

Programme OPERA – ENTRETIENS

Entretien – santé n°12

Pour citer cet entretien : Beaussier, Anne-Laure, Entretien santé n°12, Programme OPERA (*Operationalizing Programmatic Elite Research in America*), dirigé par W. Genieys (ANR-08-BLAN-0032) (*insérer hyperlien*).

August 28, 2008

Interviewer: Okay. I get it.

Responder: Okay.

So, I will adjust. That's my first question is about your career. Can you explain me your career?

Sure.

Why now you are working, running for Congress.

Sure. Sure. I-- my route into policy was getting a PhD in political science and my dissertation, was -- which I started writing in 1972 --

Okay.

Was about the politics of hospital payment under Medicare. Medicare was a fairly new program in '72. It was enacted in '65. And I was interested in the way in which the administration, the executive, the agencies, actually defined the rules after the legislation was passed. So, you're focusing on the legislature. I was focusing on the bureaucracy.

On the SSA?

It was the Social Security Administration, exactly, and it was-- and I looked-- I did look at the relationship with Congress to some extent. And what I-- at that point, I developed a policy expertise, even-- because in political science, as you know, you're explaining what's happening, not so much looking at what the policy ought to be--

Yes.

Although there are-- you bring that-- you develop that as you go along. And-- but it gave me, because I was learning the policy as I studied the politics, I gained an expertise in the policy

and then went to a think tank, the Urban Institute. And then after that, to Georgetown to-- really, to do policy research.

And I worked-- I collaborated with economists and worked on payment issues and then on coverage issues.

Okay.

So, did that for many years and then in the-- it was 1989 or end of '88, '89, that I had an opportunity to-- to apply to be the Staff Director of the Commission. And I always was interested in seeing-- in being active in the policy process.

Okay.

And this was an opportunity to do that. So, I became a Staff Director of that commission, which lasted-- it was about a year and a half that I was involved in that and found out how much I enjoyed putting my policy expertise to work.

And-- but went back to Georgetown and my next opportunity was in the '92 presidential election to get involved in the Clinton campaign and then going to the Clinton Administration. And, again, worked to get affordable healthcare for everybody.

Yes.

So, I was there for three years and then when we lost the Congress, I went back to-- a year after that, I went back to Georgetown, because, in part, I felt I could be a stronger voice outside than inside.

And so I went back to Georgetown. After some years I -- I remained active from the outside -- became-- after four years, became Dean of the Policy School, stayed active in the policy, health policy, but then built the Policy School and in '05, the end of '05, I was finding that it was increasingly difficult to be an effective voice on policy because with a Republican president and Republican Congress, there was no room.

And at the very same time -- we call it a congressional district -- where I live in Virginia was becoming increasingly Democratic and making it possible to challenge a long-time incumbent.

Okay.

So, my own view was that to pursue the policy that I believe in, which was counter to the way the government was going, that the most-- the way I could be most effective was-- is as a Member of Congress. So, I ran in '05 and made a big dent in the incumbent and I'm running in '08 to win.

Okay. It's very, very interesting, because you always do-- you go to politics and come back to school, to the university, and in France it's very different worlds. You know, you have university and you have politics and they don't mix.

I don't exaggerate it too much, but you do have-- you're right, we do have a back and forth in the executive.

Yes.

And we do have policy people who run for Congress, and it's not the primary orientation of members of Congress.

Is it they come from both parties, or is it maybe more--?

No, I think both parties do it. But in the executive both parties go back-- I think that the tie to-- trying to think. No, I think it's actually fair to say both parties do it. I was going to say-- I was playing with whether-- thinking about whether Republicans were more likely to go to business, but I don't-- I'm not even sure that's true. I think there are think tanks and some of them are more research and some of them are more ideological.

Okay.

So, Democrats may go one way and Republicans another.

Okay.

But I think-- as far as the staff positions go, it's true of Democrats and Republicans. An example for you would be Mark McClellan, who-- on the Republican-- who was in the Clinton Administration, but, then, served for the whole-- well, not the whole, because it's not over yet, much of the Bush-- this Bush Administration and is now at Brookings.

So, he's a good example.

Yeah, because Brookings-- I don't know what kind of things-- it's a non-partisan.

It's non-partisan. It used to be regarded as a liberal think tank.

Yes.

But it makes a real effort to be nonpartisan, or, which to me is different, bipartisan, is what it tries to be.

Okay. Thanks. Can you tell me about your experience in 1989 or in the Commission and the relationship with Congress?

Sure. Yeah, the commission was set-- was almost an accident. It was a-- it was set up as part of the-- a bill that you might look at as catastrophic health insurance and it was-- and you've clearly done your homework, so that's great. Then-- they called him Sen. Pepper, because he had been a senator, but he was now a congressman. Claude Pepper wanted to a major piece of legislation on home care, for long-term care.

