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Presidential Leadership in Health Care Reform

by

Ashley G. Miles

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Abstract

Presidential Leadership in Health Care Reform

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Extraordinary leadership on the part of President Obama, Congress, and the President’s health care policy team was part of what enabled the Patient Protection and Affordable Care Act to be passed and signed into law. However, the road to getting this landmark legislation passed was riddled with obstacles. This honors thesis examines President Obama’s leadership during and immediately following the passage of reform. It looks back to former President Clinton’s similar reform attempt and tries to draw out those places where Clinton went wrong and where Obama anticipated challenges. Within this analysis, effective presidential leadership is defined as serving as a symbol of the nation, possessing the ability to persuade constituents and politically useful people, setting priorities, implementing programs, and creating imaginary communities. The thesis concludes with an examination of political leadership within the broader context of American democratic theory.
Signature Page for Leadership Studies Honors Thesis

Presidential Leadership in Health Care Reform

Thesis presented

by

Ashley G. Miles

This is to certify that the thesis prepared by Ashley G. Miles has been approved by his/her committee as satisfactory completion of the thesis requirement to earn honors in leadership studies.

Approved as to style and content by:

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Chapter I
Health Care Reform and Presidential Leadership

On March 23, 2010 President Barack Obama made history by signing his health care overhaul, the Patient Protection and Affordable Care Act, into law. This law set out to provide greater access to health care services for all Americans and is the largest expansion of nationally-sponsored health care since the New Deal. For President Obama, passing comprehensive national health care was a success in a line of failures by past presidents—most notably Bill Clinton—who attempted to pass similar legislation. The passage of this landmark law also represented a culmination of the dreams and work of many Americans who had spent decades advocating for comprehensive national health care. In the President’s own words, signing the Patient Protection and Affordable Care Act into law enshrined “the core principle that everybody should have some basic security when it comes to their health care”.

Bringing health care reform from a campaign promise to a bill passed by Congress and signed into law required one of the most active public campaigns of any recent American presidency. In promoting health care reform, President Obama gave speeches to the public, appeared on popular television shows, traversed the United States answering constituent questions in town hall meetings, and disseminated information through the White House’s and U.S. Department of Health and Human Services’ websites. In delivering his message across the nation, President Obama often called on themes in American political ideology that run deep within the national psyche; themes like national camaraderie, individual choice, progress, and basic security.

“Basic security” has even greater importance when understood in the context of the economic conditions in which the Patient Protection and Affordable Care Act was signed into law. The law was enacted during the United States’ most severe economic recession since the Great Depression. In 2009, one year prior to the health care law’s passage, the United States Census Bureau released a report documenting income, poverty and health insurance coverage in America. The report showed that 43.6 million people were in poverty, up from 39.8 million in 2008; it was the largest number of people in poverty in the fifty-one years for which poverty estimates were published by the United States Census Bureau. The percentage of people in the United States without health insurance also increased in 2009. That figure rose from 15.4 percent (or 46.3 million people) in 2008 to 16.7 percent (or 50.7 million people) in 2009.

Despite the fact that President Obama’s health care law has the potential to extend the sphere of health security to millions of the United States’ uninsured, there are still millions of Americans who are against with the legislation. Figures from a March 2010 Gallup poll collected days prior to the landmark vote show that 48 percent of Americans would have advised their representative in Congress to vote against health care reform, 45 percent would have advised their representative to vote for reform, and 7 percent had no opinion. On the day the Patient Protection and Affordable Care Act was signed, then-House Republican leader John A. Boehner, spoke to the New York Times saying “This is a somber day for the American people.” Attorneys general in more than a dozen states, most of whom were Republican, filed lawsuits

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3 Ibid., 22.
contending that the President’s health care reform law was unconstitutional\(^6\). The signing of the bill also beget a fresh new slogan from Congressional Republicans—“repeal and replace”\(^7\).

This resistance, while fierce, speaks to the ever-present leadership challenges facing presidents when trying to enact their political agendas; particularly when those agendas require expanding the welfare state. Challenges include: balancing a strong executive power with the public’s desire for individual freedom, acting as a symbol and figurehead of the nation while sharing power with others, finding common ground from which to persuade diverse constituents, and creating imaginary communities for some, without isolating other members of the political community. With this in mind, this paper seeks to answer the following question: How did President Obama use elements of presidential leadership to inform his health care reform strategy, address leadership challenges in the reform process, and respond to criticisms of reform?

**Discussion**

Theories of effective presidential leadership are shaped by and respond to the unique, complex, and often contradictory body of political thought that makes up American political ideology. American political ideology describes a unique and sometimes incongruous set of ideas around which citizens’ national collective identities and national shared understandings are formed. “Citizens, Walzer tells us, share a world of meanings. Precisely what those meanings are and how they require us to act politically are not always clear and indeed may be a source of

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\(^6\) Ibid.  
\(^7\) Ibid.
conflict". The label American political ideology, is, in itself, a misnomer because it gives the impression that there is one, single, agreed-upon American political philosophy. Instead, there are many, often contradictory themes and unresolved tensions that exist within the broader theme of American political thought. However, when used in this work, the term refers to the themes of individual choice, constitutionalism, capitalism, and a commitment to political and legal equality—concepts derived from the classical liberalism that runs deep in the American psyche.

Looking back to American political ideology is of critical importance to understanding presidential leadership because how we as a people conceive of concepts like liberty, equality, and justice determines how these things are realized in fact. "Walzer says [in Spheres of Justice]: 'Justice and equality can conceivably be worked out as philosophical artifacts, but a just or an egalitarian society cannot be. If such a society isn't already here—hidden, as it were, in our concepts and categories—we will never know it concretely or realize it in fact.'" In short, if there were no initial seed sown in our collective consciousness of what a just or egalitarian society should look like, there would be no way for a just or egalitarian civilization to grow and flourish. "In this view too, then, political ideas and their interpretation are not matters of abstract, purely academic interest but are instead questions of the highest political importance. Democratic politics and, particularly, democratic leadership…involve an attempt to interpret the often submerged logic of the shared understandings that hold a society together." Thus in seeking to understand how President Obama used elements of presidential leadership in his reform strategy and response to critics, I hope to add to a conversation of immediate political

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9 Ibid.
importance—a conversation about how political leaders use a peoples' shared ideology to influence the public.

Literature Review

For any sweeping reform to occur within the American political system, a President must build support by constructing a well-articulated and persuasive message which defines his plans. He must also create a vision of community that followers will want to feel a part of, recognize and respond to opposition arguments, and use his unique position power to publicize big ideas. Richard Neustadt, a noted scholar of presidential studies, wrote that the power of the presidency is the power to persuade. “It is that and more: it is the power to put something new before the public eye, to take a little-known notion and get the whole nation talking about it. And in the debate over health care there is no greater force”\(^\text{12}\). In health care reform, persuading and publicizing is of key importance because unlike other domestic policy issues, health care reform impacts every American directly and can change how individual care is paid for, rationed, and provided. Health care’s individual impact, feeds on anxieties of government control and a loss of individual freedom that already underlie American political thought. Thus, effectively publicizing information about reform in a manner that can quell these anxieties and persuade people is the greatest tool that a leader has at his or her disposal.

Presidents are the quintessential symbol of American political leadership. “Presidents range from those who are role-determined leaders, individuals who fill their role in the manner of the punctilious bureaucrat, to those who are role-determining leaders, individuals who enact their

presidential role in a highly personal style, exceeding (or falling short of) what is expected"\textsuperscript{13}.

Their job is unique from other political leaders because in addition to being the head of a physical agency, they are also symbols representing the entire nation. Traditionally, “in our organization and in our politics, we look generally to our authorities for direction, protection, and order”\textsuperscript{14}. Our leaders provide us with vision, goals, strategy, and technique; they are charged with being the strategists, planners and dreamers of the nation, whether the task is defending their country or developing a way for their party to take or retain power\textsuperscript{15}. We also require that leaders anticipate threats and mobilize responses when crises do arise\textsuperscript{16}. American presidents work under never-ending scrutiny and often face widespread disdain. When executive officials need decisions, political protection, and a referee for fights, they turn to the White House\textsuperscript{17}.

When Congresspersons need a high status agenda from the outside to respond to or react against, the President’s program is an ideal source\textsuperscript{18}. In election years, when politicians need a record to defend or promote in their campaigns, who exemplifies it better than “their” administration\textsuperscript{19}.

“Even private persons with a public ax to grind may need a helping hand or they may need a grinding stone. In either case, who gives more satisfaction than a President?”\textsuperscript{20}. “Except in rare instances…the symbol is there to do a job under pitiless critical examination, not to be followed blindly and adoringly”\textsuperscript{21}. Accordingly, Presidents who are intent on achieving certain goals must be able to persuade others to support their cause as well.

\textsuperscript{16} Heifetz, \textit{Leadership Without Easy Answers}, 69.
\textsuperscript{18} Ibid.
\textsuperscript{19} Ibid.
\textsuperscript{20} Ibid., 8.
\textsuperscript{21} Kellerman, \textit{The Political Presidency}, 16.
In addition to being a national symbol, the President serves as “head of an agency and as a politician, with a program to defend and a future to advance”\textsuperscript{22}. Scholars cite the presidency as requiring the chief executive to serve in as few as five or as many as ten different capacities. Richard Neustadt suggests that “a modern President is bound to face demands for aid and service from five more or less distinguishable sources: from executive officialdom, from Congress, from his partisans, from citizens at large, and from abroad. … In effect they are constituency pressures, and each President has five sets of constituents”\textsuperscript{23}. Conversely, Clinton Rossiter, in his classic text on the American presidency, describes the President’s position as consisting of ten different roles: “the president as Chief of State, Chief Executive, Commander-in-Chief, Chief Diplomat, Chief Legislator, Chief of Party, Voice of the People, Protector of the Peace, Manager of Prosperity, and World Leader”\textsuperscript{24}. These roles, when grouped broadly, compose a foreign affairs presidency, a domestic presidency, and an economic presidency\textsuperscript{25}. Additionally, American’s expect their presidents to engage in “crisis management, symbolic and morale-building leadership, priority setting and program design, recruitment leadership, legislative and political coalition building, program implementation and evaluation, and general oversight”\textsuperscript{26}. Presidents are also expected to demonstrate standard political skills including mastery in speaking, persuading, maneuvering, manipulating, structuring situations, and securing agreement in the face of conflict\textsuperscript{27}.

\textsuperscript{22}Neustadt, \textit{Presidential Power and the Modern Presidents}, 39.
\textsuperscript{23}Ibid., 8.
\textsuperscript{24}Kellerman, \textit{The Political Presidency}, 13.
\textsuperscript{25}Ibid.
\textsuperscript{26}Ibid.
\textsuperscript{27}Ibid., 16.
In recent history, American presidents have added even more to their responsibilities, taking the lead in policy making, a role that Congress had chiefly filled prior to the 1930s. Since Franklin Delano Roosevelt introduced the New Deal, “the chief executive [has become] the principal source of policy initiative, proposing much of the legislation considered by Congress.” As the proposer of legislation, the President is tasked with deciding what to do and how to move forward on matters which, from his perspective, are extremely important. The trouble is, the constituencies the President represents vary, thus while everyone who works for the United States government serves the President and is dependent on his services either directly or indirectly, everyone also has their own agenda or job to see carried through.

In addition to filling the requirements of these different roles, being an effective strategist, planner or dreamer in a political context means that presidents must be able to differentiate between, and develop responses to “technical” and “adaptive” situations. More often than not, political leaders are faced with adaptive problems, or those where progress requires changing “people’s values, attitudes, or habits of behavior.” Health care reform is one example of an adaptive problem, because enacting reform requires inspiring a change in people’s values and attitudes regarding mutual provision, socially-valued goods, and the meaning of membership in a political community. Effective solutions address people’s values while solving the problem at hand—in such situations “implementing change often requires adjustments in people’s lives.” Accordingly, solutions to adaptive problems are rarely put in place quickly.

Though progress is often slow, Heifetz asserts that identifying the problem or problems,

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29 Ibid.
32 Ibid.
33 Ibid.
than an evaluation of his personal capacity to influence the conduct of the people who make up government.

The United States’ separation of powers prevents the President from having enough power to independently push his initiatives through the government. To be an effective leader then, it would seem as though a president must be able to persuade others who are politically useful to act in line with his agenda. However, “Washington politics, particularly involving the president and Congress, is now characterized by higher levels of polarization, with an increased propensity for divided government.” In fact, some observers write that the days when legislators from both parties could work behind the scenes to craft compromise legislation have past. As a result, new strategies of presidential leadership have emerged; presidents “now employ a strategy of going public or a permanent campaign to go directly over the heads of members of Congress to the public at large.” “Because of the impact of the public on the elite, especially in terms of real or imagined electoral pressure, the ability of the president to tap into the themes, ideals, values fantasies, imagery, symbols, myths, and legends that define the American national character is certainly of critical importance.” The more skillful a president is at building public support, the more leverage he has with the political elite. The quintessence of a President’s task then, is to convince people with competing loyalties and with less contextual understanding of problems that “what the White House wants of them is what they

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38 Ibid., 4.
40 Ibid.
42 Kellerman, The Political Presidency, 45.
ought to do for their sake and on their authority"\textsuperscript{43}. The effective president cannot employ a top-down approach in convincing the American people that the White House’s agenda is worth supporting; rather his role requires that he present ideas in such a way to encourage people to internalize his agenda and support it by their own volition. This is no easy task because what the White House wants of the public is bound to be at odds with what some of the public wants, by nature of the American people being a very diverse group. Thus, an effective President is one who is able to win the support of other policymakers and of the public—his influence becomes the mark of leadership\textsuperscript{44}.

