



The Affordable Care Act: Dispersing the Fog of Misinformation

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Published on behalf of the [Policy Studies Organization](http://www.policy-studies.org/)

Skidmore, Max J. (2012) "The Affordable Care Act: Dispersing the Fog of Misinformation," *Poverty & Public Policy*: Vol. 4: Iss. 1, Article 8.

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DOI: 10.1515/1944-2858.1239



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Abstract

Editor Max J. Skidmore provides a concise history and political analysis of the attacks on American efforts to achieve near universal health care, and also reviews an innovative history of the 2010 Patient Protection and Affordable Care Act.

Jonathan Gruber, with H. P. Newquist; illustrated by Nathan Schreiber (2011) *Health Care Reform*. New York: Hill and Wang. \$13.95, pp. 151, pbk. ISBN: 978-0-8090-5397-1.

This innovative work resulted when an MIT economist, Jonathan Gruber, decided to counter the cant and ignorance that dominates the discussion surrounding the Patient Protection and Affordable Care Act. This was the health care reform passed into law in the United States in 2010. The law's detractors scornfully call it "Obamacare." As this is being written, there are random headlines saying "Santorum says Health Care Law Must be Stopped," "Bill would add Virginia to Healthcare Opponents," "JMI [A 'free-market' group] Joins Obama Health Care Challenge—Says Law is 'Invalid'," and the like. It is doubtful that any other piece of legislation in American history was the target of so much vilification—virtually all based on misrepresentation and absolute falsehood—as the PPACA, but the opposition did not emerge from a vacuum.

When President Clinton took office in 1993, there was general agreement that some sort of health care reform was necessary. Support for reform was widespread among Democratic members of Congress, and common, also, among moderate Republicans, a group that, even then, was dwindling.

Jacob Weisberg in *Slate*, asked what happened to them, and answered his own question. "Who Killed the Responsible Republican? Bill Kristol, of Course," was the headline of his article. Kristol edits the conservative journal *National Review*, and was chief of staff to Vice President Dan Quayle when Quayle was in office during the presidency of the elder Bush.

As for "responsible Republicans," Weisberg said that "small herds of them still roamed freely around Washington," in the 1980s. In 1982 they voted for a huge tax increase "to mitigate the fiscal harm of Ronald Reagan's 1981 tax cut." They cooperated in 1983 (having "converged on Capitol Hill") to raise taxes and shore up the Social Security system. In 1986 they supported immigration reform that President Reagan signed into law with its provisions for amnesty for illegal immigrants. They supported the first President Bush's tax increase (when he rejected his own "read my lips, no new taxes" rhetoric), but, says Weisberg, after that, "glimpses of them outside captivity became increasingly rare." The "crucial event that signaled their demise," he argued, "was a December 1993 memo by conservative strategist and commentator William Kristol. Kristol's advice about how Republicans should respond to Bill Clinton's 1993 health care effort—and a series of follow-up memos he wrote in 1994—pushed the GOP away from cooperation with Democrats on any social and economic legislation. His message marks the pivotal moment when Republicans shifted from fundamentally responsible partners in governing the country to uncompromising, hyperpartisan

antagonists on all issues.”¹

Weisberg, of course, may be exaggerating Kristol’s influence on the party as a whole—Newt Gingrich and others deserve much of the credit for its electoral successes—and certainly his targets would see his analysis as intemperate at best, but there is no doubt that Kristol contributed greatly to the demise of the Clinton proposal.

Kristol’s 1993 “Memorandum to Republican Leaders,” was dated the 2nd of December, titled, “Defeating President Clinton’s Health Care Proposal,” and consisted of four pages. It is available on line.²

Assessing the situation, Kristol said that the Clinton proposal initially had received strong public support, but that support was eroding as the public recognized the president’s “attachment to traditional, big government, tax-and-spend liberalism.” Nevertheless, he argued, opposition alone could lead to compromise, and compromise was unacceptable. What “must be our goal,” was “defeating the Clinton plan outright.” Arguing that the “numbers don’t add up,” that it “costs too much,” that it will “kill jobs and disrupt the economy,” would only win concessions. This would be “insufficient,” because “health reform remains popular in principle,” and poses “a serious *political* [emphasis in original] threat to the Republican Party.” Its passage would do “everything” to help “Democratic electoral prospects in 1996,” and thus must be prevented. Passage would portray Democrats as “the generous protector of middle-class interests,” and would “strike a punishing blow against Republican claims to defend the middle class by restraining government.” Thus, Republicans must argue that the plan would destroy the quality of care and interfere with the doctor-patient relationship. They must argue further that simple revisions to the existing system were all that was necessary. They would provide “security without upheaval,” because they would be based upon “the free market.”

