Programme OPERA – ENTRETIENS

Entretien – santé n°19

Pour citer cet entretien : Genieys, William, Guigner, Sébastien, Entretien santé n°19, Programme OPERA (*Operationalizing Programmatic Elite Research in America*), dirigé par W. Genieys (ANR-08-BLAN-0032) (*insérer hyperlien*).

December 14, 2010

Responder: Okay.

Interviewer 2: At EHSP, and we are--

Interviewer 1: Sherry Glied interview.

Interviewer 2: We are senior researchers at the University of Montpellier, so we are both French, and we are part of a team working on healthcare reforms in Europe and in the U.S.

Interviewer 1:In the U.S.

Good.

Interviewer 2: In the U.S., of course, and in particular, we try to understand the circulation of ideas and of actors in the system.

Very good.

Interviewer 2: And we work on elites, but not in the way of "rich people," policy elite.

No, I know, I know. Policy-- yeah, no, that's okay.

Interviewer 2: So, that's why I wanted to see you, because you have-- with your CV, you had a long career in terms of policymaking in health, and first we would like to ask you questions about your career, and how you first have been involved in policymaking, because you are an academic.

I am very much an academic.

Interviewer 2: So, how have you been involved in the Clinton-- President Clinton--

So, most of my career has happened by accident. I did my PhD in economics, and my interest was in labor market economics. Healthcare economics was not a field of interest at the time I did my PhD. No one was studying it, and I wrote my PhD dissertation about the labor market impact of the HIV epidemic, and I finished my PhD in the late 1980s, and all of a sudden, many universities had an interest in health economics, but nobody had studied health economics, and I hadn't studied health economics either, but my dissertation was about health.

But I didn't know anything about health economics or health policy at all, but I was still offered a job as a professor of health economics. There wasn't anyone else. So, the first time I taught a course in health economics was the first time I had seen the textbook in health economics. I didn't know what I was doing.

Interviewer 2: Where was it?

At Columbia. So, this was in 1989, and I began to study health economics, and then, in the United States, in 1991, about two years later, very soon, there was a big upset victory in a Senate race in Pennsylvania in which a-- actually, I think a former professor-- I don't know who he was, he defeated an incumbent candidate on a platform that involved national health insurance, and suddenly, out of nowhere, in 1991, health insurance was on everybody's agenda, and everyone was excited about it.

Congress considered 100 bills or something in one session about health insurance. An interesting feature of the U.S. government is that they have a thing called the Council of Economic Advisors, which is a small group, and it's interesting for your project, because it is a very deliberate effort to consolidate the academic policy elite and the government. It's led by a group of-- it's led by three economists, always economists, who are called members of the council, and they usually serve for about two years each, and they recruit ten senior economists from universities, usually Assistant-- Assistant Associate Professors, who come to spend one year in Washington, usually start in the summer and work all year, because it's the academic year.

And they just come and help advise the President on economist policy matters, and then they leave, so it's a lot of circulation, and it's not part of the civil service. They had 10 slots, 10 economists, right? One slot was in labor market policy. They wanted somebody to do healthcare policy, but they didn't have a slot, so they said, “Fine,” we'll take somebody who does labor market policy and health policy, and they were looking for somebody, and so it was me.

Now, what makes this story particularly amusing is that I'm Canadian, originally, so I came to work for the United States, I wasn't really an American citizen. I wasn't a Republican, it was a Republican administration. I wasn't anything. I was Canadian, I didn't vote.

Interviewer 2: You were not a Republican?

I was not a Republican, I couldn't be a Republican. It was just not-- right, it wasn't in my mind. It was like, “So, I came to work in Washington,” it was the-- I came in August of 1992, and I came to work for President George Bush. I said, “I am not a particular fan of President

Bush," they said, "We don't care. Come and work for us. Work on healthcare policy," and I learned an enormous amount about healthcare policy in those six months.

But, it was very evident that President Bush was going to lose the election, we all knew it, but for me, I was just learning. I learned all about how policy is actually made, how the policies actually work, what is actually happening, and then President Clinton came in and he wanted to do health reform, and almost everybody who worked on that side of the government, so, in the White House, in the staff, in the government over there, everyone leaves, because they are all political appointments.

When the party changes, the building I worked in, you could have rolled a big ball down the hallway and not hit anybody, because the place was completely empty, but the 10 senior economists at the Council were still there, because we were there on an academic year, so we were all staying until December. We were the only people left.