Influence is critical in organizing, mobilizing, and energizing any group of people around a cause, but for a President, effective leadership involves that and more. Every president has competing demands that he is required to meet in his distinct roles as Chief Executive of domestic affairs, foreign relations, and economic matters. Further, he must exercise political skill to fulfill the expectations of the American people. Leadership, presidential or otherwise, is a two-way influence relationship between a president and his people and between a president and the Washington elite of Congresspersons, top White House aides, agency heads, and business leaders. In most cases success is less dependent on the leader than it is on follower engagement. 

"...[F]or organizations to succeed, the followers must play their part and cannot rely upon the leader or leaders to secure success alone, both because that success is a social not an individual achievement and because followers carry the responsibility of compensating for leaders’ errors"\textsuperscript{45}. Though we traditionally look to leaders to solve our problems in politics, "it would seem that leaders are most likely to be successful when they reflect the problems straight back to

\textsuperscript{43} Neustadt, \textit{Presidential Power and the Modern Presidents}, 30.

\textsuperscript{44} Greenstein, \textit{The Presidential Difference}, 5.

\textsuperscript{45} Grint, \textit{The Arts of Leadership}, 5.
where they have to be solved—at the feet of the followers”. By empowering and including citizens in the reform process, leaders are able to address the challenge of distrust which often arises when leadership is exercised in a top-down manner. Placing more responsibility for solving persistent problems on followers, rather than looking to our authorities for answers to problems, would provide better outcomes for leaders and constituents alike. Ultimately, within a democratic system, “the attempt to influence can succeed only if the person trying to exert influence attends to the particular needs and wishes of his or her followers”. And, as noted above, the followers or constituents are a very diverse group with different needs, wishes, and expectations. Understood in this way, leadership is dependent on process, not on individuals, and it is transactional. Within this process power flows from leader to followers, then from the followers back to the leader. Power fuels the influence process, and its source and nature determines what resources leaders are able to draw on in their exchange relationship with followers.

“Persuasion,” which is one form of influence, is noted by many scholars of presidential leadership as one of the key elements necessary to grab the public’s attention and mobilize allies. By persuasion, what is meant is a method of influence that depends on the president changing his followers’ impressions, conceptions, and attitudes regarding the welfare of the general public. “It can be argued that persuasion is an especially appropriate mode of influence in democratic systems” because under the persuasion model of influence “no extraneous inducement is offered,

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46 Ibid., 6.
47 Ibid.
48 Kellerman, The Political Presidency, 18.
49 Ibid.
50 Ibid.
51 Ibid.
52 Ibid.
and the followers’ response, or lack thereof, is entirely voluntary” (Kellerman 19). Be it from appeals to themes that run deep within American political thought, or by other means, a president’s ability to persuade the American public is one of the most important forms of influence that he has at his disposal. The chief executive has the capacity to obtain compliance by “applying the stick … or awarding the carrot,” but he also has the “ability to persuade on the basis of his legal, moral, intellectual, or political authority,” and to engender his constituents in an emotional response (Kellerman 21). His constant source of authority is the Constitution; but, variable sources of power are at his disposal depending on how he uses information, expertise, public support, party backing and his own emotional intelligence (Kellerman).

“Control over the followers’ environment” is another, more indirect method of influence that presidents have at their disposal (Kellerman 19). By this method, a president who wants to influence his followers can do so by modifying his followers’ environment. By modification, what is meant is “bringing additional pressures on the follower to induce the desired change of attitude or behavior” (Kellerman 19). This method can be employed without the knowledge or consent of followers, and is therefore thought of as manipulative, but it need not be negative in all circumstances.

Presidential “power is persuasion, and persuasion becomes bargaining” (Neustadt, Presidential Power and the Modern Presidents, 33). Given the formal constraints of his role, the chief executive can only manage to get his agenda accomplished through effectively convincing others to go along with his plans (Kellerman, The Political Presidency).

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53 Ibid., 19.
54 Ibid., 21.
55 Ibid.
56 Ibid., 19.
57 Ibid.
58 Neustadt, Presidential Power and the Modern Presidents, 33.
59 Kellerman, The Political Presidency.
support, an eagerness to take on others in political battle, and the ability to draw attention to himself and his goals. A persuasive President must be his own public relations manager and chief politician. While the President has a power advantage over his subordinates that he can, and likely does, employ to increase his persuasive powers, “real power is reciprocal and varies markedly with organization, subject matter, personality, and situation.” Ultimately, persuasion has no guarantee attached, though it is one of president’s most useful tools.

In addition to using persuasion, mobilizing followers is necessary to meet any political end, but it is far from a simple task. Leadership theorist Keith Grint advocates employing a “constitutive” approach where leaders actively influence their followers’ environment by shaping the way they view the challenges, goals, competition, and strategies that affect the community. In effect Grint advocates creating conditions that contribute to effective leadership. Chief among these conditions is the creation of “an imaginary community that followers can feel part of.”

By imaginary communities Grint is referring to the imagined commonalities or shared understandings that people assume to exist between themselves and others who they do not know and have never personally met.

Constructing a community of followers is essential to leadership, and these communities can be held together by various things. Sometimes communities are “held together by love of the leader,” sometimes they are held together by a love of a specific place like a city, or country. Having a strong imaginary community that binds followers together allows leaders to more easily shape their followers’ interpretation of challenges, goals, competition, strategy and

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60 Ibid., 15.
61 Ibid.
62 Neustadt, Presidential Power and the Modern Presidents, 37.
63 Grint, The Arts of Leadership.
64 Ibid., 6
65 Ibid.
tactics—better enabling leaders to get followers to do what they want them to do\textsuperscript{66}. This can be seen most clearly using the example of national identity. Grint observes that “regardless of the actual inequality and exploitation that may prevail... the nation is always conceived as a deep, horizontal comradeship”\textsuperscript{67}. In some instances this national camaraderie is engendered over time within a political community, however history lends many examples where national identity has been imposed on people of competing local, regional, class, religious, and ethnic identities.

“In effect, identity is constructed not discovered, it is imposed upon a population rather than emerging from one; it does not reflect what is a deep essence within a people but is essentially steeped upon a people. It is not an event but a process, for ‘social identities exist and are acquired, claimed and allocated within power relations’\textsuperscript{68}. What is important for leaders, is making sense of the processes by which identities or contexts are “constructed into successes or failures, crises or periods of calm”\textsuperscript{69}. Understanding the process by which this deep sense of comradeship is established allows presidents to mobilize members of their political community in ways that are unique to national leadership. Presidents and other political leaders might construe, imagine or invent a situation as critical in order to legitimate actions that would otherwise be condemned or contested by their followers. At times, the brand of comradeship that is present in the political community can allow political leaders to be exploitative and gain greater control over their constituents, though capitalizing on comradeship need not always be manipulative.

When creating identities and contexts, the leadership struggle then becomes not only persuading people that your version of their identity or the context in which they live is true, but

\begin{flushright}
\textsuperscript{66} Ibid.
\textsuperscript{67} Ibid., 7.
\textsuperscript{68} Ibid., 8.
\textsuperscript{69} Ibid., 10.
\end{flushright}
also that they have not been convinced. "In effect, it is not through argument that their identity exists, but through revelation of the 'truth'". But reinvention and re-creation is not just centered on followers and their identity or context, leaders must also re-invent themselves. "Great leaders do more than just satisfy role requirements; like great actors, they re-create their roles. And as great actors tend to change the plays within which they perform their roles (the very plays for which their roles were created), great leaders often change those very institutions that have created and refined the role the leader has inherited."

Even great presidents are often faced with challenges to their leadership. This is, in part, because constituents often have a paradoxical relationship with their leaders. Though the American public tends to look to political leaders to solve all of its problems in moments of distress, there is also a concurrent distrust of authority because of the relationship of dependency that it necessarily involves. Despite the phenomena that in times of distress we tend to turn to authority, "many of us have mixed feelings about authority". Professor and political theorist Ronald Heifetz suggests that these mixed feelings exist "perhaps because we know from experience that authority relationships consist essentially of dependencies". "[S]ome of us are ambivalent about giving power, and others are ambivalent about taking it" often because these power relationships "may strongly resemble dominance".

Anxieties over dominance also pervade Kellerman’s understanding of the United States’ distrust of authority. She writes that America’s political culture with regard to leadership is marked by “an antagonism toward governmental authority; an ambivalence toward constituted

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70 Ibid., 12.
72 Heifetz, Leadership Without Easy Answers, 69.
73 Ibid.
74 Ibid., 70.
leaders; [and] an uncertainty about what constitutes effective and proper management in public life"75. This political culture is accredited to the United States' revolutionary heritage which overturned the old-world European belief that the hierarchical, hereditary authority that currently existed "would continue to exist without challenge"76. Distrust of authority replaced obedience to the social order and "heated talk of liberty, equality, and common consent" came to shape the American Revolution77. Thus, from the United States' infancy, presidential power has been carefully constrained by institutional checks and balances and the notion of deference to the people.

Methodology

The chapters that follow analyze the strategies employed by the President and his team, transcripts from town hall meetings, and speeches given in front of nationally televised audiences on the topic of health care reform. This material is analyzed for its style, the themes in American political thought that it taps into, and how it addresses the public's criticisms of and anxieties about reform.

Based on the belief that in health care reform "what comes first...conditions what comes later," chapter two analyzes how elements of presidential leadership were used to inform former President Bill Clinton's and his Task Force's strategy, the way they addressed challenges, and their responses to criticisms of The Clinton Plan of 199378. The decision to include President

75 Kellerman, The Political Presidency, 4.
76 Ibid.
77 Ibid., 5.
Clinton in a study that is otherwise focused on President Obama was made because of the impact that the Clinton failure had on the 2009-2010 reform movement. Clinton’s influence can be seen in President Obama’s anticipation of challenges, response to attacks, and actions in the face of setbacks. Challenges that President Clinton faced include: acting as a symbol and figurehead of the reform movement while delegating policy creation to others, finding common ground from which to persuade extremely diverse constituents, addressing accusations of secrecy and self-interested motives, and creating imaginary communities for some, without isolating other members of the political community.

Chapter three looks at the actions taken by President Obama and his health care reform team in getting the Patient Protection and Affordable Care Act passed. Specifically, it analyzes the way that President Obama balanced a strong executive power with the public’s desire for individual freedom, acted as a symbol of the reform movement while sharing power with others, persuaded a very diverse group of constituents of the value of his reform plan, and created imaginary communities that were inclusive of the public, private insurers, and physicians. These elements of presidential leadership were pivotal in informing President Obama’s reform strategy, and shaping how he anticipated and addressed criticisms of reform, constituent anxieties, and competing demands from private interests.

Chapters two and three use theories of effective presidential leadership to make connections between certain leadership behaviors that Presidents Obama and Clinton demonstrated and their effectiveness in getting reform passed. However, this paper recognizes that differences in the political environment that each president faced necessarily impacted their ability to wield power. Accordingly, while it suggests that effective leadership is part of what contributed to the successful passage of health care reform, it does not suggest that effective...
leadership was the only, principle, or direct cause of reform’s success or failure. Party majorities in Congress and large electoral victories coming off of a general election are just a few examples of phenomena that would have had a much more direct affect on a president’s ability to wield power.

The fourth and final chapter addresses the fundamental tension between political leadership and democratic government, examining presidential leadership theory as a subset of democratic theory. Chapter four questions whether the means of attaining traditionally liberal government, which are often liberty-limiting are compatible with the end of said government—the establishment and protection of institutions that allow individuals to live out their version of the good life. Specifically, it focuses on two tensions in American political thought that impacted President Obama’s health care reform movement—constituents’ desire for leaders to rescue them like parents while treating them like rational equals, and constituents’ aspiration for strong leadership while demanding that it not impede on individual liberty.