And he-- could not get that and so the leadership gave him, as a consolation prize -- you know what I mean, just a-- it was really just a, here, feel better. They established this commission.

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Once it was established, though, they wouldn't let him run it by himself and, unfortunately, he died shortly after, as it was being formed.

Okay.

Once it had been established, the congressional leadership wanted to control it. So, the membership, which was members of Congress, bipartisan, but it was a Democratic Congress, had a Democratic majority on the commission, and three presidential appointees.

And the leadership-- the health leadership of the Congress was on it. So, it became a place for-- it was an early discussion of what became the '90s debate on health reform. And we-- you might think of it as laying the groundwork for that.

Okay. And what did the commission-- how did it gain expertise? Can you tell me, give me details about the process?

Yeah. Yeah, we-- what we did, based on advice about how to engage the members of Congress, because there was a concern that they wouldn't pay-- they wouldn't come to the meetings. You know, there was some concern about that. So, what we did was begin with a series of interesting guests to engage them and only after they did that, did we actually discuss actions and for the Congress to go forward.

So, and we got wonderful participation. They all came all the time. And so it went from a learning process where we drew on experts in policy. We brought in Canadians. If you look at the report, you can-- there's a-- I think there's a list of who the guests were and I no longer remember.

Okay.

But we did that and we used it to engage them in thinking about a set of issues and then turn to discussions about what the options were for moving forward.

Okay. Then the option you were trying to support?

Well, we looked-- we did an analysis for them to show them what-- we took-- there were major alternatives, and we focused on three. If I remember correctly, it would have been a Medicaid expansion, safety net type of thing. I can't remember whether tax credits were part of that, but it was a safety net.

And at the other end of the spectrum was single-payer, Medicare for all. And then the middle option was, at that point, we called pay or play, which built on the employer-based system and had employers either contribute to a public plan or offer-- or offer coverage themselves.

And we did an analysis that showed that pay or play was the most likely to get universal coverage. And that-- but it was quite contentious. The contention really was, we did-- there were not specifics about how to fund it, how to pay for it.

Sure.

And it became contentious even among Democrats.

Yes.

So, we did get a majority, but barely. And then the-- and we also-- what people forget is long-term care was also part. And so, we had a program to enhance public support for long-term care, with a heavy emphasis on care at home and that was also part-- that got more support. That passed easily.

Oh, yes. And, yes, it was very difficult to bring all the Democrats together?

Part-- it was-- it was-- a lot of it was just personal pique. You know, they were just-- they-- it was, so, yes, the short answer is yes.

Because after, during the Clinton plan, they were very, very divided.

But you did not see that. That wasn't the issue. It was not that kind of division among Democrats on the commission. It was more-- well, it was some of it. It was some anxiety about taking a strong stand. Okay? And then when-- in the Clinton Administration, yes, even though we had a Democratic majority in the Congress, it was not-- it was, in no way, a unified majority.

Okay. And after, when you-- when the Republican revolution was passed, how did you take part of congressional-- Democratic congressional-- Democratic congressional action? How do stay active?

Once you've lost the majority?

Yes.

It's very difficult.

Yes.

The Democrats, when we lost the Congress-- we lost the Congress, but we had the presidency. And so the president became the force for-- if not, moving-- initially, not moving forward, making it clear, that he was going to stop the way the Republicans were going.

Yes.

And the strongest example of that was the '95 budget fight and the shutdown of the government. And Bill Clinton, very effectively, stopped the Republicans and the mantra, the language, used was it was Medicare, Medicaid, education and the environment. And he was-- so, health was very much a part of it. Not expanding coverage, but sustaining existing programs and not allowing them to be privatized and decimated.

And in 1997, he-- it was a matter of negotiation between the presidency and the Congress, Republican Congress?

On which-- when we moved into the Medicare commission? Or which-- what are you thinking about?

About the Balanced Budget Act.

Ah, that's right. That's right. He-- and having the president was able to-- I mean, they did make significant cuts in Medicare in the Balanced Budget Act, but not-- but they did not privatize in the way that the Congress wanted. That's correct.

Yes, it stopped some of the things?

He-- it was-- had we not had the presidency, as we haven't had it since, it was much harder. But with the president, he was, I think, quite strong in standing up to the Congress.

Okay. Okay. And after, can you-- can you explain why you wanted to be-- to run for Congress and how?

Yes. I-- as I was saying, a few months ago, it became-- once the presidency was gone, it was much harder to be active. From-- when we still had the presidency, even from Georgetown, I was able to participate in the process.

Yes.

But once it was-- once Democrats were-- lost both the presidency and the Congress, it was very difficult to be active. And-- so I decided to run for Congress because I believed that was the best way I could gain a voice and bring my expertise to bear. And so, what that meant was a-- I think of it as taking policy to politics.

