

## CHAPTER 1

### *What Can This Approach Tell Us?*

The purpose of this book is to help answer the question of why the United States does not guarantee its citizens access to health care or protect them from its costs. There are lots of reasonable-sounding answers to that question, but since many of them contradict one another, they cannot all be correct. This book takes the approach that we can get not only a correct answer but also the most useful answer to this question by centering our attention on the fact that all other industrialized democracies protect their citizens in this way. That is, the United States is the only democratic nation wealthy enough to afford universal health insurance that has not created such a program. In this area of “health security,” the United States is the exception—the international standout—and the question this book addresses is, “Why?”

What would be a useful answer to this question, and how should we go about finding one? A useful answer, it seems to me, would be one that helps us solve the very real human problems associated with the question. In this case, that includes the shortened length and quality of life experienced by Americans who have health problems and no health insurance, who stay in jobs they hate because they cannot afford to lose their health benefits or who lose everything they have worked for to an expensive illness or accident. It includes the despair experienced by adults who cannot secure needed care for a beloved child, spouse, or parent and the poverty borne by those who use up every asset they have trying to help a loved one. It includes the helplessness felt by dedicated health professionals who struggle to get their patients the care they need yet regularly find themselves treating the chronic or terminal results of health care neglect. Finally, it includes the frustration experienced by those politicians, civil

servants, and citizen activists who have struggled in vain for decades to negotiate and pass legislative solutions to these problems.

What kind of answer is likely to help us solve such problems? It seems to me that we cannot find such an answer by looking only within the United States. Certainly we can learn much in that way about how solutions have been blocked in this country, about which groups and types of individuals have fought the creation of solutions, and about who makes profits or gains power from keeping things as they are. But none of that information really tells us how to deal with these obstacles. In contrast, we might learn much by looking at how other nations have managed to create solutions, what obstacles they faced in doing so, how they handled those obstacles, and how well their solutions worked. In other words, our difficulties may not be as unique as we think, but we cannot know without learning about other nations' experiences.

This book therefore takes a comparative and historical approach to its question. The comparative is to help us put the obstacles to health security in the United States in perspective, and to give us some idea of what we might have to do differently to solve these problems as other nations have. The historical approach is necessary because all the nations that have solved these problems acted to solve them at some point in the past, and knowledge of the conditions under which they were able to do so may be essential to similar successes in the United States.

What factors must such an approach include? First of all, it will require us to pay attention to any factors that may have shaped the problem differently in the United States than in other nations. This step may be simplified somewhat by choosing nations for comparison that resemble the United States in as many relevant ways as possible. For instance, Canada and Australia are the nations that most closely resemble the United States historically, culturally, politically, economically, and demographically. (For details, see "The Choice of Nations" in the introduction.) We can then concentrate on the factors that represent national differences to explain health policy differences among those nations.

Second, such an approach will require us to consider the class forces and interest groups that work for and against such public solutions, comparing their relative activity in other nations to our own. Class-based explanations regard protective legislation as victories for working-class citizens, which may be won in two ways. One is when workers organize powerfully enough to win control of government and pass such legislation themselves; the other is when a conservative government, threatened by

such organization, passes such legislation to quiet worker agitation and prevent a loss of political control. Class theorists would therefore tend to explain the lack of U.S. health care protection by the relative weakness of the organized working class in the United States.

In contrast, pluralist or interest-group theorists focus on the power of groups organized around numerous specialized interests. They would tend to explain American exceptionalism by the relative strength of the highly visible coalition of interest groups that regularly oppose U.S. public health insurance. This point of view is supported by the tendency in the United States to think that the visibility of interest-group activities means that class, or social democratic, activities are irrelevant to our politics and policies. However, such factors have turned out to be quite important in explaining other welfare state policy differences across groups of nations including the United States, so we cannot safely assume that class factors do not matter here; they may simply be less visible or take a different form.

Third, such an approach will require us to gather information on the factors that may affect a democracy's responsiveness to class and interest-group activities, including its ability to agree and act upon specific political solutions to problems. There are many features of American government that may be important here. For instance, we are a federation of states, our Constitution deliberately divides power among executive, legislative, and judicial branches of government, and our election rules award everything to the winners, rather than proportioning representation by relative support. In addition, traditions within the House and Senate have divided the power to legislate between numerous powerful committees and individuals. A number of studies have suggested ways in which these arrangements may affect specific types of legislation, for instance, by allowing organized minorities to repeatedly block broadly based programs.

This study therefore begins with histories of the three nations, describing their political, class, medical, and health policy development, and the activities of political parties and organized groups pertaining to health policy. Each of these three chapters concludes with an analysis of the factors that appear to have been most relevant to that nation's health policy development. Chapter 5 pulls those explanatory strands together in a more comparative form, then checks the results by using even more detailed information in a systematic analysis, designed to avoid investigator bias. The results suggest that four specific conditions are necessary in these nations for progress to be made towards national health insurance; one of these has never been met by the United States. In addition, they

suggest that either of two other conditions would be sufficient for such progress; neither of these has occurred in the United States. The final chapter then describes the study's conclusions in layman's terms, including the changes that may be needed to solve the problems of health care access and protection from its costs in the United States.