At its core, this thesis has two goals: it looks at President Obama’s leadership behaviors in an effort to understand what contributed to the successful passage of health care reform, and it questions whether behaviors that are currently seen as effective presidential leadership are in concert with the ends of the United States’ version of traditionally liberal government. This research looks at the intersectionalities of health care reform, democracy and presidential leadership.
Health care reform is something that Heifetz calls an adaptive issue. By definition, adaptive issues are complex, systemic, and solving them requires changing people’s values and preferences regarding choice, equality, and justice. Adaptive issues are of particular importance to this chapter because President Clinton was unable to sustain public support for reform, in part, because he did not effectively change people’s values or preferences regarding choice, equality, and justice. However, changing people’s values and preferences is no easy task, because adaptive problems are complex and, as with most complex problems, all the components of the problem are rarely well defined. In addition to addressing people’s values in solving the problem, “implementing change often requires adjustments in people’s lives.” Because of this, solutions to adaptive problems are often implemented slowly and the ultimate solution is rarely the first to be tried. Rather, systems dealing with adaptive problems “must learn their way forward,” using aspects of previous reform attempts and roadblocks encountered along the way to inform their present actions. President Obama was able to successfully get health care reform passed, in part, because of lessons learned from President Clinton’s failure. Stated differently, in the case of health care reform, what occurs first necessarily conditions reform attempts that occur later. Previous reform attempts shape the decisions, strategy, methods, and actions of later reform attempts. They also impact public sentiment regarding current reform attempts. Through a leadership analysis of President Clinton’s speeches and health care reform strategy, this chapter seeks to draw out aspects of Clinton’s process that

79 Heifetz, *Leadership Without Easy Answers*.
80 Ibid., 87.
81 Ibid.
82 Mayes, *Universal Coverage*.
potentially undermined his leadership. The pages that follow look at actions taken by Clinton and his Task Force that can be seen as missed opportunities or ineffective attempts to change people’s values and preferences regarding choice, equality, and justice—key issues that underlie health care reform. Specifically, by abdicating his role as the national symbol of health care reform, underestimating Americans’ distrust of authority, inadequately addressing Americans’ fears that health care reform was analogous to infringements on individual choice, failing to shape an inclusive vision of health care’s sphere of responsibility, and turning to public opinion polls rather than directly to constituents as a means of understanding their needs, President Bill Clinton made tactical failures that led, in part, to the failure of the Clinton Health Care Plan of 1993. The following pages lay out elements of the Clinton process that can be considered leadership failures.

Background on the Clinton Health Care Plan of 1993

This section provides a brief history of the main events of the 1993-1994 health care reform movement in order to contextualize the chapter.

Clinton committed to health care reform long before he ever stepped foot in the White House. In his Little Rock address announcing his bid for President, Bill Clinton promised to universalize health care if he were elected. Clinton made a further expression of his dedication to health care reform in a 1992 New Hampshire primary debate. This was the first time that he “expressed support for a so-called “pay-or-play” approach to financing expanded coverage”83. Pay-or-play would have required that employers either play, meaning “provide insurance to their workers,” or pay by “contribut[ing] to a national fund that would purchase insurance for workers

83 Blumenthal and Morone, *Heart of Power*, 356
when their companies did not." Though Clinton did not delve into the details of his approach until months after he announced his candidacy, universalizing health care through managed care—a combination of private sector and regulatory forces—defined his official position on health care reform. During his first week in office, Clinton made several decisions about health care reform. He decided that his reform was to be comprehensive, not incremental, and to carry it out he established the President’s Task Force on National Health Care Reform (hereafter referred to as the Task Force). It was during this period that the President decided that his wife, Hillary Clinton, and Ira Magaziner, “an innovative “out of the box” business consultant and social policy planner” would take the principle roles publicizing and running the reform process. “Magaziner would be Mr. Inside—running the day-to-day policy development. Hillary would be Madame Outside—making the case to the public.” It was also during this first week that the President directed Hillary Clinton to submit health care reform proposals to Congress within one hundred days of his presidency. But when the numbers did not add up and it was determined that health care expansions could not be financed without a tax increase (which the President had ruled out) “the Task Force could not complete work in the one hundred days as Clinton had promised.” The task force became a “legendary example of complex, disorderly, and chaotic policy development.” Five hundred different government officials made up the Task Force’s “cluster groups” and “working groups.” They had attempted to approach reform in a more academic, policy-driven way than had been done before, but their

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84 Ibid.
85 Ibid.
86 Pious, Why Presidents Fail.
87 Ibid., 186-7
88 Blumenthal and Morone, Heart of Power, 362.
89 Pious, Why Presidents Fail, 187
90 Ibid., 189.
91 Blumenthal and Morone, Heart of Power, 362.
92 Pious, Why Presidents Fail, 187.
Oxford-style debates (dubbed “Oxford on the Potomac in the media) were met with sarcastic commentaries in the press. After this occurred, “[t]he Task Force operated in strict secrecy, and Magaziner imposed a news blackout”93. Health care reform seemingly “went into hibernation for months”94. During those months, policy experts struggled to include all of the protections that President Clinton had promised on the campaign trail without raising taxes—something that President Clinton was insistent upon. Even with all of the time and person-hours invested in reform, the bill was not ready by its September 22, 1993 deadline. That same evening, before Congress and a national television audience, President Clinton gave an address specifically on health care reform. Immediately following it, “public support for health reform soared in opinion polls”95. But this success was short-lived, and public support for reform faded at the hands of the opposition’s “highly professional grassroots organizing and media campaigns”96. Numerous scandals and issues diverted attention from health care reform and undermined public trust in the president. Some of the Clinton group’s final efforts at saving reform included television and radio interviews given by Hillary Clinton, town hall meetings, and a national bus tour (formally named the Health Security Express). Despite these last attempts, health care reform ultimately died without a vote. Understanding the major events and pivotal moments in the 1993-1994 health care reform movement will be of use in comprehending where and how Clinton made tactical errors that led to reform’s failure.

The President as a Symbol

93 Ibid., 188.
94 Blumenthal and Morone, Heart of Power, 369.
95 Ibid, 371.
96 Ibid.
Presidents are elected to serve as symbols representing the people of the United States of America. As symbols, they set out high-status agendas before the American people and carry the weight of the public’s “pitiless critical examination” when their policies and promises do not develop as planned. Despite the intense scrutiny of the office, the nature of the president’s role, gives him a power source that other political leaders lack—the ability to publicize an issue before the entire nation. In their book on the Clinton reform movement, authors Blumenthal and Morone note: “presidents win complicated reforms by doing what the office of the presidency is uniquely designed for—publicizing and persuading”. When a president fails to use his power to publicize ideas and persuade the public of their merits, he is not only wasting an opportunity to exercise power—he is abdicating part of his presidential responsibility.

Besides his September 22, 1993 speech before a joint session of Congress on health care reform, President Clinton assumed a less public role in reform allowing Hillary Clinton and Ira Magaziner to be the face and voice of the movement. Serving as the “face and voice” of health care reform meant that Hillary and Magaziner, not Clinton, were interacting with interest groups, media outlets, and the public directly. By allowing Hillary Clinton, a person with “no Washington experience and no official governmental role,” and Ira Magaziner, a person with no policy background, to be the figureheads of health care reform, President Clinton abdicated part of his presidential responsibility, undermining his leadership. Upon creation of the Task Force, Hillary Clinton assumed the role of the public voice of health care reform. An example pulled from one of her meetings with a group of union leaders shows that her new role was more similar to that of past presidents than former First Ladies. In her address, she announced: “We have to be willing to take on every special interest group,” In a reprise of the Truman 1948 campaign

97 Kellerman, The Political Presidency, 16.
98 Blumenthal and Morone, Heart of Power, 6.
99 Ibid., 363.
chant “Give ‘em hell Harry,” they roared back “Give ‘em Health, Hillary”\textsuperscript{100}. The First Lady appeared on radio and television, addressed interest groups, and sat for interviews with newspapers and newsmagazines\textsuperscript{101}. In giving up this opportunity to serve as the face and voice of health care reform, President Clinton failed to understand that “there was an indispensible role that only he could play: he could best publicize the idea, build support, jawbone interest groups into line, and organize (and lobby) the congressional coalition”\textsuperscript{102}. The point must be made that delegating the task of policy creation to Hillary and Magaziner was not the problem. However, in outsourcing the responsibility of making the case to the public, President Clinton gave up an opportunity to publicize health care reform and persuade the public as only the president can. By abdicating his role’s strongest capacity (with the notable exception of his September 22 speech), he weakened his overall ability to persuade the American people that health care reform was something that they should support. Ultimately, President Clinton’s decision to appoint Hillary and Magaziner as the public symbols of reform “would haunt [President Clinton’s] legacy, his wife’s political career, the fortunes of the Democratic party and the history of health reform”\textsuperscript{103}.

Instead of serving as the face and voice of the health care reform movement—that is, instead of being the person that interacts with interest groups, media outlets, and the public directly—President Clinton’s most public role in reform was lending his name to the legislation. The face and voice of reform is subject to the nation’s never-ending scrutiny and widespread disdain. The leader who serves in this role occupies a space of contestation, where the public has the ability to praise or criticize his agenda, sometimes directly. Naming legislation after oneself is one expression of being a symbol of a movement, but it is quite different from serving as the

\textsuperscript{100} Pious, \textit{Why Presidents Fail}, 190.
\textsuperscript{101} Ibid.
\textsuperscript{102} Blumenthal and Morone, \textit{Heart of Power}, 6
\textsuperscript{103} Ibid., 361.
face and voice of a movement. Where serving as the face and voice is about opening oneself up to public input and criticism, lending one’s name to legislation is about immortalizing oneself in a bill. The act of naming the legislation after himself did not require or encourage constituent input. In self-naming the legislation, Clinton acted more leader-focused than constituent-focused, and accordingly was faced with opposition from political rivals as well as questions about his own motivations\textsuperscript{104}.

Naming health care reform legislation “The Clinton Plan” had two rather detrimental effects. For one thing, the name “The Clinton Plan” made reform seem to be more about the Clintons’ personal power stakes than the public good. For Clinton, his vision for health care reform was about what he wanted to do for America, not about being open to input or criticisms that would make reform more in line with what Americans wanted. This is evidenced in the following remark given on the campaign trail:

“This must be a campaign of ideas, not slogans. We don’t need another President who doesn’t know what he wants to do for America. I’m going to tell you in plain language what I intend to do as President\textsuperscript{105}.

Also, “if it were to be the Clinton plan, and if [it] were to be a plan to help the Clintons politically, to energize his presidency and strengthen the Democratic majority—why would Republicans want to do anything to help”\textsuperscript{106}? “It was precisely \textit{because} this plan was so well crafted to fit into the president’s power stakes, and precisely \textit{because} it fit into the model of a “professional” president defining the national interest in terms of his own, that it could not get

\textsuperscript{104} Pious, \textit{Why Presidents Fail}.
\textsuperscript{106} Pious, \textit{Why Presidents Fail}, 210.
through Congress”\textsuperscript{107}. The name the “Clinton Plan,” on the surface, assigned Clinton a principle place of responsibility for the bill’s passage, but how Clinton interpreted this responsibility was wrong. Instead of using his presidential authority to publicize his plan to interest groups, the public, and politically useful people, Clinton used his position as a symbol to immortalize his name on the legislation. He chose to exercise his role as a symbol in a way that led constituents to question his motives for implementing reform. Ultimately, “[health care reform] offered a great deal to the Clintons but not enough to legislators, interest groups, or the American voter”\textsuperscript{108}.

**Distrust of Authority**

America’s political culture with regard to leadership is marked by “an antagonism toward governmental authority; an ambivalence toward constituted leaders; [and] an uncertainty about what constitutes effective and proper management in public life”\textsuperscript{109}. “Americans have a deep distrust of authority and government that periodically leads to a democratic upsurge by the ‘people.’...the American distrust of the state goes back at least to the Anti-Federalists”\textsuperscript{110}. Anti-Federalists held that small, self-government was the only way to protect against abuses of the state. Their greatest fear was the institutionalization of self-interest, which they thought would manifest itself in the United States’ power elite manipulating laws for their own financial or power benefit, as opposed to using legislation to promote the common good\textsuperscript{111}. Their legacy

\textsuperscript{107} Ibid.
\textsuperscript{108} Ibid.
\textsuperscript{109} Kellerman, *The Political Presidency*, 4.
\textsuperscript{110} Young, Reconsidering American Liberalism, 305.
survives today in the form of a more general distrust of government and political leaders. “[The United States’] antiauthority political culture is disinclined to give the president the benefit of the doubt”\textsuperscript{112}. The Clinton administration seemed to take for granted that “in a country where the citizens...do not recognize any signs of incontestable greatness or superiority in any of their fellows, [they] are continually brought back to their own judgment as the most apparent and accessible test of truth. So it is not only confidence in any particular man which is destroyed. There is a general distaste for accepting any man’s word as proof of anything”\textsuperscript{113}. The Clinton administration excluded constituents from receiving information about, or inputting information into, reform’s policy creation process. Further, by setting up the Task Force, and tasking them with writing policy to bring to Congress, the Clinton team blocked congresspersons from contributing early on to policy creation, which is generally the job of congressional committees. In doing these things, the Clinton team created an initial plan that would affect the American public, without the public’s input, and without the input of the public’s elected representatives. The health care Task Force was a lesson in secrecy and exclusion of the public. Their operations were so private that their activities drew claims from the Republicans on the House Government Operations Committee that they had violated the Federal Advisory Committee Act (FACA), a law that stated that any task force not entirely composed of government employees must hold all meetings in public after a fourteen-day advance announcement\textsuperscript{114}. House Republicans were unsuccessful in proving that any violation of the Act had occurred, thus Hillary and Magaziner were able to proceed without having greater transparency imposed on them. However, months later, Magaziner realized that this method ended up hurting reform’s popularity with the public.