It's a very different kind of activity and you can see-- I'm looking at the convention on this-- our elections go on forever. So, I talked to many people. I didn't-- to me, I was inexperienced in running for office and I was fortunate to have Sen. Tom Daschle as an advisor, who helped me-- he asked his former campaign manager, who is now Obama's Deputy Campaign Manager, to oversee my campaign.

And he had a firm, a political consulting firm, and they helped me get my campaign staff put together. And we rely on consultants for your media and your polling and your mail and he-- they helped me do that and begin a campaign. I started late, but I started in January of '06 and then-- so, ran for 10 months 'til November of '06.

Ten months, it's pretty long.

Well, not really, because I've now been running-- I will have, by the end of this race, run 17 months, because I've been running now since-- I ran those 10 months and then didn't run for-- I lost in November. June is when I started again. So, I've been running now for that 10 months of '06, with a little break, and now since June of '07.

And if you are elected, you are also trying to run-- to run very quickly.

You run every two years, every two years.

Yes.

So, you're always running.

Yes.

Yes.

Okay. In your enterprise, who helped you and who were strong-- who made you some part time?

In which enterprise?

Oh, in your running for Congress.

Well, in running for Congress, the challenge that-- the challenge is to become known to the voters. And in our election process, to become known requires the resources to advertise, to go on TV, to give-- to send mail--

Sure.

Because-- particularly in my district and particularly running against a long-time incumbent. He was-- when I started, he was 26 years. Now he's 28 years. I don't get a lot of press, a lot of-- they call it "earned media," because-- but that's the public coverage.

And so you try to get that, but you also have to introduce yourself to voters through paid media and also knocking on doors and making phone calls and so the challenge is to raise the resources and build the network of volunteers to knock on doors. And we-- it's a challenge. And we did-- we did raise a lot of money and made it a competitive race and I made, as I said, a big dent in him, but the challenge is-- remains. And so, I'm now able to build on that and do even better.

Yes.

And, hopefully, win in '08.

Yes, sure. Now you are trying to be congressional entrepreneur, as sometimes people say--?

Yes, a policy entrepreneur. Um-hmm (affirmative).

Do you think that congressmen or congresswomen, sorry.

That's all right. Members of Congress.

Members of Congress can be considered entrepreneurs.

I think you look-- a very good example of a policy entrepreneur in the Congress is Henry Waxman.

Okay.

In healthcare, you really ought to look at him. Because he's accomplished a tremendous amount over his tenure and he's a perfect example.

Okay. Maybe Ted Kennedy? I've heard--

Yes, absolutely. Absolutely.

And Tom Daschle?

I would-- on healthcare, Daschle is now very interested in healthcare, but not historically so much. I'd look at Kennedy and Waxman.

Okay. And they are-- they can really support legislation and they have the network, the necessary network to--?

Exactly right.

Okay.

Exactly right. You talked to Kingdon, John Kingdon?

Yes, sure.

And I think that the-- John Kingdon did an analysis in a updated, a -- when did he do it? -- a '96 version. And I don't entirely agree with his analysis of the health reform process, but he applied his model to that.

Yes.

But in that one, that really was-- it was much more driven by the president than it was-- if you look at Medicaid, for example, that's where Henry Waxman's expertise as an entrepreneur is most visible. And Ted Kennedy-- in recent years, on SCHIP.

Sure. Because in France, we cannot say at all that congressmen are entrepreneurs.

Interesting.

It's just the bureaucrats.

I see.

They drive-- And so it seems very, very different.

Very different. You know, something you may want to look at, in the-- with Social Security and Medicare, I don't know if you've looked at some of that historical literature--

Sure.

There was a very tight relationship between the bureaucracy, the administration, and the Congress. Martha Derthick has written about that on Social Security. I wrote a little bit about in "The Origins of Medicare," my dissertation.

Yeah, I--

Yeah, okay, and so-- that-- Wilbur Cohen was the one who was credited with a lot of that. He-- in the administration. So, it was run as a partnership. Not so much any more.

Because the Budget Balance Act of 2003-- I think (inaudible) talked about (inaudible) take a very, very important leadership role. So, it was not so much congressman and even in '65 for Medicaid--

Yes. Yes.

--the president's role was very, very important.

But it was done-- but so was Wilbur Mills. Wilbur Mills was-- in Congress, he was Chair of the Ways and Means Committee.

Okay.

Very important. But it was a very different-- if you look at what you had in 1965, you had a very strong, very-- Lyndon Johnson was elected by a landslide, and very skilled legislator and very experienced committee chairs. If you look at 1994, when we tried to do health reform, you had-- Bill Clinton, a weak president. He won plurality, not majority. And the committee chairs, even though we had them-- they were strong chairs, Rostenkowski was Ways and Means, was indicted.