Kristol’s memorandum was effective. Those Republicans who had worked with Democrats to improve the system immediately ceased to do so. In the face of unanimous resistance that included some conservative Democrats, the Clinton plan died, and did not even come to a vote.

When Barack Obama assumed the presidency, he called for health care reform that would move in the direction of universal coverage. Kristol emerged once more to attempt the same strategy that had proved so effective against the Clinton plan, and urged congressional Republicans to prevent passage of any such measure. In July, 2009, as the complicated measure was stalled in Congress,

¹ Jacob Weisberg, “Who Killed the Responsible Republican? Bill Kristol, of Course,” *Slate* (17 April 2010); at http://www.slate.com/articles/news_and_policies/politics/2010; retrieved 19 January 2012.

² http://delong.typepad.com/egregious_moderation/s009/03; retrieved 21 January 2012.

Kristol wrote:

With Obamacare on the ropes, there will be a temptation for opponents to let up on their criticism, and to try to appear constructive, or at least responsible. There will be a tendency to want to let the Democrats' plans sink of their own weight, to emphasize that the critics have been pushing sound reform ideas all along and suggest it's not too late for a bipartisan compromise over the next couple of weeks or months.

My advice, for what it's worth: Resist the temptation. This is no time to pull punches. Go for the kill.³

This time, however, the outcome was different. With lengthy discussions, wrenching compromises, and presidential pressure the plan inched forward. Despite criticisms, the process was open for all to see, and various twists, turns, and deals were publicized and posted on the Internet. All complicated legislation requires awkward maneuvering, but the 24-hour news cycle and misrepresentations in the media and from opponents made the process this time seem to many observers to be uniquely “corrupt.” After passage in March of 2010, Kristol’s *Weekly Standard* ran a special, editorial, “a one-word agenda for Republicans: Repeal.”⁴

The party responded, and has made repeal a key component of its agenda. As a result of the 2010 elections, Republicans gained control of the House of Representatives. The new Republican House, as soon as it assembled in January of 2011, voted for repeal. The vote was merely symbolic, because the Senate remained under Democratic control, and did not take up the House bill. Even had it been able to pass the Senate, it would have faced a veto from President Obama. But the House made its statement, as did every Republican contender in 2012 for the presidential nomination. Each one asserted that, as president, he or she would “repeal Obamacare.” All called it such things as a “government takeover of the health care system,” socialism, a seizure of one sixth of the economy, and the like. All were wrong. All charged that it was unpopular with the public. In this, they may have been correct; there certainly was considerable skepticism about the legislation. In their debates, all candidates, despite professing a reverence for law, asserted that they would obstruct the enforcement of this one until they could achieve its repeal.

³ William Kristol, “Kill It and Start Over,” *The Weekly Standard*, 20 July 2009; <http://www.weeklystandard.com/weblogs/TWSFP/2009>; retrieved 21 January 2012.

⁴ <http://www.weeklystandard.com/blogsspecial-editorial-repeal>; retrieved 21 January 2012.

Republicans are not the only critics of the law. Many supporters of health care reform found it to be highly disappointing. It contains no public option. It retains private, profitmaking insurance companies as the primary mechanisms for providing payment. Many of these critics have concluded that the PPACA is meaningless, or worse that it is a merely subsidy to an industry that has caused much of the trouble. What they fail to recognize, is that the new program does increase coverage (it already has done so), that it does contain provisions requiring companies to trim their profits and devote more of their resources to provide actual benefits, and that for the first time, it enables the federal government to regulate the voracious healthcare industry.