\textsuperscript{112} Kellerman, \textit{The Political Presidency}, 16.
\textsuperscript{114} Pious, \textit{Why Presidents Fail}.
In a memo to top White House staffers Magaziner summarized what he viewed as factors contributing to health care reform’s stall. The memo read thus: “Too complex or secretive a process devised by Magaziner, a plan being watered down, a feud between the First Lady and the economic team, a program where $100 billion of new taxes can’t be sold to the President and he can’t make decisions, etc.” While too late to save health care reform, Magaziner eventually realized that the secretive process that he had a critical role in creating, isolated the public, ultimately stalling his efforts at reform. Ultimately, secrecy and self-interest helped to undermine Clinton’s leadership. “[These behaviors] eroded trust in the president, and trust was critical to advocating for health care change.”

**Loss of Choice**

Individual choice is paramount to American political thought and often is at odds with the desire to have greater equality for America’s marginalized. The Anti-Federalist vein of American political thought held that “[t]he policy of leaving individuals, partnerships, and States, as much as possible to pursue their own interest, in their own way, is the only good evidence that the Government is founded in reason and justice, and not in error and fraud.” Stated differently, a prominent and influential theory in American political thought holds that the only marker of good government is that it allows individuals, partnerships and States the freedom to choose which interests they pursue. Though Clinton tried to address the public’s fears that health care reform would reduce their ability to choose their own health care future, he

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115 Ibid., 191.
116 Ibid.
was ultimately unable to drown out the organized, grassroots attacks of reform’s opponents. This inability to adequately allay the public’s fears contributed, in part, to reform failing.

The Clinton’s health care reform plan “was not about how health care was to be provided, it was primarily about how it would be financed”119. In 1993 eighty-five percent of Americans had some form of health insurance. Only 15 percent needed universal coverage to replace the publicly subsidized care they received from clinics or emergency rooms120. “The majority was being asked to make fundamental changes and accept more regulation and higher costs but would receive no tangible benefits for themselves”121. Through a fierce reverse lobbying campaign, Republicans played on public fears of radical change and a bureaucracy that would lead to infringements on individual choice. “Republicans followed their standard tactic in blunting Democratic social welfare initiatives: introduce an alternative approach to establish their bona fides a problem-solvers with the public, then simultaneously characterize the bureaucratic nightmare that would lead to red tape and corruption”122. The tactic employed was nothing new; it worked because it spoke to the unresolved tension in American political thought between wanting to extend greater equality to the marginalized while not wanting the government to interfere with individual choice. Seeking to exploit public concerns over choice, the “HIAA aired “Harry and Louise” commercials in September 1993, attacking the new “health care bureaucracy” with the tagline “They choose, we lose””123.

The lack of substantive information coming out of the White House further undermined an already precarious situation. As has been noted, the United States maintains “a political culture whose central themes are opposition to power and suspicion of government as the most

119 Pious, Why Presidents Fail, 205.
120 Ibid.
121 Ibid., 205.
122 Ibid, 196.
123 Ibid, 194.
dangerous embodiment of power”\textsuperscript{124}. The Task Force’s secrecy meant that the public was left out of the health care policy creation process, thus they lacked access to detailed information on health care reform. As a result public fears about “big government” running health care programs” were not addressed\textsuperscript{125}. “People were worried that their choice of doctor or hospital would be curtailed, that they would not be able to receive certain services, that their taxes would go up, that there would be fraud and abuse, that quality would decline, that the bureaucracy would increase”\textsuperscript{126}. President Clinton would have had to allay those fears in order to redeem health care reform in the eyes of the public, and he attempted to do so in his 1993 “Address to Congress on Health Care.” Here, Clinton addressed the issue of choice:

> Americans believe they ought to be able to choose their own health care plan and keep their own doctors. And I think all of us agree. Under any plan we pass they ought to have that right. But today under our broken health care system, in spite of the rhetoric of choice, the fact is that that power is slipping away from more and more Americans. Of course it is usually the employer, not the employee, who makes the initial choice of what health care plan the employee will be in. And if your employer offers only one plan, as nearly three-quarters of small and medium-size firms do today, you’re stuck with that plan and the doctors that it covers. We propose to give every American a choice among high-quality plans. You can stay with your current doctor, join a network of doctors and hospitals or join a health maintenance organization. If you don’t like your plan, every year you’ll have the chance to choose a new one. The choice will be left to the American citizen, the worker, not the boss and certainly not some government bureaucrat\textsuperscript{127}.

Despite proposing greater choice than Americans currently had, and despite having a national television audience hear this message, Clinton’s efforts at convincing the American public that individual choice would not be at risk with reform were drowned out by the messages

\textsuperscript{124} Kellerman, The Political Presidency, 7.
\textsuperscript{125} Pious, Why Presidents Fail, 210.
\textsuperscript{126} Ibid.
of reform’s opponents. “The terms of the debate had been changed: ‘Freedom to choose’ seemed to many people to be in jeopardy under the Clinton plan”\textsuperscript{128}. In fact, “polls showed respondents were worried that reform might negatively affect cost of care, quality of treatment, access to advanced technology, and freedom of choice”\textsuperscript{129}. Though he addressed choice, the President and the Task Force did not do enough to adequately allay the fears of the public.

Follower Engagement

Ultimately, within a democratic system, “the attempt to influence can succeed only if the person trying to exert influence attends to the particular needs and wishes of his or her followers”\textsuperscript{130}. While the President and his Task Force received letters from the public regarding health care, they failed to engage the public in ways that would allow them to understand the “particular needs and wishes of [their] followers”\textsuperscript{131}. In President Clinton’s 1993 “Address to Congress” and his 1994 “State of the Union” address, the President made reference to the amount of constituents’ letters that the First Lady had received and read, yet when he mentions who she “consulted” when crafting reform, the only people mentioned are government leaders. His comments are as follows:

The First Lady also consulted, as all of you know, extensively with governmental leaders in both parties, in the states of our nation and especially here on Capitol Hill. Hillary and the task force received and read over 700,000 letters from ordinary citizens. What they wrote and the bravery with which they told their stories is really what calls us all here tonight. Every one of us knows someone who's worked hard and played by the rules and still been hurt by this system that just doesn't work for too many people\textsuperscript{132}.

\textsuperscript{128} Pious, \textit{Why Presidents Fail}, 199.
\textsuperscript{129} Ibid., 186.
\textsuperscript{130} Kellerman, \textit{The Political Presidency}, 18.
\textsuperscript{131} Ibid.
\textsuperscript{132} Clinton, \textit{Address to Congress}, 2.
You know, the First Lady has received now almost a million letters from people all across America and from all walks of life. I'd like to share just one of them with you.... It was to help the Richard and Judy Andersons of America that the First Lady and so many others have worked so hard and so long on this health care reform issue\textsuperscript{133}.

Had the Clintons encouraged constituent input as part of the Task Force's work, instead of allowing the public to be kept in the dark through the Task Force's veil of secrecy, perhaps the public would have been able to give the Task Force critical insight as to what sacrifices they were willing to make for universal coverage.

Besides the letters, the Task Force sought information on public sentiment regarding health care reform from public opinion polls. The lesson learned too late in the process, was that public opinion polls only tell part of the story; and they do not speak to Americans' deeply-ingrained fears over a loss of choice. "The White House erred by taking public opinion polls at face value, because what people \textit{said} in the polls is not what they \textit{felt}"\textsuperscript{134}. From their public opinion polls the Task Force gathered that the middle class was looking for more security and benefits at lower cost, with less waste in the system\textsuperscript{135}. The polls did not tell them that "[the public] had no urge to pay more, to make sacrifices, and consider trade-offs or to extend benefits—even when people answered yes when asked if they supported reform. The wording of the polls didn't indicate the "stop signs"—the choices that people would oppose once they became aware of them"\textsuperscript{136}. Americans were concerned that the Clinton plan would hurt those who already had insurance, and this sentiment was not shown in the data. The polling data

\textsuperscript{134} Pious, \textit{Why Presidents Fail}, 210.
\textsuperscript{135} Ibid.
\textsuperscript{136} Ibid.
“didn’t indicate that the public had not understood the trade-offs that might be involved. Clinton would have had to allay these fears to win over public opinion, but he was unable to do so”\(^\text{137}\).

“[L]eaders are most likely to be successful when they reflect the problems straight back to where they have to be solved—at the feet of the followers”\(^\text{138}\). “For organizations to succeed, the followers must play their part and cannot rely upon the leader or leaders to secure success alone, both because that success is a social not an individual achievement and because followers carry the responsibility of compensating for leaders’ errors”\(^\text{139}\). Clinton employed a top-down approach, trying to get interest groups like unions and hospital workers on board with reform. He underestimated the power of followers to alter the outcome of public policy through grassroots action. “The White House established its “war room” (dubbed the “Delivery Room”) with seventy-five aides to handle the media campaign, congressional and party liaison, instant response to news stories, speech scheduling for Hillary Clinton and cabinet members, publicity events, liaison with friendly interest groups (such as unions and hospital workers), and daily coordination with the Department of Health and Human Services”\(^\text{140}\). Their goal was to combat the negative ad campaigns coming from the right but the end result of these efforts, officially “known as the National Health Care Campaign, were top-down and media-oriented,” rather than grassroots and from the people\(^\text{141}\).

In the midst of the “Delivery Room” chaos, opposition communities formed, communities which persuaded people that health care reform was something that they should oppose for their own sake and on their own terms. Reform’s adversaries used a grassroots approach. The enemies of the Clinton Plan had both the time and opportunity to organize and

\(^{137}\) Ibid.
\(^{138}\) Grint, The Arts of Leadership, 6.
\(^{139}\) Ibid., 5.
\(^{140}\) Pious, Why Presidents Fail, 197.
\(^{141}\) Ibid.
they took full advantage of it to wage several anti-reform media and grassroots campaigns.

“Throughout the spring and summer [of 1994] interest groups went on the offensive in a $100 million lobbying, campaign contribution, and public relations campaign against Clinton’s bill”\(^{142}\). Besides the “Harry and Louise” commercials aired by the HIAA, “Americans for Tax Reform came up with a radio spot in which a desperate mother is required to call “1-800-Government” and get a “health-care representative” on the line before she can get a doctor to see her seriously ill baby. “Why did they let the government take over?” she cries. “I need my family doctor back”\(^{143}\). The insurance industry created the Coalition for Health Insurance Sources which mobilized grassroots opposition through a letter and fax-writing campaign to Congresspersons\(^{144}\). “The American Hospital Association enlisted hospital administrators and their boards of directors in thousands of local hospitals against the plan. The NFIB began a grassroots fax campaign to its 600,000 member firms, a majority of which did not offer health insurance to their workers”\(^{145}\). Ultimately, “this “reverse lobbying”—starting from the grassroots and working up to national organizations—defeated the White House strategy of winning interest group endorsements from the top down”\(^{146}\).

**Persuasion**

“Going public” is a tool of the modern presidency. It describes the practice of engaging in a “permanent campaign to go directly over the heads of members of Congress to the public at

\(^{142}\) Ibid., 199.
\(^{143}\) Ibid.
\(^{144}\) Ibid.
\(^{145}\) Ibid., 194.
\(^{146}\) Ibid., 195.
large”\textsuperscript{147}. In going public, a president attempts to build public support and thus create leverage for himself with Congresspersons by calling to mind the real or imagined electoral pressures they will face if they make decisions that are unfavorable with the public. Clinton “went public” with some success in his “Address to Congress” in 1993. The number of people in favor of reform increased after Clinton’s speech (though this spike in public approval quickly went back down)\textsuperscript{148}. Clinton tried to do this again in 1994, in an attempt to re-vive health care reform, though ultimately it was to no avail. This final stage in the health care reform process “was organized as a campaign, with mass advertising, town meetings, talk show appearances, and bus caravans”\textsuperscript{149}. “In town hall meetings Clinton would “take testimony” from doctors, patients, and hospital administrators describing the problems they faced making the existing system work. He would then affirm that things would be different after his plan was enacted”\textsuperscript{150}. The Clinton team employed a testimonial approach that emphasized empathy rather than a more analytic approach focusing on disseminating information regarding costs-and-benefits, and choice. “The administration’s discussion was scripted to sound-bite dimensions. The testimonials were organized in advance, as were the responses”\textsuperscript{151}. Most notably, Clinton “failed to provide historical context, to define terms, to describe mechanisms”—he did not [give] audiences anything of substance”\textsuperscript{152}. Because the public did not sit where Clinton sat or see as he saw, they did not automatically view his obligations as their own. The quintessence of a persuasive President’s task is to convince people with competing loyalties and with less contextual understanding of problems that “what the White House wants of them is what they ought to do

\textsuperscript{147} Edwards, “Impediments to Presidential Leadership,” 146.
\textsuperscript{148} Blumenthal and Morone, Heart of Power.
\textsuperscript{149} Pious, Why Presidents Fail, 209.
\textsuperscript{150} Ibid., 200.
\textsuperscript{151} Ibid., 209.
\textsuperscript{152} Ibid.
for their sake and on their authority”\textsuperscript{153}. Going public is only effective when a leader can get constituents to internalize his or her message. Clinton failed to do this because “he did not lay out alternatives, discuss their costs and benefits, or share substantive information with his constituents. He offered two choices for the people: the right way and the wrong way. The reaction was inevitable: No one wants to be subject to a high-pressure sales pitch masquerading as a religious revival”\textsuperscript{154}.