(Inaudible)?

Rostenkowski.

Okay.

R-o-s-t, Rostenkowski. He was removed from the scene, because he was in legal trouble. He ultimately went to jail.

Oh, yes.

John Dingell, could not get a majority in his committee. Okay? So, it was not nearly the lock that the Democrats had-- and it was hard. You know, I don't want to exaggerate it. They had a hard time in '65. It was not easy, but Wilbur Mills was able to bring it together.

Persons that are very key to just make the people, all the people agree.

To find-- to make a deal. And that's-- we couldn't-- we were unsuccessful in that in '94.

Okay.

But Congress was very important in that period, as it is now. The president can't do it by himself, because he-- well, I mean, if you look at George Bush, George Bush was able to do a great deal by himself and you wonder why he could do it and we have not been able. And I-- a piece of that, I think, is that the Republican Party, they really held together.

Yes, with Gingrich.

And even post-Gingrich in 2000, with the tax--

Yeah, I've read Pierson and Hacker book, "Off Center," so they explained the process of unification.

Ah-ha. You know better than I, then. Yes, yes Interesting. Yeah, good, good.

But it's very, very interesting, because I haven't realized since now that a key person in Congress can have such an important--

Very important. Very important.

Yes.

And in '94, you can also see a destructive role. Moynihan in the Senate was a real problem for us in '94.

Okay.

As you look at health reform in '94.

He had a concurrent plan he wanted to do.

He was very antagonistic to the Clintons and he did not-- and very unhelpful.

Okay.

So, that can be a real barrier in the Congress. And if you-- even in today's paper, if you look, there's an article in today's Post -- I have to go in a minute. If you look in today's Washington Post, on the front page is a piece about how the Obama campaign is starting now to work with the Congress.

Oh, I will read it. Sure, thank you.

Yeah.

I have a last question.

Sure.

I don't want to take up your time. What's-- about your plan, health plan, what relationship with Obama's plan?

I think what Obama has laid out is the way we need to go. And the way I think about that is that Americans are very easily frightened that they will lose from a reform. And so Obama's saying keep what you've got, if you like it, but we'll give you another plan to choose is a gentle way of getting everybody in.

Okay.

And I think that ending the insurer's ability to discriminate based on health status, the cherry picking, is very important. And there's also a very big emphasis on our getting better value for the dollar than we do now.

But all of those things are done in a way-- are geared toward making people who have insurance comfortable that they will be winners. And that-- that's what flipped in the Clinton plan. They were successfully-- the opposition made everybody afraid they'd be losers. So--

Sure. Do you think we go to the reform, maybe in 2009?

I think-- I hope so. I think it will be a very real challenge. I do not think it will be easy. And it's one of the reasons that I want to be in Congress, to make it happen.

Sure. Last things -- do you think about some people-- can you suggest me some people--

To do this kind of question? To be how members of Congress can be influential?

Yes.

You should talk-- based on-- apropos -- you know apropos, it's French.

Yes.

Apropos of our conversation about Waxman and Kennedy--

Yes.

I would speak to Andy Schneider. S-c-h-- Here, let me write it for you.

Oh, yeah, thanks.

He works for Henry Waxman.

Okay.

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And he is-- and he's still there.

Okay.

I would speak to-- and if you can't reach him, try Tim Westmoreland. He's at Georgetown. Because he may have more time.

Okay. I tried that. He hasn't answered yet.

It's hard. Well, I'm going to see him-- actually, I'm not probably, because-- but if you email me, I would forward the email.

Oh, sure.

And I would talk to-- but I can't-- I don't--

I had an interview with him.

Good. Good.

The Kennedy man.

Which one?

David Nexon.

You do? Perfect. Perfect. That's excellent. So you do. That's very fine. And I was going to send you-- and another one, Chris Jennings.

Um-hmm (affirmative).

You have him too?

No.

He was--

I don't have him.

Here.

Okay.

I don't have the email in here, but I do have the-- okay, so Chris Jennings, the phone number.

Okay. You think I can call him?

Tim-- yeah.

Okay.

Tim, email. He reads email more than.

Okay, thank you very much.

And you got David. Chris Jennings. That's good.

Okay.

And a Republican. You know?

Oh, yes.

Sheila Burke is a good one for you to talk to. And she's also not-- she's not that busy right now. You might be able to get to her. Let me give you her phone number.

Thank you.

And you can use my name.

Oh, thank you very much.

Sure. I'm a little-- Terrel (ph)-- I'm not-- I'm a little reluctant to-- Email me. Email Judy and I'll forward. Okay?

Thank you very much. Thank you so much.

You're so welcome. I wish you very much luck. You-- please feel free to be in touch. You know, it will be hard for me to--

[audio ends]