBC and an additional $1 million to advertise the special. Like the KFF, the RWJF had increasingly focused on using its resources to pursue media partnerships. In 1994 alone, the foundation directors approved grants to PBS, NPR, and Rock the Vote with the stated goal of increasing awareness of health care issues (RWJF, 1994). And in the lead-up to the plan’s formal introduction, the RWJF worked with the Clinton administration to sponsor a series of public listening events featuring First Lady Hillary Clinton (First Lady’s Office, 1993).

Yet, the primetime special turned heads as it appeared to some as a clear example of a foundation funding the Clinton administration’s PR. In 1972, the founding directors of the RWJF made increasing access to basic health care for all Americans one of their primary goals: a goal that the foundation had spent hundreds of millions in pursuing over 20 years. By 1993, foundation leaders
recognized that the Clinton health plan, while not perfect, pushed their agenda of universal access and lower individual costs further toward reality (RWJF, 1993). Defending the special, the foundation’s vice president of communication argued that while the foundation favored general reform of the nation’s health care system, “it had taken no political stand on the debate over health care” (Carter, 1994). However, after 22 years of trying to improve the national health care system, the RWJF found that Americans were confused by an overly complex health care system. The foundation wanted to seize on the national focus to educate Americans about the menu of potential reforms, not just the Clinton plan. In its view, the NBC primetime special was simply the most conspicuous in a series of programs meant to inform Americans about the particulars of the health care debate under its larger organizational mission (Carter, 1994).

Despite the fact that Tom Brokaw and the NBC News division shaped the actual program, Republicans like Newt Gingrich’s press secretary, Tony Blankley, argued that the RWJF’s previous involvement with the task force would ensure unbalanced coverage (Carter, 1994). Such concerns were intensified when Hillary Clinton, while accompanied by Dole and Mitchell, emerged as the “star” of the evening. In town-hall-style segments, viewers watched as Clinton fielded questions from audience members who had suffered denials of coverage due to an unknown preexisting condition as well as a family at a loss as to how to pay for $700,000 in out-of-pocket expenses after the birth of their child with “severe respiratory problems” (Goodman, 1994). The presence of Bob Dole, a Republican critic of the plan, did not assuage its opponents. One C-SPAN caller characterized the special as coming “astonishingly close to being an endorsement for single-payer” (C-SPAN, 1994b). Overall, many Republicans found it hard to separate the similarities between the foundation’s mission of expanding access to health care and the Clinton administration’s plans of universal coverage. Notably, C-SPAN callers illustrate how the relationship between the administration and expert policy analysis failed to speak to some of the political concerns of the period and the challenge both the administration and foundations had in navigating a newly matured conservative media apparatus.

THE LINES ARE OPEN

In the spring of 1992, the Times Mirror Center of the People & the Press conducted a survey of respondents’ news consumption habits that provided a clear profile of self-described regular C-SPAN viewers.4 Compared to viewers of PBS’s
MacNeil-Lehrer NewsHour and regular CNN watchers, among others, C-SPAN viewers were the most politically engaged and invested segment of a larger survey. When asked whether they agreed with the statement “It doesn’t matter who gets elected,” only 4% of C-SPAN viewers agreed, compared to the 34% of the general population surveyed, illustrating an increased sense of political empowerment. Yet, while C-SPAN watchers were the most politically engaged and empowered segment of the survey, they also expressed the least amount of confidence in the federal bureaucracy, with 46% of C-SPAN viewers completely agreeing that “when something is run by the government it is usually ineffective,” compared to 29% of the total surveyed. Through a battery of questions, the report’s authors concluded that C-SPAN viewers defied easy categorization. While more C-SPAN viewers typically identified as Republicans, they supported both social welfare programs and an “anti-Washington” view of politics at higher rates than the rest of the field (Times Mirror Center of the People & the Press, 1993).

C-SPAN viewers’ interactions with foundation-linked policy experts through C-SPAN call-in segments therefore provide a window into communication barriers the administration faced in trying to use policy experts to convey their message in a political landscape that proved increasingly hostile to expertise and federal bureaucracy.

The administration’s health care task force sought to bring the policy expertise of decades of research to bear on the nation’s health care sector, yet in interactions with the public, many expressed concerns with the notion of expertise itself. In a C-SPAN interview with Judy Feder, host Steve Scully focused on the policy-writing process before allowing callers to ask Feder questions. In a 50-minute interview, Feder detailed both the daily workings of the task force and the group’s interaction with the president and took viewer questions. Similar to sentiments expressed on the evening after the plan’s rollout, callers voiced concerns regarding the federal government’s ability to manage such a large bureaucratic undertaking, and for some, the task force’s reliance on experts signified an out-of-touch administration (C-SPAN, 1993a).