While Clinton was attempting to sway public opinion back in his direction, Republicans were making headway in persuading the public by employing an approach of exerting control over followers’ environments. “Control over the followers' environment” is an indirect method of influence that is defined by influencing followers by “bringing additional pressures [to bear] on the follower to induce the desired change of attitude or behavior”\textsuperscript{155}. Health care reform’s opponents brought additional pressures to bear on followers through their media blitz which bombarded people with information—true and misleading—that was meant to change their attitudes regarding reform. “A study by the Annenberg School for Communications at the University of Pennsylvania found that more than one-quarter of the print advertisements and more than half of the broadcast spots were “unfair, misleading, or false” and failed to disclose the origins and interests of their sponsors”\textsuperscript{156}.

\textbf{Imaginary communities}

\begin{footnotesize}
\begin{enumerate}
\item Neustadt, \textit{Presidential Power and the Modern Presidents}, 30.
\item Pious, \textit{Why Presidents Fail}, 209.
\item Kellerman, \textit{The Political Presidency}, 19.
\item Pious, \textit{Why Presidents Fail}, 200.
\end{enumerate}
\end{footnotesize}
In order for leaders to be successful they must create conditions that contribute to effective leadership. One way to do this is by giving voice to "an imaginary community that followers can feel part of"\textsuperscript{157}. By imaginary communities what is meant are the imagined commonalities or shared understandings that people assume to exist between themselves and others who they do not know and have never personally met. By articulating these commonalities in a way that appeals to followers, a leader is more easily able to shape their interpretation of challenges, goals, competition, strategy and tactics—helping them to get followers to do what they want them to do\textsuperscript{158}. One example of leaders articulating commonalities to build imaginary communities is with national identity. What is often the case is that "regardless of the actual inequality and exploitation that may prevail... the nation is always conceived as a deep, horizontal comradeship"\textsuperscript{159}. By employing the theme of "responsibility," President Clinton attempted to create an imaginary community of mutual provision based on nationality where Americans were "all in this together." His argument in both his announcement of his candidacy for president and in his 1993 address to Congress was as follows:

> But we need more than new laws, new promises, or new program. We need a new spirit of community, a sense that we are all in this together. If we have no sense of community the American dream will continue to wither. Our destiny is bound up with the destiny of every other American. Were all in this together, and we will rise or fail together\textsuperscript{160}.

We need to restore a sense that we're all in this together and that we all have a responsibility to be a part of the solution. Responsibility has to start with those who profit from the current system. Responsibility means insurance companies should no longer be allowed to cast people aside when they get sick. It should apply to laboratories that submit fraudulent bills; to lawyers who abuse

\textsuperscript{157} Grint, \textit{The Arts of Leadership}, 6.
\textsuperscript{158} Ibid.
\textsuperscript{159} Ibid., 7.
\textsuperscript{160} Clinton, "Announcement Speech," 4.
malpractice claims; to doctors who order unnecessary procedures. It means drug companies should no longer charge three times more for prescription drugs made in America -- here in the United States -- than they charge for the same drugs overseas. In short, responsibility should apply to anybody who abuses this system and drives up the cost for honest, hard-working citizens and undermines confidence in the honest, gifted health care providers we have

... It's not that simple. We also have higher rates of AIDS, of smoking and excessive drinking, of teen pregnancy, of low-birth-weight babies, and we have the third-worst immunization rate of any nation in the Western hemisphere. We have to change our ways if we ever really want to be healthy as a people and have an affordable health care system. And no one could deny that.\textsuperscript{161}

Clinton failed to foresee that, unlike foreign affairs crises, which tend to unite the citizens of a nation, domestic affairs crises tend to draw distinctions between members of a nation. By citing AIDS, excessive smoking and drinking, and teen pregnancy as examples of problems that all citizens must take more responsibility for, Clinton created a community that put the responsibility for America's health care crisis on marginalized groups. Perhaps, in doing so, his vision of community was too narrow to encompass people outside of these groups into his sphere of responsibility. People who were outside of these groups may not have felt a responsibility to be part of the solution for the health care crisis. Clinton appeared to have underestimated the fact that, "unlike foreign policy crises, there is no "rally around the flag" effect in domestic affairs when crisis rhetoric is deployed.\textsuperscript{162}

In United States politics, imaginary communities are used to describe commonalities between all citizen and commonalities between members of the same political party. In many ways, President Clinton disadvantaged himself by positioning himself as a "New Democrat." As a middle-of-the-road president he could not create an imaginary community that would appeal to one faction while isolating everyone else, thus Clinton tried to please everyone and ended up

\textsuperscript{161} Clinton, "Address to Congress," 6.
\textsuperscript{162} Pious, \textit{Why Presidents Fail}, 209.
alienating liberal Democrats and potential Republican backers alike. “In proposing what in effect was a middle way between Democratic liberalism and Republican conservatism, Clinton left himself open to charges that he lacked any principles at all”163. “To finance universal coverage for lower and moderate-income workers who had been part of his electoral coalition, Clinton would call for cuts in Medicare and Medicaid that would alienate liberal Democrats. Even if he won passage of his plan, health care costs would increase... His plan would achieve universal coverage, but everything else seemed to involve political costs for his congressional party and measures designed to alienated potential Republican backers”164. Clinton had fundamentally misinterpreted the role of defining communities for successful leadership. Instead of defining a community that could help him achieve health care reform, “health care, as Clinton himself understood, was not only an attempt to win over congressional Democrats and public opinion but was also an attempt to define himself and his administration”165.

Through abdicating his role as the national symbol of health care reform, underestimating Americans’ distrust of authority, not adequately addressing Americans’ fears that health care reform was analogous to infringements on choice, failing to shape an inclusive vision of community, and turning to public opinion polls rather than directly to constituents as a means of understanding their needs, President Bill Clinton made tactical failures that led, in part, to the failure of the Clinton Health Care Plan of 1993. Despite his attempts at appealing to the public, Clinton made numerous strategic errors, the effect of which was that he was unable to convince people that reforming health care was worth making adjustments in their lives. Ultimately, “success comes to presidents who avoid the avoidable failures, who possess the skill and will to play politics and antipolitics simultaneously, who fuse substantive policy and epideictic rhetoric,

163 Ibid., 205.
164 Ibid., 191.
165 Ibid., 205.
and who complement their legitimate use of prerogative power with a willingness to abide by law and utilize framework legislation. The next chapter examines President Barack Obama’s actions and strategies to draw out aspects of his process that led, in part, to the successful passage of the Patient Protection and Affordable Care Act.

166 Ibid., 296.
Chapter III
President Obama and the Passage of Reform

The Patient Protection and Affordable Care Act (hereafter called the Affordable Care Act) was passed by Congress and signed into law by President Obama on March 23, 2010. It was “the largest change in social welfare policy since the Great Society and perhaps the New Deal, impacting one-seventh of the country’s gross domestic product and restructuring the business models of some of the country’s largest industries” 167.

The Affordable Care Act also represented an ideological departure from past policy on American health care 168. In the 1970s, economic inequality in the United States began increasing steadily, and government policy was complicit in allowing wealth inequality to continue 169. Income stagnated in the bottom eighty percent of households throughout this era, while it rose rapidly among the top ten percent of earners, with an even larger increase in wealth seen in the top one percent of U.S. families 170. With its re-distributional makeup, the Affordable Care Act departs from the type of policy that had dominated U.S. politics for the last several decades. Under the Act, health insurance will be extended to an estimated thirty million people 171.

Getting this policy passed required presidential and congressional leadership that was nothing less than exceptional. The passage of reform in 2010 also depended greatly on lessons learned from President Clinton’s failed attempt at reform sixteen years earlier. “It is difficult to overstate the role of the failure of the Clinton plan” 172. That experience had not only led to Republican control of Congress through 2006, but it also meant fifteen years of incremental

170 Ibid.
171 Ibid.
172 Hacker, “Road to Somewhere,” 866.
adjustments to health care. Democratic majorities in Congress, and the election of a Democratic president in the White House were essential to health care reform. Having already lost the battle for health care reform fifteen years prior, Congressional Democrats knew that when reform re-emerged as an issue in 2009, they would have one final opportunity to achieve it. Internal divisions over the inclusion of such provisions as the "public option," state-funded abortions, and the inclusion of large subsidies to pay for private insurance, threatened to divide liberal and moderate Democrats—which would have cost them reform. However, widespread acknowledgement of the importance and urgency of reform, gave Democratic Congresspersons incentive to give up on these more controversial provisions to ensure themselves backing from conservative and moderate Democrats.

This is not to undervalue the President's role in reform. President Obama and his domestic policy team constructed inclusive imaginary communities that united Congressional Democrats, incentivized private insurers to support reform, and convinced Americans that reform would help, rather than hurt, the already-insured—these efforts, doubtless, contributed to reform’s success. Passing reform was also due, in part, to President Obama’s acute awareness of the unique strengths of the presidency, as well as his recognition of the limits of his power. By focusing on publicizing reform, uniting the Democratic party, and disseminating information to the American people, rather than attempting to write health care policy for the Congressional Committees, President Obama optimized both the collective capacity of his congressional allies and his own position power. Through an analysis of President Obama’s speeches and health care reform strategy, this chapter will draw out elements of the President’s leadership that contributed

173 Ibid.
175 Hacker, “Road to Somewhere.”
176 The public option refers to a public insurance plan modeled after Medicare that would have competed with private plans to enroll the uninsured (Hacker).
to the successful passage of health care reform. Guided by Clinton’s mistakes, President Obama was able to lead a successful health care reform movement, in part, because he publicized reform to the American people, acted as the symbol of the reform movement, and constructed a vision of community that was inclusive of insurers, hospitals, and the American people.

**Background on the Affordable Care Act**

This section provides a brief history of the main events and turning points in the 2009-2010 health care reform movement in order to contextualize the rest of the chapter.

President Obama focused public attention on health care reform at the outset of his term through nationally televised speeches in the winter of 2009. In an environment overrun by interest groups and congressional moderates, the Obama White House realized that reform would be nearly impossible if insurers, hospitals, and special interests organized against it like they had in 1993. They began organizing for battle by cutting deals with insurers that would ensure their support. Fortunately for the Obama team, in the fifteen years since the Clinton reform attempt, insurers had become more reliant on government for their revenues. This was in large part because former President George W. Bush passed Medicare Part D, a prescription drug law that created large profits for drug companies and insurers. Thus, when President Obama approached the insurance community to get their support, they had a quid pro quo rationale for supporting reform: “accept greater public regulation and involvement in return for greater

177 Jacobs, “What Health Reform Teaches.”
178 Hacker, “Road to Somewhere.”
179 Ibid.
guaranteed financing”\textsuperscript{180}. For insurers, the government had a power that the private sector lacked—the power to require that all people have health insurance—and it was this requirement that the insurance industry hoped to harness\textsuperscript{181}.

Ultimately, the reform that emerged from this process introduced new regulations and subsidies, but was largely aimed at rationalizing the private insurance system. The overall goals of reform were increasing consumer protections, reducing costs, and eliminating waste and fraud within the health care industry. The most notable changes to come from health care reform were banning annual and lifetime limits on the amount of coverage that enrollees receive, curbing insurance cancellations, allowing young adults to stay on their parents’ health care plan until age twenty-six, banning discrimination against children with pre-existing conditions, granting small businesses health insurance tax credits, creating a “Patient’s Bill of Rights,” closing the Medicare “donut hole,” and expanding free preventive services under Medicare\textsuperscript{182}. The Affordable Care Act involves increased government regulations of private insurance companies, the establishment of public insurance-purchasing organizations called “exchanges,” expansions of Medicaid (for the poor), and cost-reductions and substantial changes to Medicare (for senior citizens)\textsuperscript{183}. The Affordable Care Act is predicted to expand coverage to more than thirty million Americans by 2019, while substantially reducing the cost of health insurance for people who purchase it through the newly set-up exchanges\textsuperscript{184}.