The Clinton Administration came in on January 20th, and on February 8th, I was in a meeting with the President in a room like this with the President of the United States. I was like, "How could this be," and it wasn't because I knew anything or knew anybody, it was because I was in my office, and I knew who you had to phone if you wanted to know how many doctors are there in the United States, and which person ran which program, and I had just been there, and so I was very lucky, and President Clinton came in to do healthcare reform, and I was absolutely in the dead center of it, right in the middle of it, because I happened to be there at the right time. Complete luck.

Interviewer 2: And who was with you in this room?

So, the secretaries of Health, Labor, Commerce, all of the Treasury-- the government. So, the way that the room works, it's probably about as big as this, the secretaries sit around this table, and their staff sat behind them. So, my secretary sat-- my leader, who is not a secretary, but she-- the Chairman of the Council of Economic Advisors, sat at the table, and I sat behind her, and here sat the President. You know, you can't imagine such things.

Interviewer 2: You are talking about the healthcare task force?

And that was the healthcare task force, and then that was happening at the same time. So, we met with the President twice a week with the healthcare task force, and with the Cabinet secretaries twice a week, and I was in the middle-- I mean, so the healthcare task force had all these task force groups, which, two of them, I cheered, and then there was a little working group, and that was mostly what we did.

So, we worked day and night to try and write the health plan, and we failed, but we met everybody, and, you know.

Interviewer 1:Why did you fail?

Well, we wrote the healthcare plan, but then Congress defeated it. So--

Interviewer 2: But, why did Congress defeat it?

That's another story. You don't want to hear that today. That's a-- many books have been written about that. So, who knows. It's overdetermined. Many, many reasons.

Interviewer 2: But do the books tell the truth?

I'm sure some of them do. There are so many, that--

Interviewer 2: We have heard and read a lot about this, and the main explanation is that because it was built in the White House and not in the Congress.

That is certainly an argument. That is the reason that this health plan was not done that way. This one was written very deliberately by the Congress, because that was the lesson. Whether that's the only reason, I think usually these things are-- I don't know if there is a word like this in French, but in English we can say overdetermined. That means there are many, many, many reasons why. Any one of them would have been enough, and there were many.

Interviewer 2: Okay. And you--

And then I-- yeah.

Interviewer 2: Sorry. We'll come back to (inaudible) just after that. So, in the healthcare task force in the President Clinton Administration, who was a member of this task force?

So, it was a mixture of-- so, this is a good-- it was a mixture of two kinds of people. A lot of civil servants, so maybe half of the task force were people who were permanent employees of the government, and the other half were political appointments in the government, like me or-- many, many of whom came from academia or from, often, more typically, think-tanks, policy organizations on the outside. Some people say the government in exile.

So, they were waiting for the Democrats to come in, and they had been doing research and policy analysis, and they came in to work on the plan.

Interviewer 2: How many were you? How many people were in this task force?

Oh, there were probably 500 people in total working on the plan.

Interviewer 1:Wow, that's a big one.

A big one. So, we were invited in groups, but we had a very small group. The very small group was probably 15 or 20 people maximum. Maybe 15, and those were all political people, not career staff.

Interviewer 2: And you were in the small one?

And I was in the small one, too. Most of those people, what would happen is, each Cabinet Secretary had a delegate. It's the same-- we have the same this year-- this time around. So, we have, what, every Tuesday and Thursday there was something called the "delegates

meeting," which is the meeting of the delegates of each of the Cabinet Secretaries to talk about the health plan.

Interviewer 2: Okay, so, I'll let you continue your--

So, then I went back to the University, and I went on with my academic career. I was much more involved with policy than I had been, and I wrote a lot of-- did a lot of research that was very-- directly contributed to policy, and I worked-- I served as an advisor to a lot of policy organizations, and, in particular, to the Congressional Budget Office, which is a-- I don't know if you know about the Congressional Budget Office, but-- you know, I testified in Congress.

I mean, I was very involved in the policy process, and in the states as well, not only in the federal process, but I was an academic. I didn't have a-- nobody paid me to be a policy person.

Interviewer 2: And why did you come back?