When given the chance to ask Feder questions, the majority of callers seemed more concerned with engaging the Republican talking points surrounding the issue than the workings and recommendations of the task force. Viewers expressed fears that any type of health plan would increase the amount of time physicians spent filling out paperwork thereby reducing their time with patients. One was concerned that the United States must first resolve immigration policy and “return” undocumented residents to “where they come from” before a national health policy could be established. A physician worried that the task force relied
more on the advice of bureaucrats and PhDs and lacked a significant number of medical doctors (C-SPAN, 1993a). Callers peppered Feder with questions about the number of physicians on the task force, making it clear that they trusted the expertise of their doctor, not Feder and the federal bureaucracy. For other callers, the use of expertise in policy writing raised suspicions and created distance between policymakers and their constituents (C-SPAN, 1993a). While Clinton wanted secrecy to avoid partisan dealmaking, some viewers saw it as another example of corrupt governance.

Scholars and pundits have long heralded Franklin Roosevelt’s “brain trust” as essential to turning progressive impulses into the New Deal administrative state, yet attempts to recapture this legacy proved elusive in the health care debate during the 1990s. The Clinton administration attempted to draw on the sustained popularity of New Deal programs like Social Security, framing the issue as a debate over “health security” in which each American would receive a “health security card” (Skocpol, 1997). But opponents of the New Deal had also commenced a campaign to roll back the policy programs and governing philosophy while Roosevelt was still in office, and this opposition had grown tremendously by the end of the 20th century (Phillips-Fein, 2009). Through foundations and think tanks, conservatives launched what historian Allison O’Connor calls a “counterintelligentsia” to bring works like that of the once-obscure F. A. Hayek into the mainstream and inflate the hold of free-market economics on mainstream policy debates (Mayer, 2015; O’Connor, 2008). By the time Clinton unveiled his health care plan, conservatives had constructed their own notion of expertise and a robust media apparatus to disseminate their findings, which undermined the legacy of the New Deal and narrative of expert policymaking that the administration centered in its media strategy.

In a speech on the House floor, Rep. James Hansen (R-UT) argued that “just like Whitewater, the White House has conveniently censored, back dated or tampered with many documents which would enlighten the public as to who the members of the so-called working group were, what was actually discussed and how it was paid for” (140 Cong. Rec. 18590, 1994). Republicans in the House attempted to slot the initial secrecy of the task force into a larger political narrative about the corrupt nature of the Clinton White House by linking the task force to Whitewater—an investigation into a land deal that Clinton had made while governor of Arkansas, into which Kenneth Starr launched a full investigation but found no impropriety (see Sherman, 2017). In this, Hansen declared that the connections to the Kaiser and Johnson foundations were improper and
that the secretive nature of the task force was a full-on scandal from an administration that lobbied in secret favors and profited off of backroom deals.6

As such, it did not matter that when pressed for an alternative to the Clinton plan most Republicans would point to a plan developed in large part by the Heritage Foundation, a think tank that often received contributions from conservative foundations. These critics also ignored how the famous Harry & Louise ad campaign—which fostered public opposition to the plan and featured prominent Republicans like Newt Gingrich in the lead-up to the 1994 midterms—had been funded by the Health Insurers Association of America, a lobbying group led by a former Republican representative (Center for Public Integrity, 1994, p. 27). In fact, contrary to its name, the Health Insurers Association of America only represented small- to medium-sized insurance companies during the health care debate. The nation’s largest health insurers left the organization in part because they favored the Clinton plan and likely stood to gain from the new national health care market (Chapin, 2019). The effectiveness of the Health Insurers Association of America came from its messaging, not its membership. Its messaging focused on sowing fear and uncertainty about costs, coverage, and government control. Conservative think tanks like the Heritage Foundation then grounded these appeals with their own policy analysis. During the two years of planning and debate, they published 94 pieces on health care reform, most opposing Clinton’s approach (Heritage Foundation, n.d.). These opinions then found their way to the growing conservative media base that listened to programs like that of radio talk show host Rush Limbaugh.

The charges that the task force’s connections to foundations were corrupt struck home not because of the purity of the other side but because of the ability of Republicans and the plan’s critics to fit the charge into a larger political narrative permeating these conservative media outlets and the millions of listeners that figures like Limbaugh reached (Skocpol, 1997, p. 149). On conservative talk radio, the Clinton plan represented bumbling technocrats and government overreach. Even as Clinton sat down with Don Imus in 1994, the constant barrage of emotion and attacks appears to have been too much for the health care plan rooted in facts and expertise (Hemmer, 2016; Rosenwald, 2019). In conservative media, the feeling of whether or not something was true and fit existing beliefs mattered more than the opinions of experts when those experts challenged what felt true (Hemmer, 2016). In exit polls of the 1994 midterm election, half of those surveyed said they listened to conservative radio, and those that said they listened frequently voted Republican by a margin of three-to-one
Conservative media, the decades of challenges to expertise, and the fears of unknowns in health care had proven too much for the Clinton plan and the foundations that had hoped to work with the administration to achieve their policy goals.