\textsuperscript{180} Ibid., 865.
\textsuperscript{181} Ibid.
\textsuperscript{183} Hacker, “Road to Somewhere.”
\textsuperscript{184} Ibid.
The President As a Symbol

Unlike President Clinton, President Obama understood the unique powers and limitations of his role as president. His actions reveal an understanding of presidential leadership that is much in line with a theory put forward by Blumenthal and Morone: “presidents win complicated reforms by doing what the office of the presidency is uniquely designed for—publicizing and persuading”\(^\text{185}\). In the health care reform process, President Obama acted the part of the public symbol of health care reform, voice of reform to the people, and chief agenda setter for Congress\(^\text{186}\).

Throughout the battle for health care reform, President Obama was often the criticized for what some believed to be a lack of leadership will and skill. Specifically, critics faulted the President for not dictating congressional action, not creating a proposal for Congress, and not forcing Congresspersons to accept key and controversial provisions of the legislation (like the public option)\(^\text{187}\). While some saw Obama’s choice not to do these things as indicative of poor leadership, these actions can also be explained as self-awareness on the President’s part about what he could and could not do within the confines of his role. “One of the most striking features of Obama’s handling of health reform was his clear-eyed appreciation of the limits of his power and how these limits prescribed the terms of his influence”\(^\text{188}\). Allowing Congress to do its job and make decisions on some of the Affordable Care Act’s more controversial elements reveals the President’s respect for the nation’s constituted political processes. By allowing the people’s elected representatives to exercise their judgment about what should and should not be a part of reform, President Obama demonstrated a constituent-focus rather than a leader-focus.

\(^{185}\) Blumenthal and Morone, *Heart of Power*, 6

\(^{186}\) Jacobs, “What Health Reform Teaches.”

\(^{187}\) Ibid.

\(^{188}\) Ibid., 622.
Thus, instead of dictating congressional action in a way that would have centered on his wants and what would help him politically, President Obama recognized that he could maximize the strengths of his office by empowering others to iron out the policy detains, and use his unique platform to make and keep reform as a matter of public importance. If complicated reforms are won by presidents through publicizing and persuading, President Obama was the quintessence of effective presidential leadership when he deferred to legislators to design reform’s details, and remained in the capacity of the public mediator and symbol of reform.\footnote{Ibid.}

Conversely, President Clinton “never subordinated the policy process to his persuasive powers.”\footnote{Blumenthal and Morone, *Heart of Power*, 383.} Instead, Clinton allowed the Task Force to create a detailed bill despite the fact that Congressional Committees tended to rewrite almost everything that the White House sent them.\footnote{Ibid.} The nine months that were spent assembling a Task Force to create a policy for Congress actually impeded the work of Congressional Committees, and wasted a valuable opportunity to optimize the reform power that existed in having Democratic control in both Congress and the White House.\footnote{Jacobs, “What Health Reform Teaches.”} By contrast, President Obama’s quick hand-off of reform to Congress shortly after assuming office gave Democratic leaders time to build the necessary legislative coalitions to produce bills from four of the five key committees within the President’s first six months in office, and gain House and Senate approval of separate bills within a year.\footnote{Ibid.}

Instead of falling victim to the “false and debilitating myth of an all-powerful presidency,” President Obama seized upon his office’s unparalleled ability make health care reform an issue of national importance both to Congress and the American public through

\begin{footnotes}
\item[189] Ibid.
\item[190] Blumenthal and Morone, *Heart of Power*, 383.
\item[191] Ibid.
\item[192] Jacobs, “What Health Reform Teaches.”
\item[193] Ibid.
\end{footnotes}
nationally televised speeches and appearances\textsuperscript{194}. The President gave nationally televised speeches in 2009 at the outset of his term, a nationally televised speech in September 2009 before a joint session of Congress, hosted a bipartisan summit on health care reform, and held town hall meetings to answer the public’s questions about how reform would affect them. “These efforts elevated the salience of health reform and set the general direction for policy change”\textsuperscript{195}.

President Obama was able to use his position as the nation’s figurehead to save health care reform when it nearly failed at three points in the reform process. He did this by “going public”, a tool of the modern presidency that is defined as engaging in an on-going campaign—with the effect of going directly over the heads of Congress—to make a case for some sort of political change directly to the American public\textsuperscript{196}. The President did this when health care reform was nearly derailed at three different junctures. First, in January of 2010 members of President Obama’s team advised that he not tackle health care at all. Then later, when reform faced significant challenges as a result of the Tea Party opposition in August of 2009\textsuperscript{197}. The President had spent a large part of the summer of 2009 going state-to-state conducting town hall meetings, but when these began erupting into Tea Party protests, President Obama turned to nationally televised speeches to re-invigorate public momentum for reform. The most notable speech given around this time was his address before a joint session of Congress on September 9, 2009\textsuperscript{198}. In early 2010, the President and health care reform faced its last major challenge when Republican Scott Brown won deceased Massachusetts Senator Ted Kennedy’s vacant seat. In an effort to win the public relations war, the White House responded by calling for a bipartisan

\textsuperscript{194} Ibid., 622.
\textsuperscript{195} Ibid.
\textsuperscript{196} Edwards, “Impediments to Presidential Leadership.”
\textsuperscript{197} Jacobs, “What Health Reform Teaches.”
\textsuperscript{198} Ibid.
summit, an event which received a lot of press coverage, allowing Democrats to emerge appearing proactive and their Republican counterparts as the “party of no”\(^{199}\). Along with then-speaker of the house Nancy Pelosi, President Obama was largely responsible for restarting the health care reform campaign by going directly to the public despite the political risks\(^{200}\).

Though the President served as the face and voice of the health care reform movement, health care reform was not named after him. Perhaps learning from the Clinton Plan of 1993, President Obama’s decision to name reform the Patient Protection and Affordable Care Act anticipates the mistrust that would have resulted if it were called the Obama Plan of 2010. As seen with Clinton, self-naming legislation led the public to mistrust the President’s motives. Constituents in 1993 questioned who the legislation was meant to serve—the people or the president’s own power stakes. In titling the law the Patient Protection and Affordable Care Act, the name clearly states that the legislation contained within is aimed at protecting patients and providing them with affordable care—emphasizing the people’s needs as opposed to the President’s.

Distrust of Authority

Aware of the fact that many Americans distrust authority, President Obama responded to this omnipresent condition of American democracy by framing health care reform as a piece of legislation created of by and for the people. For President Obama, distrust of authority arose because many Americans did not know or understand what was in the Patient Protection and

\(^{199}\) Hacker, “Road to Somewhere.”

\(^{200}\) Ibid.
Affordable Care Act. As a result, public reaction to the legislation was characterized by mistrust of government, confusion about what the law would do, and anxiety about the effect that reform would have on individual coverage for the already-insured\textsuperscript{201}. A poll taken in January 2010 by the Kaiser Family Foundation spoke to these public anxieties: “Consistently, the core elements of the bills—with the notable exception of the individual mandate, the insurance tax, and the very slow proposed implementation—were quite popular, with positive assessments outweighing negative assessments by large margins. Yet just as consistently, the general assessment of the “health care bill” or “Obama’s health plan” hovered around 50 percent or less”\textsuperscript{202}.

Beyond informing his decision not to self-name the bill, the President’s awareness of Americans’ distrust of authority seems to have informed his decision to assert that health care reform was a plan that was entirely of, by and for the people. This emphasis on the democratic processes of civil discourse, Congressional committee-work and bi-partisanship (real or imagined) that created the legislation, was one of the ways that President Obama addressed the opposition argument that the Affordable Care Act was little more than socialism called by another name. In asserting the democratic nature of reform, the President encouraged his audiences to engage in civil discourse with their neighbors, seek out information, and raise questions on issues they did not understand. He proclaimed,

> What you haven’t seen on TV—and what makes me proud—are the many constructive meetings going on all over the country. Everywhere—everywhere across the country, you’re seeing people who are coming together and having a civil, honest, often difficult—conversation about how we can improve the system. That’s how democracy is supposed to work.”\textsuperscript{203}

\textsuperscript{201} Ibid.
\textsuperscript{202} Ibid., 870.
In these lines, President Obama conveyed to his audience that his vision of health care reform was rooted in democratic discourse, and had the power to bring people together.

**Loss of Choice**

Public fears over health care reform limiting choice were another challenge that President Obama was met with. Conservative critics of reform claimed that the Affordable Care Act offered too little to the majority of Americans, but it required this same majority to sacrifice individual choice.

One facet of this argument claimed that reform would take away people’s ability to keep the coverage that they had prior to health care reform being signed into law\(^{204}\). Conservative think tanks cite the Affordable Care Act as doing this through direct and indirect means. Directly, through forcing even grandfathered plans to institute some of reform’s new consumer protections, and indirectly, through requirements which may incentivize some insurers to withdraw from their less profitable markets, leaving their former insures with fewer insurance options\(^{205}\). Such critiques of reform frequently attack President Obama’s character, framing him as dishonest, and disassociate reform from its formal name, opting instead to call it “Obamacare.” This is illustrated by an excerpt from a report published by Conservative think tank, The Heritage Foundation:


“To sell his overhaul of the United States health care system, President Barack Obama repeatedly assured Americans that if they liked their current health insurance plan they could keep it under the Patient Protection and Affordable Care Act (PPACA). This broad assurance was designed to disarm opposition from the great majority of Americans who have health insurance and are satisfied with it. Americans did not stop to parse the President’s assurance; they took him at his word. … The bottom line is that all insurance plans, including coverage people already have, must meet some portions of the new law, and most plans will soon be subject to all its requirements. The President’s assurance of continuing with existing plans is essentially a dead letter for all Americans.  

So, for employers and employees, Obamacare’s operative principle is simple: You can keep your health plan…maybe, well, not really, to some extent, in certain circumstances, for awhile.

The term “Obamacare” looks back to The Clinton Plan, and was used to associate the reform movement of 2009-2010 with the unpopular and unsuccessful health care reform attempt of 1993-1994. Additionally, referring to the Affordable Care Act as “Obamacare” is meant to associate the legislation with the man himself, in an attempt to further persuade those who did not associate or identify with the President’s politics to oppose reform. The label “Obamacare” is also an attack on the President’s humility. Where Obama made the decision not to self-name the legislation, opting instead to title it in a way that reflected its benefits to the public, calling the bill Obamacare is an attempt to encourage feelings of suspicion around President Obama’s motives for wanting reform, similar to the suspicion directed at Clinton in 1993.

Attacking the President’s honesty, referring to the legislation as “Obamacare,” and asserting that individual choice will diminish under reform were attempts to tap into public distrust of authority and public disdain for policy that infringes upon individual choice—two themes that run deep in American political thought.

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206 Hoff, “Broken Promises,” 1-2
207 Ibid., 6.
Follower Engagement

The Obama team’s and Congressional Democrats’ policy approach was shaped by the reality that, however costly and insecure, most Americans had health insurance coverage, and most could be easily scared into believing that reform would negatively impact them and their care. Trying to engage followers and attend to their particular needs, wants and anxieties, the Democratic response to this fear involved articulating over and over again that if individuals liked the insurance that they had, they could keep it. Engaging with followers by attending to these needs, wants and anxieties is believed to be a key element in influencing followers within a Democratic system. President Obama and his team understood that they needed to engage the public in a way that would allay their fears that reform could impose losses on people who already had health care. To do this, they addressed the public’s fear of losing benefits with the promise that under reform all people would gain security.

President Obama’s rhetorical strategy was to state that those with and without health insurance lacked an adequate amount of security and stability. He then used anecdotes of people who had health insurance, then had it revoked in their greatest time of need to support this idea. Examples of both strategies can be seen in an excerpt of President Obama’s September 9, 2009 speech before a joint session of Congress and in an excerpt taken from President Obama’s speech a town hall meeting on August 14, 2009 in Belgrade, Montana:

“...the problem that plagues the health care system is not just a problem for the uninsured. Those who do have insurance have never had less security and stability than they do today.”

208 Hacker, “Road to Somewhere.”
209 Kellerman, The Political Presidency.
“Katie’s story is the kind of story that I’ve read in letters all throughout the campaign and everyday when I’m President. I hear about them in town halls all across America: The stories of hardworking people who are doing the right thing, they’re acting responsibly, only to find out that they’re penalized because others aren’t doing the right thing, because others aren’t acting responsibly.

[...]

And when you hear about these experiences, when you think of the millions of people denied coverage because of preexisting conditions, when you think about the thousands who have their policies cancelled each year, like Katie, I want you to remember one thing: There but for the grace of God go I. (Applause). Most of us have insurance. And most of us think, you know, knock on wood, that we’re going to stay healthy. But we’re no different than Katie and other ordinary Americans, no different than anybody else. We are held hostage at any given moment by health insurance companies that deny coverage, or drop coverage, or charge fees that people can’t afford at a time when they desperately need care.

It’s wrong. It’s bankrupting families, it’s bankrupting businesses. And we are going to fix it when we pass health insurance reform this year. We are going to fix it.\(^{211}\)

By establishing the lack of security, not just for the small minority of Americans without insurance, but for the entire nation, then by backing it up with an anecdote about, or a testimony from, a citizen who had experienced a major health care hardship in his or her time of greatest need, the President was able to establish a sense of urgency around his bill. In doing so early on in his speeches, he had already provided evidence that the pre-reform insurance system was broken, then he talked about the Affordable Care Act as a solution that would bring the much needed, but lacking stability that Americans should need and want for their own sake.

