

From Roosevelt to Obama: The Political Context of US Healthcare Reform

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In 1912, the RMS Titanic struck an iceberg and sank in the frigid North Atlantic and the Boston Red Sox opened an oddly-shaped stadium named Fenway Park. It was in this era that a nationally-based healthcare reform movement first gained major political exposure, courtesy of former President Theodore Roosevelt.

Historical Perspective

In 1912, Theodore Roosevelt campaigned on the Progressive Party ticket, attempting to wrest the presidency from President William Howard Taft. Roosevelt campaigned on unprecedented promises of national health insurance for all workers, overtaking Taft in the election, but ultimately unable to gain enough support to beat Woodrow Wilson. Roosevelt's healthcare platform marked the first time in US history that such measures made it to the political mainstream.

The Wilbur Commission of 1932 called for the expansion of group medical practices and prepayment systems as a result of the rising healthcare burden in the midst of the Great Depression. The American Medical Association (AMA) denounced the recommendations as "socialist." Then came President Franklin Roosevelt's New Deal in 1934, a sweeping policy that implemented Social Security but not health insurance legislation, in part due to continued AMA opposition. In 1945, President Truman called on Congress for a complete healthcare overhaul. He proposed a 10-year plan with compulsory coverage that would have doubled the number of healthcare professionals nationwide and dramatically enhanced US healthcare infrastructure. The AMA again took the lead in shutting the door on reform, raising concerns of "socialized medicine" and stalling the plan in Congress.

President John F. Kennedy was also unsuccessful with his bid for healthcare reform, but several years later, President Lyndon B. Johnson changed the US health system with the successful passage and creation of Medicare and Medicaid, major components of LBJ's Great Society. After Lyndon B. Johnson came a bevy of reform ideas – Ted Kennedy's universal-single-payer health reform plan under the Health Security Act, Richard Nixon's mandating a minimal amount of employer healthcare provision, Jimmy Carter's calls for "universal and mandatory coverage," Bill Clinton's plan for "managed competition" in a tightly-regulated private marketplace, and Barack Obama's current set of healthcare reform options under review on Capitol Hill.

Incremental Change

The reason why healthcare reform has been so incremental and slow in occurring is as complex as the idea of healthcare reform itself; however, several historical trends are evident. The health insurance lobby, exemplified by America's Health Insurance Plans (AHIP), has been integral in keeping the changes that occur in US health insurance policy incremental as of late. Formed in 2003, AHIP claims that health insurance costs for those already insured will inevitably rise as a result of the current reform plan before Congress. The claim ultimately pits politicians demanding healthcare reform against

their own constituents, many of whom allegedly stand to see their healthcare costs rise significantly upon passage of a reform bill. The insurance lobby also can woo politicians with financial support. For instance, Senator Ben Nelson has received over \$2 million for just his election campaigns. Not by coincidence, the two term Nebraska Democrat is vehemently against a public option.

Public Emotions and Cost

Often lost in the discussion of healthcare reform's history is the fact that healthcare represents much more than healthcare alone. Healthcare is the cross-sectoral, politically-charged confluence of ideology, pragmatism, and profit-making. Healthcare coverage directly addresses key ideological issues of redistribution and welfare, race, socioeconomic status, promises of a "just" society, and the very ideals upon which the US was founded. Historically, little consensus has ever been reached over such highly-charged issues. People did not turn town hall meetings into contentious debates this past summer because of disagreements over health insurance technicalities. Instead, individuals fought over the perceived direction of the country, the role of the government in everyday life, the state of US socioeconomic inequity, and a host of other issues. Emotions got the better of much of the nation, people lost track of the actual reform-related policies in their arguments, and popular upheaval ensued.

The cost of comprehensive healthcare overhaul has been another major stumbling block for reform proponents. Even though US healthcare costs now reach almost \$2.5 trillion annually, the notion of investing more than a trillion dollars over the course of ten years to potentially save money later remains politically unpalatable, particularly when considering the government's other immediate tasks at hand, including two wars, a flagging economy, and a large Federal deficit. However, calls for healthcare reform have not only come during periods of economic downturn, but also occur at the same time as other major political issues as well. From the Great Depression to the Cold War to the days of stagflation, the healthcare reform movement has, among other things, been a victim of unfortunate political timing.

Conclusions

Ultimately, the chance of dramatic US healthcare reform occurring in the near future is small, given historical trends as well as the current set of tasks facing the Obama Administration. The US government is neither suited for, nor advocates dramatic changes in institutional structure over a short period of time. This aversion to change, systemic as well as personal, has played a key role in the slow evolution of the healthcare movement. As per the lessons of the past, the current political-economic situation the United States faces, and the popular upheaval seen this year over healthcare reform, the slow pace of reform looks to remain for the foreseeable future.

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