On a campaign stop for the 2012 Republican presidential nomination, former senator Rick Santorum (R-PA) reflected on the 1994 health care debate. In his remarks, Santorum spoke of an interview featuring Ira Magaziner amid the debate. He recalled:

In the mid-1990s, he was on Meet the Press with [former Texas senator] Phil Gramm and they were going back and forth about the Clinton health-care plan and who cares for this and how good this is where your kids, whatever. He finally got frustrated and said I care for your children as much as you do, Phil. And he looked at him and said you care for my children as much as I do? He said, yes. And he asked, what are their names? You know your children's names, right? You know what they want. As much as Washington says they care, they don't, because they don't know your kids. (C-SPAN, 2012)

Santorum’s recollection reflects much of the scholarly literature on the health care debate. In condensing the health care plan’s failings into a policymaker not knowing the names of a representative’s children. Santorum was not attacking the plan on the merits of the policy or the validity of the expert analysis upon which the administration and foundations had relied. Rather, he spoke to the nature of government and bureaucracy and the inability of the administration to sell the American people on a political proposition.

Bill Clinton introduced his health care plan after much speculation and fanfare. Seeking to succeed where others had repeatedly failed, he employed experts with connections to large private foundations to try to elevate his proposal above partisan politics. Foundations with long-standing interests in health care policy, like the Kaiser and Johnson foundations, perceived Clinton’s health care initiative as a way to realize their core mission of expanding access to health care. Yet, as C-SPAN callers made clear, the language of expertise had lost some of its currency in policy debates as it failed to push the conversation past the political narratives popularized by conservative media. Additionally, Republican lawmakers saw foundation connection not as a source of outside validation but as additional fodder for their attacks on an administration they viewed as corrupt. In
the end, it was not special interest lobbying groups that undermined health care reform, but rather a failure of the language of policy expertise to overcome growing fears of the federal government and the politicians that stoked those fears.

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NOTES

1. Historians have come to view the “golden age of expertise” that supposedly informed the post–World War II period as a somewhat contrived idea that fails to account for the barriers surrounding knowledge production during the Cold War. Among the most notable are the ideological, racial, gendered, and heterosexist assumptions regarding who could be an expert and the professional and sometimes legal repercussions for those who failed to meet or defied those categorizations. For example, historian Jessica Wang notes that scientists were in fact some of the most likely individuals to fall victim to anticommunist hunts and purges severely limiting the ability of dissention in the crafting of U.S. nuclear policy. See Wang (1999). Likewise, see Rodgers (2012) and Balogh (1991).


3. In one such memo, task force advisors sent Drew Altman questions to ask the author of a report critical of the plan. While it is unclear whether Altman used these questions, the fact that the memo’s author thought Altman might be willing to ask the administration provided questions is telling of their relationship (see Pellicci, 1994).

4. Conducted from May 28, 1992, to June 10, 1992, the Times Mirror Center survey consisted of 3,517 participants, 90 of whom self-identified as “regular” C-SPAN viewers. This survey compared the opinions and beliefs of C-SPAN viewers to those who were regular viewers of CNN and PBS’s MacNeil-Lehrer NewsHour, regular listeners of NPR, and “heavy readers” of daily newspapers. It was possible for respondents to be considered in more than one category. While only 90 respondents identified as C-SPAN viewers, the report’s authors considered
this to be representative of the larger population, and the sample included diversity in age, education, gender, and political affiliation (Times Mirror Center of the People & the Press, 1993).

5. The Times Mirror Center authors note that this survey was conducted during a dip in confidence for Democratic candidate Bill Clinton and the peak of popularity for third-party candidate Ross Perot, whom a plurality of respondents claimed to support during the survey’s parameters. They note that this may in part explain the strength of C-SPAN viewers’ anti-Washington stance. However, given that C-SPAN callers expressed similar views in call-in programs as much as two years after the survey and that Republicans in Congress advanced political messages in the same vein, Perot’s popularity during the survey period does not seem to be the sole explanation for this view of Washington and policy experts.

6. For another instance, see a conversation between Rep. Ernest Istook (R-OK) and Rep. Tom DeLay (R-TX) on the House floor (C-SPAN 1994a).

REFERENCES


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