“The plan I’m announcing tonight would meet three basic goals. It will provide more security and stability to those who have health insurance. It will provide insurance for those who don’t. And it will slow the growth of health care costs for our families, our businesses, and our government.”\(^{212}\)

\(^{211}\) Obama, “Town Hall Montana,” 2.

\(^{212}\) Obama, “Joint Session of Congress,” 2.
Where opponents of reform framed the legislation as causing problems for the average American, the President used his unique position as a publicizer and symbol to rally people around the idea that reform was the only viable solution to the problem of health care instability.

In addition to engaging people around the idea of reform providing increased security, the president empowered the public to take action through engaging in civil discourse with their friends and neighbors about health care reform. Where Clinton underestimated the role of grassroots citizen action in successful reform movements, President Obama attempted to harness it and use it for reform's advancement. In a town hall meeting the President stated:

“So if you want a different future—a brighter future—I need your help. Change is never easy—and by the way, it never starts in Washington. It starts with you.”

Speaking about the centrality of grassroots action to lasting change demonstrated that President Obama understood that success is a group, rather than an individual achievement. In other words, President Obama understood that any sweeping reform of a system needs actively engaged and mobilized constituents to ensure that reform is successful. Accordingly, he encouraged constituents to take responsibility for meeting the challenge of making reform possible:

“It's a plan that asks everyone to take responsibility for meeting this challenge -- not just government, not just insurance companies, but everybody including employers and individuals.”

President Obama encouraged constituents to recognize their own power, and reflected the problem of health care reform back to the feet of his followers in telling them that change starts with them.

214 Grint, The Arts of Leadership.
Persuasion

President Obama understood that the quintessence of a President’s task is to convince people with competing loyalties, and less contextual understanding of problems that “what the White House wants of them is what they ought to do for their sake and on their authority”\textsuperscript{217}. The challenge was that the people he was trying to convince had diverse perspectives on what they wanted, and because they did not sit where he sat or see as he saw, they did not automatically view President Obama’s obligations as their own. For leaders to succeed, they must tap into certain needs, wishes, or anxieties that are relatively common across divisions amongst their constituents. One of the ways that President Obama did this was by tying Americans’ personal and more broadly defined national economic security to the success of health care reform. In 2009 and 2010, the U.S. economy was experiencing spikes in unemployment not seen in decades\textsuperscript{218}. Considering the fact that everyone but America’s oldest and poorest receive their health insurance through their employer, the poor economic climate only heightened public anxiety about losing coverage or paying out-of-pocket for care if people were to lose their jobs\textsuperscript{219}. Feeding off of already-present fears, President Obama drove home the necessity of reform by stating that the growth of the US economy is dependent on reducing the nation’s spending on health care.

“...for all the scare tactics out there, what is truly scary—what is truly risky—is if we do nothing. If we let this moment pass—if we keep the system the way it is right now—we will continue to see 14,000 Americans lose their health insurance every day. Your premiums will continue to skyrocket. They have gone up three times faster than your wages and they will keep on going up.

\textsuperscript{216} Grint, \textit{The Arts of Leadership}.
\textsuperscript{217} Neustadt, \textit{Presidential Power and the Modern Presidents}, 30.
\textsuperscript{218} Hacker, “Road to Somewhere.”
\textsuperscript{219} Ibid.
Our deficit will continue to grow because Medicare and Medicaid are on an unsustainable path. Medicare is slated to go into the red in about eight to 10 years. I don’t know if people are aware of that. If I was a senior citizen, the thing I’d be worried about right now is Medicare starts running out of money because we haven’t done anything to make sure that we’re getting a good bang for our buck when it comes health care. And insurance companies will continue to profit by discriminating against people for the simple crime of being sick. Now, that’s not a future I want for my children. It’s not a future that I want for the United States of America.”

“Finally, our health care system is placing an unsustainable burden on taxpayers. When health care costs grow at the rate they have, it puts greater pressure on programs like Medicare and Medicaid. If we do nothing to slow these skyrocketing costs, we will eventually be spending more on Medicare and Medicaid than every other government program combined. Put simply, our health care problem is our deficit problem. Nothing else even comes close.”

The level of urgency with which President Obama spoke of reform helped give relevance and primacy in the minds of the public to the issue of health care reform. By early 2010 surveys showed that while most Americans had concerns about the Democratic reform bills, the majority responded that they would be “angry or “disappointed” if no action were taken. Additionally, double the amount of people said that the United States’ economic problems made it more, not less important to “take on health care reform right now. Through televised speeches, and by tapping into an issue that hit close to home for many Americans, President Obama contributed to a shift in public opinion as many Americans began to realize that, with the current economy, they could quickly be priced out of the health insurance market.

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222 Hacker, “Road to Somewhere,” 864.
223 Ibid.
Imaginary Communities

While President Obama acted as the face and voice of reform to the American people, he took care to craft a vision of health care reform that would be inclusive to insurers and hospitals. He did this by giving voice to imaginary communities that followers could feel part of.\textsuperscript{224} Imaginary communities are the imagined commonalities or shared understandings that people assume to exist between themselves and others who they do not know and have never personally met. By articulating these commonalities in a way that appeals to followers, a leader is more easily able to shape their interpretation of challenges, goals, competition, strategy and tactics—helping them to get followers to do what they want them to do.\textsuperscript{225} Imaginary communities help leaders because they allow them to appeal to some shared understanding within the community instead of having to appeal to people’s diverse (and often conflicting) interests and ideologies on an individual level. Successfully constructing imaginary communities also requires understanding what the processes are by which contexts are constructed into successes, failures and crises.\textsuperscript{226}

President Obama showed effective leadership because he realized that health care reform would be doomed from the start if powerful stakeholders, like the insurance industry, were not included in his vision of a health care future. The President and his health care policy team feared that opponents would unify in opposition against reform as they had during Clinton’s failed reform effort.\textsuperscript{227} Obama also understood that the context of Clinton’s 1993-1994 reform attempt, was constructed into a failure in large part by the organized opposition campaign run by medical insurers, hospitals, and special interest groups. Realizing that Clinton failed to get

\textsuperscript{224} Grint, \textit{The Arts of Leadership}, 6.
\textsuperscript{225} Ibid.
\textsuperscript{226} Ibid.
\textsuperscript{227} Jacobs, “What Health Reform Teaches.”
reform passed, in part, because he lost valuable support when his Task Force villainized insurers and hospitals, President Obama created an imaginary community that pointed out the insurance industry’s shortcomings in a way that created a sense of urgency for reform with the public while still being inclusive of insurers. Within this community, the president recognized and drew attention to some of the insurance industry’s worst practices, however, he made a point of asserting that a reformed American health care system would necessarily include private insurers. The following excerpts from the President’s address before a joint session of Congress illustrates how the president balanced both chastising the insurance industry’s worst practices (in an attempt to appeal to the general public), and humanizing the people within the industry—including them as members of the imagined reform community.

Insurance executives don’t do this [drop patients when they are at their sickest] because they’re bad people; they do it because it’s profitable. As one former insurance executive testified before Congress, insurance companies are not only encouraged to find reasons to drop the seriously ill, they are rewarded for it.

Now, I have no interest in putting insurance companies out of business. They provide a legitimate service, and employ a lot of our friends and neighbors. I just want to hold them accountable. (Applause.)

While not quoted above, what ended as a humanizing, inclusive, rationalization of the behaviors of those at the helm of the insurance industry, was preceded by a rather blunt recounting of the insurance industry’s bad practices. In addition to the address before Congress, President Obama spent part of every town hall speech recounting instances of insurance getting denied because of people’s pre-existing conditions, stopped because of lifetime limits that had been reached, or cancelled when patients needed it most. Despite these horror stories, in every televised address and town hall speech the President also firmly asserted his commitment to having private insurers remain a part of a reformed national health care system. Beyond that,

Obama made a point not to paint the insurance industry as an “other.” Instead he rationalized the industry’s actions by describing them as a collection of businesses with a need to turn a profit just like those in other sectors of the economy. He also stressed the fact that the insurance industry provides jobs and “legitimate service[s]” to many U.S. citizens. Most importantly, President Obama recognized the humanity of patients and insurers alike, and framed them as members of the same political community—members who could all benefit from health care reform. By allowing the insurance industry to be part of health care reform’s imagined community, the President was able to successfully mold a process that could have led to reform’s failure, into one that led, in part, to its success.

In getting the Patient Protection and Affordable Care Act passed, President Obama had to construct imaginary communities that united the public and private insurers, incentivize private insurers to support reform, and convince already-insured Americans that they had more to gain than loose under reform. Successfully passing reform was partially the result of President Obama optimizing the unique strengths of the presidency in terms of serving as a symbol, publicizing information to the public, and ensuring that reform had a place of primacy on Congress’s agenda. Success was also the result of knowing the limitations of his role, and not venturing into the Congressional territory of policy development as Clinton’s Task Force had. By focusing his policy strategy on bringing people together around the idea of benefitting more with reform than without it, President Obama was able to generate public support, subvert organized industry opposition to reform, and construct a vision of community that was inclusive both of health insurers and of the American people, ultimately contributing to the Affordable Care Acts’ successful passage.
Chapter IV
Re-Imagining Leadership in the Context of Democratic Theory

President Obama re-defined what is possible within the modern presidency by carrying out the largest expansion of health care since the New Deal—something that predecessor Bill Clinton promised, but was unable to fulfill. This success was due, in part, to skilled leadership on the part of the President, Congress, and the President’s health care reform team, however the path to reform was riddled with obstacles. Obama navigated challenges like balancing a strong executive power with the public’s desire for individual freedom, acting as a symbol and figurehead of the nation while sharing power with others, finding common ground from which to persuade diverse constituents, and creating imaginary communities for some, without isolating other members of the political community. These were challenges that had defeated President Clinton’s reform attempt. It was Obama’s strategy, anticipation of challenges, and skillful management of opposition that ultimately helped him bring reform from a campaign promise to a law.

From his campaign to his transition to the White House, President Obama has received praise for his unique ability to tackle leadership challenges229. However, criticism has never been far behind. Despite President Obama’s leadership success the Affordable Care Act still faces challenges—both legally and in the media—from reform’s opponents. Attorneys general in more than a dozen states, most of whom were Republican, filed lawsuits contending that the President’s health care reform law was unconstitutional230. Republican Congressman of Ohio and current Speaker of the House John Boehner referred to the Affordable Care Act as a

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230 Stolberg and Pear, “Obama Signs Health Care.”
“monstrosity” while vowing to dismantle reform\textsuperscript{231}. The signing of the bill also beget a fresh new slogan from Congressional Republicans—“repeal and replace”\textsuperscript{232}.

Opponents and challengers of reform can be fit into two broad categories: those with ideologically disparate viewpoints and those whose disagreement with reform is based on the belief that it is a “deeply, profoundly, un-American threat to liberty”\textsuperscript{233}. Ideological criticisms are illustrated in reports published by two major Conservative think tanks, the Cato Institute and Heritage Foundation. Both focused attention on a claim that has fueled much of the opposition to health care reform—that those with existing coverage will lose it. The report stated that, directly or indirectly, the Affordable Care Act would cause the already insured to lose their existing coverage because of the new provisions that it required all health insurance providers to comply with. These requirements, they argued, would incentivize some insurers to withdraw from their less profitable markets, leaving their former customers with fewer insurance options\textsuperscript{234}. Arguments opposing the health care reform law also come from those who feel that the legislation represents a serious threat to American liberty. Such viewpoints have been given voice to by shock-jock radio commentators, Tea Party protestors, bloggers, reporters and even some Congresspersons, however, many of these claims are sensationalist and their content lacks any basis in reform legislation. Accordingly, this chapter will not detail the contents of such extreme rhetoric. While the claims are radical, the dominant theme within them is an incredible


\textsuperscript{232} Stolberg and Pear, “Obama Signs Health Care,” 1.


\textsuperscript{234} Tanner, “Bad Medicine.”

\textit{Presidential Leadership in Health Care Reform} | 65
fear over the loss of liberty that they believe health care reform will impose on the American people.

What makes opposition to the Affordable Care Act different from opposition to the Clinton Plan of 1993 is that opposition to the Affordable Care Act is the result of fundamental tensions that exist within the United States, as opposed to the result of failed leadership. The presence of resistance to the Affordable Care Act highlights the fact that with political leadership, success or failure is never purely one. Accordingly, presidents who have been successful in getting their agendas passed contend with backlash similar to that encountered by presidents who have failed to get their agendas passed, and failed presidents have often been at the helm during times of great success.

