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Brademas Congressional Internship Program 2009

20 August 2009

Politics of Misinformation: An Interns Perspective on the 2009 Debate over Health Reform

Working in the personal office of Majority Leader Steny Hoyer, I quickly became familiar with the intensity and quantity of rumors concerning the health reform debate (specifically, H.R. 3200, America's Affordable Health Choices Act of 2009). Although the Democratic leadership tried to preempt the mass amount of misinformation that would surface, it was nearly impossible to predict upon what rumors opponents would focus the debate. Politics are unpredictable; an opposition's approach to defeating a bill is never definite. Opponents of health reform did not focus on the facts within the bill; instead, conservative commentators and coalitions developed rumors to dissuade Americans that were on the fence. With such uncertainty in politics, challengers to health reform played on peoples' fear of two things that actually *are* certain—death and taxes. Coalitions against reform developed a wide arsenal of rumors from the institution of death panels to raising taxes, from the elimination of Medicare to guaranteed health insurance for illegal immigrants. Although none of these specifics were included in the bill, the opposition used mass mailings, radio commentators, and phone calls to promote fiction.

On the campaign trail, Barack Obama promised to tackle problems with financial regulation, energy policy, and health reform within his first summer as President. The last issue, health reform, provoked strong opposition, which ultimately slowed the President's chance at restructuring the insurance industry. History has demonstrated that politicians have long struggled with health reform. Progressive Presidents of different eras, FDR and LBJ, established

social reforms, but fell short on providing insurance to all Americans. Decades later, President Bill Clinton cannibalized his political capital and lost a democratic majority in Congress by awakening the opposition to health reform. Obama knew that health reform would not be easy but the media began to label him as a naïve leader unready to face fierce attacks. The administration, in response, began to work seamlessly with democratic leadership, such as Congressman Hoyer, as well as interest groups to achieve health reform. This paper will chronicle the misinformation regarding health care reform from the perspective of an intern who worked in a Congressional office.

First, the most important differentiation to make in the proposed health reform is between a public option and a single payer system. Most of the confusion concerning reform can be traced back to the difference in these two systems. A single payer system, which has not been proposed in any of the House or Senate bills, is most similar to universal health care in foreign countries—that is, *all* Americans would have a government provided health insurance plan. The public option would offer a public plan that any American could *choose* to pay into, bringing down insurance costs to all Americans in an attempt to “lure millions of Americans to abandon their private insurance.”¹ Even though the Obama administration avoided proposing a single payer system as a compromise to the insurance industry, constituents still voiced concern that offering a public option would represent a complete “government takeover” of health care.

An intern’s most essential and important role in a Congressional office is to assist in handling constituent correspondence. While most offices receive a large amount of mail, faxes, and emails, I believe Congressman Hoyer’s office received additional correspondence from non-

¹ Ambinder, Marc. “The Public Plan: The Evolution Of An Idea”. The Atlantic Monthly. Aug 19 2009.

constituents because of his unique role as Majority Leader of the House. Throughout my review of constituent correspondence, I witnessed the development of misinformation. Especially regarding the differentiation between the public option and single payer system—most opponents of the bill focused their fears of health reform on the government takeover of their own health insurance. While the House or Senate bills would not force any individual currently on private health insurance to accept the government option—concerned callers or writers would incorporate their fears of a single payer system into their misinformed complaints of the bills. The first misinformation I remember hearing was that the government would prohibit insurance companies from accepting new clients after January 2011. Therefore, if an individual changed jobs or wanted a new private insurance plan, the government would force them into the public option. Complaints would come in waves via phone and email. Following robocalls by third parties or comments on popular conservative talk shows, constituents would voice disapproval using very similar language and cite the same misinformation. This speaks to the power of unofficial sources of health care information such as interest groups opposed to health care; no regulating institution can hold advocacy groups accountable for producing misinformation.

