How does one transform society? The present attempt by President Clinton to reform the health-care system illustrates both the short-term opportunities and the long-term challenges.

The narrative starts with the personal, moral commitment of a governor of Arkansas and his wife. Both Bill and Hillary Rodham Clinton strongly believe that it is their moral duty to bring health care to America’s 37 million uninsured. After Clinton won the presidency, health-care reform was one area that the Clintons resisted politicizing - on this issue, they did not want their promises to fall by the wayside of political compromise, and they remained steadfast to their basic commitment.

Next came the technocrats, consultants, and policy wonks, more than five hundred. They concocted the details of the plan, ignoring interest groups and their entreaties. Their program (very much like Carter’s energy packages, concocted in the same offices by similarly isolated experts) became the subject of attack by those seeking to dismantle it before it saw the light of day.

Enter the lobbies. Insurance companies, drug manufacturers, hospital lobbies, and many others each got in their first licks before the President unveiled his plan. Suggestions that the drug companies should give up the huge tax benefits they gain for doing their work in Puerto Rico were largely scrapped. Any discussion of taxing the multi-billion-dollar windfall hospitals expect to gain when they will stop having to provide free care to the poor (but still maintain their tax privileges) has ceased. Large corporations were allowed basically to buy out of the program. And so it went.

Then came Clinton’s televised speech before a joint session of Congress and the country to outline his health-care plan. It was framed in traditional terms: a mixture of high doses of service to self-interest and to lobbies, and a small amount of national pride. The main focus was on promising every American “health security.” The administration apparently decided that those Americans who are presently covered will accept diminished services and higher costs resulting from the new system, because it relieves an even greater national anxiety: the fear that they might lose their insurance, or be denied coverage in the future. To entice the elderly to support the plan, Clinton offered the prospect of reimbursement for prescription drugs soon to come and long-term care after the year 2000. He promised small business that the government would subsidize the new costs they will incur when they insure their workers. In a nod to the proponents of tort reform, he announced that trial lawyers would be allowed to keep “only” a third of the judgments they gain, the maximum they can hope for under current conditions.

There was a lot of well-placed passion in Clinton’s speech about the fate of individuals who must choose between buying medications or food, and for healthcare and paperwork. He avoided playing to the politics of guilt, on the correct assumption that the country has largely exhausted its willingness to make significant commitments to programs that transfer money from the haves to the have-nots. The traditional liberal themes of doing justice, of attending to the downtrodden, to those on who society has inflicted much pain and discrimination in the past and whom we have put into dire economic circumstances - the tale of two cities New York Governor Mario Cuomo invoked during his speech to the Democratic National Convention - were noticeable in their absence.
Bill Clinton failed to replace the old politics of guilt by a vision of a new society, just for all - a society in which the focus on well-being (in body and soul) significantly reduces health care costs; a society in which people care more for one another so they can rely less on nursing homes; a society in which grandparents help out their children’s children and vice-versa; a society in which pollution, work stress, and handguns (not just semi-automatic weapons among teenagers) are reduced; and a society in which alternative forms of health care play a legitimate role.

With no strong, overarching, positive theme that could mobilize millions into a major commitment to the President’s plan, it will now fall prey to the lobbies, as did the BTU/energy tax bill, the economic stimulus package, and national service. It is impossible even to begin to guess what will emerge in the end, but two predictions are safe: The resulting program will produce fewer benefits for the patients than promised initially (especially by stretching them out over future years), increase costs for the average citizen, further fatten the profit of special interest lobbies, and dangerously expand the deficit (i.e., the bill that we and our children will have to pay).

The deeper issue raised by Clinton’s handling of the health-care reform issue, however, is what happens when a politician proceeds without having a base or building one, however noble his motives and smart his technocrats. Clinton was elected by a minority of those who voted, and his mandate (such as it was) was on restarting the economy. While there clearly was an urgent, objective need to attend to the health care of the uninsured, it was not and is not the subject of a major social movement. There were no demonstrations in Washington or any place else by the uninsured, or their protectors and allies. Compared to the issues championed by the gay/lesbian movement, the women’s movement, or the environmental movement the sad truth is that health care for the uninsured is the subject of moral commitments and policy analyses, but it does not rank high on the agenda of any major social-political movement.

The result will soon become evident, The pro-establishment lobbies are well-heeled, organized, and effective. Nothing was done to defang them. They still control large pockets of money that politicians must raise if they seek to run for office or seek re-election. On the other side of the political matrix are the relatively few and weak liberal lobbies (compared to the insurance and pharmaceutical companies, National Rifle Association, and even American Medical Association, et al.). Given the combination of strong anti-Clinton-plan lobbies, weak pro-Clinton lobbies, and no mobilizing, overarching theme that could bring out the citizenry at large, one can predict the sad outcome: An emaciated health-care plan that will do more for the lobbies than for those who need care.

Historically, the only times we have had significant changes in direction that encompassed both basic changes in values and in power relations was when they were supported by a major social movement. There would have been no major desegregation, nor the 1965 Civil Rights Voting Act, and all that followed without Martin Luther King, Jr.’s vision, the Freedom Riders, and the force of the civil rights movement. Women would most likely still be the last to be hired and first to be fired if it was not for the vision of Betty Friedan and feminism’s other founding mothers, and above all, the women’s movement that followed. And the environment would be in much worse shape if it was not for Rachel Carson, Earth Day, and the ensuring environmental movement.

We now need a social movement that will make shoring up the moral, social, and political foundations of our society its main agenda. Charles Derber, in his response to my exposition on the communitarian position (TIKKUN, September/October 1993), closed by asking how we go about transforming society, a question most important to all politically aware and
socially conscious people. Without a strong vision of what a rejuvenated society will look like and the mobilized citizenry to participate in creating it and support the needed political transformations, it is not possible. We may at best get some watered-down reforms, such as Clinton’s modest national service program, far less ambitious than his original proposals, more acts like the one that promises ninety days’ unpaid leave for those that work for corporations that have more than fifty employees (most of which grant such leaves already), and a rather diluted and costly health care reform. We cannot, and should not wish to, count on the moral commitments and fortitude of one couple, even if they occupy the White House, to carry the day for most of us. We all either own up to our part of the societal transformation, or we will share the responsibility for the maintenance of a somewhat reformed status quo.