While there were moments of effective leadership throughout President Obama’s struggle to get the Affordable Care Act signed into law, the 2010 health care reform movement really demonstrated the complexities and driving forces behind American political thought. Leadership in democratic societies is a balancing act “between accountability and discretion, between setting limits on leaders’ activities while allowing them the flexibility to act”\(^{235}\). Current opposition to reform speaks to the dilemma of modern leadership as it relates to the demands of democracy. Despite his success, the resistance to the Affordable Care Act that President Obama is currently facing speaks to the fundamental tension that exists in the United States between political leadership and democratic government. Addressing these tensions calls for an understanding of democratic theory and a reimagining of the particular type of democracy that U.S. citizens wish to have. This chapter focuses on two tensions in American political

thought that impacted President Obama’s health care reform movement—wanting leaders to rescue us like parents while desiring that they treat us like rational equals (rather than like children), and desiring strong leadership while demanding that it not impede on our individual liberty. There are no magic words or simple strategies to dissipate these deeply ingrained, national sentiments, however understanding these pushes and pulls in American political thought, covers some ground in explaining why President Obama is facing resistance to the Patient Protection and Affordable Care Act.

Leadership as Democratic Theory

Throughout this thesis theories of leadership have been used to evaluate how President Obama and President Clinton implemented strategy, navigated challenges, and persuaded the public on health care reform. While normative theories of leadership do provide insight into what can best be described as leadership’s “best practices,” such theories of leadership are really statements about what type of system of government the American people really want. In the words of leadership theorist Kenneth Ruscio: “Making the case for a particular kind of leadership requires first making the case for a particular kind of democracy. Leadership theory in the context of democratic politics is a subset of democratic theory”\(^\text{236}\). At its core, tensions in modern democratic thought are really attempts to balance the need for strong, energetic, innovative leadership with the notion of democratic equality, individual liberty, and self-governance.

\(^{236}\)Ruscio, Leadership Dilemma, ix.
Strong Leadership and the Desire for Liberty

Rare is the occasion where one hears constituents cry out for weak and ineffective leadership, but frequent are the instances where one observes the “leave me alone” affect, when constituents push back against attempts by government leaders to enact policy that could bring positive change in their lives. There is a tension between wanting strong leadership to focus constituents’ highest ambitions and ideals into workable policy, and wanting individual liberty—which for many also means being left alone by government. As a result, the type of leadership that constituents claim to want is generally in tension with the type of democracy that they want.

Most of the framers of the Constitution were as skeptical of the desirability of a strong, centralized national government as they were of popular democracy\textsuperscript{237}. The title democracy implies a form of government where initial power rests with the people. Democracies attempt to protect individual liberty, ensure equal political rights and enhance fairness for all members of the political community. “[T]hey are based on the noble premise that the people can be the masters of their own destiny, that the people can make moral judgments and practical decisions in their communities and in res publica as well as in their daily lives”\textsuperscript{238}. Ceding a portion of one’s power to make decisions about oneself and one’s community to leaders challenges the very essence of liberty that is at the core of self-governance. It does this by privileging leaders’ ability to act upon their constituents, while subordinating the constituents’ ability to act for themselves. Since the founding of the United States, “The most committed democrats have been suspicious of the very idea of leadership. When Thomas Paine railed against the “slavish custom


\textsuperscript{238} Cronin, “Leadership and Democracy,” 304.
of following leaders,” he expressed a democrat’s deepest anxiety. These fears spoke to a belief that strong leadership would necessarily lead to a weak constituency.

Parental Leadership

Power inequalities among leaders and followers are distrusted as much today as they were by the founders of the American republic. One theory which tries to understand why this distrust exists addresses the social designation and power inequalities that leadership produces in postulating why there is a tension between leadership and popular notions of democracy. It states that though constituents claim to look to leaders for direction, protection and order alone, they also look to them to serve as parents. In an increasingly complicated and problem-ridden world, followers look to leaders as parent figures to make everything right. Every day, people across the United States are faced with escalating problems like terrorism, AIDS, drugs, crime, global warming, the threat of nuclear conflict, toxic waste, and economic disaster; “yet on none of the items listed does our response acknowledge the manifest urgency of the problem.” Followers fear these problems, and, in one sense they are looking to be saved from them: “There is an element of wanting to be rescued, of wanting a parental figure who will set all things right.” It is this impulse to be rescued that makes presidential arguments that promise security so appealing to the public. On one level constituents want their constituted leaders to serve as parent figures assuring them that everything will be ok, and that they can provide security and

241 Grint,
244 Ibid.
solutions for all or some of their problems. However, on another level, when any group of followers empower its leaders to make policy changes that would give them greater security, this almost always requires that those followers give up some of their liberty in the process. In the United States, when leaders try and take action on behalf of the public—as must be done for a representational democracy to function effectively—the very constituents who elected them into their position of power grow suspicious and distrustful of them. Ruscio reminds us that “The theory of democracy does not treat leaders kindly. Suspicion of rulers, concern over their propensity to abuse power in their own self-interest, the need to hold them accountable, and the belief that legitimate power is lodged originally in the people and granted to leaders only with sever contingencies, all are fixed stars in the democratic galaxy” 245. Perhaps distrust is the expected response from a nation made up of rational adults who, while wanting the security offered by the parent figure, do not want to be subordinated to the capacity of children.

In spite of constituents’ desires for leaders to rescue them from their problems, constituents do not like being subordinated to the capacity of children within the parent-child relationship. By nature of this relationship, those in the child’s position are assumed to have a capacity for reason that is not fully developed246. Instead, constituents want “the distinctly different political power voluntarily granted by those who possess reason to those who will govern them ‘with the express or tacit trust that it shall be employed for their good and preservation of their property’”247.

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**Conclusion**

245 Ruscio, *Leadership Dilemma*, ix
246 Ruscio, *Leadership Dilemma*.
Up to this point, this paper has focused on presidents’ efficacy as leaders, but it would be incomplete without a discussion of our leaders’ and governments’ means and ends. Historically, the end of traditionally liberal government has been to establish and protect institutions that allow individuals to live out their version of the good life, rather than to impose one conception of the good life on the public. While the end of government is liberty-producing, the means of attaining this end have often been liberty-limiting. Attaining the liberal government ideal has required leaders to lay out a limited vision of what is possible for the American people by shaping public outlook on a diverse array of policy issues. The effect is that the public is not fully aware of its choices or of the costs and concessions that are part and parcel of specific policy changes. Thus, challengers’ claims that the White House has not been honest about the true effects of reform, and arguments about reform’s liberty-limiting nature attest to a public vexation over the initial restrictions in liberty that are currently required to meet the end of liberal government.

I believe that this discontent with the means by which government achieves its ends is exacerbating public anxiety surrounding long-ingrained tensions in American political thought. In order to address the often contradictory ideals that make up American political ideology, we must re-conceive of what the appropriate means of achieving liberal government are. This seems to be the only way to reconcile strong leadership with democratic government.

Through conducting this research, I observed that while many leadership scholars cite persuasion, imaginary communities, follower engagement, serving as a symbol, and responding to the public’s distrust of authority as effective means to meet the end of effective leadership, all of these tools were methods of influencing public opinion toward a specific end, rather than educating the public about all sides of an issue. Americans’ anxieties regarding security, liberty,
and choice, while complex, have roots in the public lacking a clear understanding about what impacts public policy will have on their private lives. Looking back on Clinton’s and Obama’s reform movements, it becomes clear that there was little focus on educating constituents about their choices. Additionally, there was minimal attention paid to laying out the costs of either presidents’ proposed health care reform legislation. In both instances leaders discussed reform’s potential drawbacks vaguely, if at all, opting instead to assert (by omission) that the public could receive something for nothing through the passage of their respective plans. By proposing sweeping reform packages then not fully informing the public about all of the costs, benefits, drawbacks and assets that go hand-in-hand with reform, Presidents Clinton and Obama heightened the American public’s longstanding fear of losing the ability to act for themselves, retaining only the ability to be acted upon by leaders. Not sharing full information with the public also violated the democratic ideal, which asserts that people can be “the masters of their own destiny” and that they can make practical decisions and moral judgments individually and within the context of public life. While pure democracy has never been realized in the United States’ Constitution or in its laws, this ideal is of great significance in shaping how the American public conceives of itself and its role in government. Both Presidents’ decisions to not lay out before people the full range of information necessary to establish opinions and make choices belies the idea that the public can be the masters of its own destiny. Such thinking necessarily places the public in a position of subordinance to leaders, which is at odds with Americans’ desire for government to protect and enhance individual agency.

Today, the American people view leadership with distrust because they know that they are never given enough information to fully understand the ends that leaders are trying to pursue.

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They do not sit where their leaders sit or see as they see; thus without re-conceptualizing the means taken to reach the end of modern democracy, the public will always lack the breadth of understanding and knowledge that their leaders have surrounding an issue. Ruscio suggests that it is political leaders’ responsibility to educate constituents about their choices—to lead rather than mislead. If the end of liberal government is to allow individuals to live their best version of the good life, then the goal of the United States’ representative democracy should be to aid the public in fully understanding the range of choices available to them in meeting this end—not just those that are advantageous to the leader or group in power. If this does not happen, resistance will be the inevitable response because, as was demonstrated with Clinton, no one likes their choices narrowed to a right way and a wrong way—“No one wants to be subject to a high-pressure sales pitch masquerading as a religious revival.”

Political leaders within democratic societies will inevitably encounter challenges to their leadership regardless of the strategies that they employ because constituents often regard political leadership as a zero sum relationship between the leader’s agency and their own. While it is convenient to blame the often incongruous ideas held by constituents—like wanting strong leadership and individual liberty, desiring highly visible leaders who act the role of a leader but requiring leaders to remain as equal to constituents as possible, and seeking to be rescued by our leaders while wanting to be regarded as their equals rather than their children—for fueling many of the obstacles and challenges that interfere with leader’s efforts to get their agendas passed, the means of attaining liberal government itself, often fuels this dissatisfaction. Opposition to leaders’ agendas is one expression of public awareness that meeting the end of

250 Ruscio, Leadership Dilemma, 8.
liberal government requires limiting the choices, and thereby the liberty, of constituents. This discontent with the means by which government achieves its ends is exacerbating public anxiety surrounding long-ingrained tensions in American political thought. Though leadership theory offers some strategies for dealing with public resistance to a leader’s agenda, “the practice of leadership will always be in tension with the theory of democracy” until the American people decide that the means of government need to be compatible with the ends that government pursues. 252

252 Ruscio, Leadership Dilemma, 5
Epilogue

Focusing allusion, or the overemphasis of one element of a complex issue, is a problem faced by many researchers. To remedy the effects of focusing allusion in this thesis, a later version of this work will include the discussion of President Lyndon B. Johnson’s Great Society, the political climate which impacted the 2009-2010 reform movement, and the Congressional processes that were responsible for reform’s passage. Additionally, alternative sites of political leadership beyond the presidency will be explored, a more nuanced definition of success will be employed, and the morality of the reform package that was passed will be evaluated.

To the end of contextualizing the 2009-2010 reform movement within the history of similar movements aimed at expanding the welfare state, I will compare the resistance that the Patient Protection and Affordable Care act is facing with the resistance to the Great Society programs implemented by former President Lyndon B. Johnson. Johnson’s role in getting the programs within the Great Society passed will be emphasized as well as the ways in which he dealt with claims that the Great Society plan was little more than socialism.

In addition to framing reform by providing historical context, a future version of this thesis will provide more information to contextualize the political climate under which the Patient Protection and Affordable Care Act was passed. At a minimum, information such as how many seats in the House of Representatives and Senate each party controlled would be included. Additionally, more time would be spent detailing the culture of political polarization that has come to characterize the operations and actions of the United States’ politicians. Key points of focus within the broader discussion of political polarization would be the recent decline in bipartisanship, and the tendency among politicians at all levels to pander to the American public.
to get them to believe in a cause in the short term, rather than appealing to deep, democratic notions of a long-term common good.

The discussion of current political context would be incomplete without a discussion of the congressional processes that accounted for reform's passage. The addition of more specific information on the congressional processes by which the Affordable Care Act was passed will serve to strengthen the argument. Similarly, an additional chapter examining other sites of leadership, specifically the leadership demonstrated by then-Speaker of the House Nancy Pelosi and Senate Majority Leader Harry Reid, would aid in understanding why the legislation took the final form that it took.

As a supplement to the existing material on persuasive language and speech, more attention would be focused on how themes of security were used as a way of mitigating the opposition's argument for liberty and choice.

As the thesis is currently organized, President Obama is framed as a success and Clinton as a failure; however, within complex political battles success and failure are never purely one. A future version of this thesis will adopt a more nuanced definition of success that evaluates leadership by more than just the efficacy demonstrated by getting reform passed and signed into law. Along those lines, a moral evaluation of the Affordable Care Act will also be part of a future revision of this thesis. Specifically, there will be a discussion of whether the Affordable Care Act goes far enough in providing care for citizens, or whether the concessions made to get the legislation passed, served to undercut the egalitarian end of greater access to care that the law attempted to produce. It is this author's opinion that an exploration of these topics would
contribute to a more holistic understanding of why the battle for health care reform played out as it did.
Bibliography