The most infamous rumor that circulated regarded the institution of government “death panels.” Conservatives insisted that these “panels” would speculate which older Americans were fit to live. The part of the bill that enabled interest groups to perpetuate this rumor was the language regarding funding for long-term care. Fortunately, before the health care debate heated up, I had the opportunity to attend a Congressional briefing about the need for long-term care reform in America’s health system. Congressional briefings can provide interns, staffers, and Congressman direct access to professionals that represent the most esteemed experts in their fields. Oregon Representative, Earl Blumenauer, invited Companionate Care to host a briefing

titled “Ensuring Patient Wishes at the End of Life Breaking Down the Barriers to Quality End of Life Care.”² The guests emphasized that millions of aging Americans do not know their options regarding end of life care—a component of health care that can force families to make hard decisions, as well as force families to make hard financial decisions for loved ones. The language in the bill would provide funds for families to consult with a physician every five years to explain their options for end of life care. Kathryn Tucker, a lawyer specializing in Hospice and Palliative Medicine, expressed the concern that many physicians do not have the financial incentive to visit with patients to consult their long-term care options. Therefore, the government would provide money for families to have a conversation with a doctor. Staffers and interns have the opportunity to learn the facts from the top professionals to counter rumors and misinformation.

Lastly, much of the misinformation referenced many of the moral wedge issues, which have divided Americans, including issues such as abortion and health care as a moral obligation. One frequently cited rumor regarded health insurance for illegal immigrants. All the bills, however, explicitly exclude illegal immigrants from being included in a public option³. The opponents of health reform focused the misinformation on wedge issues in order to make Americans who need health care become hesitant. For example, many people expressed that they were aware of the benefits of health care reform, but *had* to oppose reform because they believed the government would federally fund abortions. This demonstrates that many Americans knew that health reform would benefit their current situation, but because of moral leanings, they *must* oppose it.

² Guests included Jennie Chin Hansen, AARP President; Kathryn L. Tucker, Director of Legal Affairs, Compassion and Choices; Dr. Howard Tuch, American Academy of Hospice and Palliative Medicine

³ H.R. 3200 explicitly reads, “Nothing in this subtitle shall allow Federal payments for affordability credits on behalf of individuals who are not lawfully present in the United States.”

With the vast amount of misinformation circulating in the media, it was imperative that supporters of the bill develop strategies to inform the public on the facts of the bill. The general public does not easily have access to Congress' more traditional sources of information—the Library of Congress, Congressional hearings and briefings, etc. Instead, the public relies mostly on traditional (television and radio) and non-traditional (blogs and emails) sources from the media. The amount of correspondence received by a Congressional office is usually proportional to the amount of media covering that particular Congressman. For instance, anytime Congressman Hoyer appeared on morning talk shows, made a speech broadcast on CSPAN, or had a quote in a prominent newspaper the office would receive an increased number of comments on that particular issue. Additionally, opponents of a particular policy would more commonly voice their opinion than supporters of that policy.

Recently the Internet has made the availability of information about Congress much easier to obtain; *Thomas.gov* and *govtrack.us*, both run by the Library of Congress, provide summarized information about any bill proposed in Congress. When receiving questions about specific bills I directed constituents to these resources or Hoyer's homepage for accurate information. The Internet, however, has also made it much easier for misinformation to spread. I frequently heard identical phrases used to describe peoples' concern for health care; opponents used the same descriptions of Speaker Nancy Pelosi, references to socialism, and aforementioned rumors. Many of these constituents calling the office received emails that prompted them with a phone number for Congressional offices including information about what to say over the phone.

The Democratic leadership knew before the end of the August 2009 recess that opponents to health reform had already flooded the debate with misinformation. One essential role of the Democratic leadership is to identify how involved other Congressmen are on a given policy.

Before the recess, I called Congressional offices to compile Democrats' progress to inform their constituents about health care (e.g. newspaper editorial boards and town halls). The Majority Leader's office, as well as the Obama Administration's Office of Health Reform wanted to know whether Democrats were doing their job to help educate their constituents. As more misinformation leaked to the media, liberal and conservative PACs began to run a variety of ads. The Democratic leadership also wanted to know which organizations invested heavily in the campaign for or against health reform. The Administration eventually admitted that a health reform bill would be too ambitious to pass before the recess.

The paradigm of health reform leading up to the summer recess of 2009 demonstrates the political dynamics of our Legislative system. Although the Democrats controlled a large majority in the House and a 60-vote margin in the Senate, a lack of consensus stalled reform. While focusing on a compromise between the progressive and "Blue Dog" wing of the Democratic Party, the opponents of health reform set the tone for the debate. As a result, the Democrats spent the recess fighting back against misinformation instead of promoting their own platform and rationale. Moreover, my personal experience with the debate over health care parallels the frustration of Democrats that want to pass the public option. I was immersed in a setting where the facts of health care were abundant, yet I could do little to change constituents' personal philosophy on health policy. I learned that above all, the viability of policy is entwined with the presence, or absence, of a public relations campaign that supports that policy.