I have an amazing job. You know, it's very hard for me to be here. My family is in New York, and so I commute, which is horrible, and I have kids, and it's terrible, and my husband is a wonderful man, and he puts up with it, but I have an amazing job, because my office-- I have an office of about 120 people, and we are supposed to do planning and policymaking and evaluation for all of Health and Human Services, which is the Medicare-- all of the healthcare programs, welfare programs, the Food and Drug Administration, the National Institutes of Health, the CDC, almost everything on the Health and Human Services side of the U.S. government, and so the range of things to work on is unbelievable, and because, honestly, somebody called me and said, "The President wants you to come and work on-- work for him," and it's very hard to say no.

You feel like if the President-- you know, my father said, "You know, your country says they want you, you have no option. You have to do it."

Interviewer 2: And if you had the option to refuse his proposal?

It's just very-- I would have refused it only for personal reasons, not because of any concerns about the job. It's very, very difficult, and many people-- it's astonishing to me how many people in the building are in a similar situation. This is-- because the U.S. government does work-- most people will be here for a year and a half, two years, and then they leave, they don't-- the political people-- this is not a permanent kind of a situation. Many, many people are commuting, leaving families behind, having a very, very difficult time of it for a year and a half or two years, and then--

Interviewer 2: So, could we consider, then, that your position here is a sort of reward for your career, or--

I don't think it's really a reward, because there's nobody to give me a reward. I mean, it's not in anyone's interest to give me a reward. Why should they care? They don't really care who I am, and I was not a big Democrat. I was not a contributor, I did not belong to the party, I was not a party loyalist, no one-- in fact, I had worked for both the Republican and the Democratic

administration in the past, and I think was viewed by most people as fairly centrist. Not-- I mean, I have always been a universal insurance person, so that makes me more liberal, but the country has moved to the right.

When I started, I was probably right between the parties, and now the parties have moved more conservatively, so I'm much more of a Democrat than I used to be, but I'm not, but I would be seen as fairly conservative among Democrats. So, it wasn't-- I don't think, in that sense, a reward for anything I had done or said. I think what they were looking for is a particular skill set, similar, in some ways, to the first time around.

You know, they wanted somebody who could do certain things, and not-- it's a small world, even though this is the United States and there are lots of people, there are very few people who work in my field, and among those people, the particular set of skills they were looking for was the set of skills that I had.

Interviewer 2: And how did they know your skills?

Because the person who-- because it's a very small world, and the people who were here already who had worked for the Congress, the "government in exile" people who were here the whole time, had worked with me in the past. They knew my work because I had been doing it for 20 years.

So, they were doing-- they needed somebody who worked on health insurance and healthcare expansions. That probably means 20 people they had to choose from. Of those people, they were particularly interested in somebody who could do quantitative modeling, which is my specialty, to understand quantitative models of this, and who had some management experience. I had been the Chairman of my department, so I had done that.

So, you know, by the time you make all the intersecting circles, there were not very many people who looked like me.

Interviewer 2: And did you keep contact with these people when you were in Columbia?

So, one of them. The person who probably was most-- I don't know who recruited me, I mean, I don't know who it was, but the person who asked me and who I knew the best was somebody I had written papers with. She had gone off-- she was actually a professor in Texas at that point, and she came back, and--

Interviewer 2: Who is it?

Jeanne Lambrew, right? And she and I had written papers together, so she knew me. It wasn't-- it's a very small world, so the professional organization in-- I was-- there is a professional organization of people in health services research, this health policy research, called AcademyHealth. She and I and at least two other people who are Assistant Secretaries here, were on the board of that organization together.

Interviewer 2: Could you repeat the name?

The name is called AcademyHealth, so it's the health policy and health services research membership organization, you know, a professional organization. I was on the board, Jeanne was on the board, Mary Wakefield was on the board, I think (inaudible) might have been-- I mean, many people who are here now had come out of that organization, or there is another one called the Institute of Medicine, which is-- many of us were members of the Institute of Medicine. It's a pretty small world, and I would say not-- even in terms of being partisan, the people who are on the Republican side, clearly on the Republican side of that world are all people who know me very well also.

So, it wasn't that it was the Democrats who knew me or the Republicans who knew me. I mean, all of us know each other. We've all worked together all these years. We keep working together, so it's not-- you know, among the policy people, there is much less distance than among the political people. Do you know what I mean?

Interviewer 2: I understand, yes. Is there a lot of Republicans in the health policy people?