Into the confusion stepped the MIT economist, Jonathan Gruber. Gruber's expertise is in the economics of health care, he directs the Health Care Program at the National Bureau of Economic Research, he helped to design the health care program for Massachusetts, and he consulted with the Obama administration and with Congress regarding the PPACA. Thus, he is well-equipped to comment on health care and to recognize distortions in what passes for analysis in popular media and among too many politicians. He also in all likelihood was conditioned to be receptive to urgings that he undertake this book.

He chose to do so in a most unconventional, but most modern, manner. First, he recognized (as many academicians would not) that he might not be the most skillful person to put his own ideas into the clear and simple language that popular explanation requires to be successful. He therefore sought out Harvey Newquist, who, he said in the acknowledgments, "was a terrific coauthor who managed to take my broad descriptions and economic platitudes and translate them to highly understandable text." Second, he concluded that something more than words might be required, and decided upon the graphic form. Thus, he thanks Nathan Schreiber, whose "pictures made these abstract concepts understandable in a way that words alone could not."

The graphic form has become increasingly popular, and has received scholarly attention, especially as it has grown into "graphic novels." Many traditional readers enjoy the form, but it can be especially valuable in reaching non-traditional audiences. To those unfamiliar with the term, it pertains to a format that has been around some three decades in its modern incarnation, but it grew from the comics, and rests upon ancient foundations. *Using Graphic Novels*, a "Scholastic Bone" *Guide for Teachers and Librarians*, explains it especially well:

What are graphic novels?

In this context, the word "graphic" does not mean "adult" or "explicit." Graphic novels are books written and illustrated in the

style of a comic book. The term graphic novel was first popularized by Will Eisner to distinguish his book *A Contract with God* (1978) from collections of newspaper comic strips. He described graphic novels as consisting of “sequential art”—a series of illustrations which, when viewed in order, tell a story.

Although today’s graphic novels are a recent phenomenon, this basic way of storytelling has been used in various forms for centuries—early cave drawings, hieroglyphics, and medieval tapestries like the famous Bayeux Tapestry can be thought of as stories told in pictures. The term graphic novel is now generally used to describe any book in a comic format that resembles a novel in length and narrative development.⁵

The graphic form adds drama to a presentation, and Gruber does not hesitate to set forth his position without qualification. Right on the cover, just below the title HEALTH CARE REFORM, are representations of confused citizens reading insurance policies, physicians’ bills, hospital invoices, and pharmacists’ statements. Above them it word balloons with spiked edges, are, “What it is,” “Why It’s Necessary,” and “How it Works.” Although the entire text praises the legislation and counters objections, it is an effective presentation. It has the tone of advertising, or political propaganda, but it is skillfully-done and is designed to present truth and correct misrepresentation; thus, it is propaganda in a good cause.

It carefully guides even the most unsophisticated reader through the law’s intricacies, and dispels the common misrepresentations. By personalizing the presentation, it adds immediacy, and makes it clear how the law benefits individual citizens. The first chapter, “A Cure for What Ails Us,” walks the reader through the complications of the existing system, and explains the author’s qualifications. “Taming the Two-Headed Beast” deals with rising costs, and rising numbers of people without coverage. Proceeding through history, demonstrating the great need, identifying the plan’s principles that already are successful in Massachusetts, and describing the workings of the new plan Gruber skillfully defangs the criticisms, corrects the misrepresentations, and points to “Good Things on the Horizon.”

Considering the nature of the task, Gruber, Newquist, and Schreiber have done an outstanding job that should clarify the unclear, make certain the uncertain, convince (at least many of) the unconvinced, and reassure the skeptical.

⁵ *Using Graphic Novels with Children and Teens: A Guide for Teachers and Librarians*, at www.scholastic.com/graphix/Scholastic_BoneDiscussion.pdf; retrieved 18 January 2010.

Health Care Reform connects the academy with the public using the techniques of popular culture. It performs a valuable service.

As its creators intend, the book explains the new law in a manner accessible to all, and is a clear presentation of “WHAT IT IS,” of “WHY IT’S NECESSARY,” and of, “HOW IT WORKS.” The more widely available it becomes, the better will be the people’s understanding of the Patient Protection and Affordable Care Act, and the more accepting of the Act—even enthusiastic about the Act—they likely will be.