Out in the world? I would say it's probably 75% Democrats and 25% Republicans, but there are some, but they are-- they would see themselves as-- among the Republicans today, maybe it's 80%/20%. So it's much more skewed towards Democrats, but among the Republicans today, they would be on the far left of the Republicans, right? So, even the most conservative of the economists-- so, yesterday we had one of the people, the woman who had been the Chief Domestic Policy Counselor on the George Bush Administration when I had worked here, a woman named Gail Wilensky, very active in Republican politics, but she's a fan of universal coverage.

There are parts of this plan she doesn't like, but she wouldn't say-- she's not a repeal person. She would have designed it differently, right? She would have done some things differently, but on the whole, this is a group of people that is pretty liberal for Republicans.

Interviewer 2: Okay. Well--

Interviewer 1:(Speaking in French). Were there important people who bring up the Obama reform? Among the policy elite?

This reform-- the design of this reform--

Interviewer 1:Yes, the design, the idea.

The design of this reform is very-- I actually have-- I will send it to you afterwards, I gave a speech about this last June before I was confirmed, so I'll give you a précis of the speech, but this policy is a very-- it's not very novel. It's a very old design, not a very-- in many respects, it's very similar to a design that Richard Nixon had proposed in 1974, so from a pure design perspective, the big piece of it, the way the health reform itself works is not very innovative.

The individual mandate is a more unusual piece, but it was first advocated-- it came from the far right in 1989, the Heritage Foundation, which is the far-right think-tank, put forward the idea of the individual mandate in 1990, maybe, as an alternative to Democratic plans, which would have expanded government coverage.

So, the individual mandate has been around since-- as an idea in the policy elite world since the early 1990s, at which time it was a very conservative, Republican idea, and it moved left, but it wasn't-- that's where it started.

Now, other aspects of the reform plan, the delivery system to form accountable care organizations, those ideas are newer, although they are very similar to managed care ideas which were back in 1974. So, I don't know-- have you heard of Allen Enthoven?

Interviewer 2: Yes.

Right, so Allen Enthoven was the genius behind the 1974 plan, and that has pretty much percolated through to today, and it has been a Republican plan and a Democratic plan, and it hasn't-- you know, the basic idea of it hasn't changed all that much, and remember, also, that part of the logic in the Obama plan was that Massachusetts had passed a very similar plan under a Republican governor, spearheaded, really, by a Republican governor four years earlier.

So, this was not a policy novelty in its big, grand design. Aspects of it were more unusual, but the whole design of it, not so much.

Interviewer 2: So, do you say that there's no-- not so much different between the Republicans and the Democrats?

Oh, now there is a huge difference, but historically-- I mean, what has happened in the United States, I think, I don't think I would be unusual in saying this, is that the whole company has moved right relative to Richard-- so, Richard Nixon proposed a health plan not terribly different from the Obama plan. That was a Republican president, right, but then Ronald Reagan came in the middle of that and the country moved very much to the right.

So, I don't think it's so much the plan that has changed as the politics underlying it, you know, who was a fan of this. There is still a big contingent in the United States on the left who don't like the plan because they feel it is insufficiently government-run, so there is opposition from the right and the left, which is as one would expect.

Interviewer 2: And so would you say that during the last 20 or 30 years, the government played a more important role in health issues than it was used to?

Well, over time-- so, in 1965, when Medicare and Medicaid came along, the U.S. government leaped into the world of healthcare. Before that, it had not really been involved in healthcare in any very important way, but Medicare, which covers the people 65 and over, that's where most of the healthcare expenditure-- not most, but a very large part of the healthcare expenses are, so when the government took that in 1965, suddenly it was a different game.

Interviewer 2: And how did-- how was the-- what was the evolution since Medicare and Medicaid?

Well, it has kind of been up and down. So, when Medicare and Medicaid happened, many people thought very quickly we would move to universal. That didn't happen. Nixon tried to

push it in 1974, but Watergate came in the way. So, here's Marco. Look at him, he looks so sad.

Marco:Sorry.

But I can send you guys some stuff.

Interviewer 2: That would a pleasure.

And I'm happy to answer follow-up questions. You can phone me when you get back to France. Marco will find you a time.

Interviewer 2: Okay, we will, for sure.

Okay, are you talking to other people as well?

Interviewer 2: You are the last one for this session, but we met here and we (inaudible) a few months ago and XXX a few days ago.

Right, so he had the same job as I have.

Interviewer 2: Yes.

Right, so, did he say it was a good job?

Interviewer 2: Just like you. So, yes, we met about 200 people, so--

Oh, God.