

6 The Role of the Press in the Health Care Reform Debate of 1993-1994

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Those interested in the politics of news tend to focus their energies on analyzing reporting about political campaigns. In the process they point to reporters' preference for a focus on tactics over issues, attack over advocacy, and scandal over substance. Critics have also noted that early press coverage of campaigns is more likely than later reporting to define key terms and lay out alternative policy proposals, a tendency problematic for those who begin paying attention to politics later in the political season. Here we argue that the same critique can be marshaled against reporting about a consequential public policy debate. In that debate what reporters chose not to feature was as important as the content that they stressed.

There are important similarities between communication advanced to elect a candidate and that designed to pass a public policy initiative. Both are defined as "campaigns"; in both the success of the participants is judged by polls; both pivot on slogans; both involve strategies designed to increase the likelihood that a frame favorable to one's position will dominate news coverage. The health care reform debate added to this list—both make use of targeted advertising.

Perhaps in response to these cues or perhaps driven by conventions embedded in campaign coverage, the press in 1993-1994 covered the health care reform debate in a fashion similar to that ordinarily applied to campaigns for public office. By imposing the norms of campaign coverage on a policy debate, the press minimized the public's ability to learn about the problem being addressed and about the alternative proposals to address it. The press, therefore, should share the blame for the failure of the process to yield an acceptable compromise. Also culpable were the White House, those who insisted that only their form of reform was acceptable, and Republicans who saw the prospect of political gain in delaying health care reform. The Democrats had done the same thing in 1992 when they set aside a reform proposal in order to preserve insurance reform as an issue for the presidential campaign.

To advance this argument, we will explore the extent to which news norms and conventions affected the shape and outcome of the health care reform debate of 1993-1994. Specifically, we will make these claims: inconsistent use of labels for the alternative plans minimized the likelihood that the public would understand the details of any of them; the conflict frame narrowed public focus to two plans, minimizing the viability of the others; the reporters emphasized the Whitewater scandal over the substance of health care reform at a critical point in the debate's progression; the reporters' focus on the strategy of the players in the debate rather than on the substance deprived the public of useful information about health care reform alternatives; the forces opposing reform received disproportionate coverage in print and broadcast media; by rewarding attack but not advocacy ads with news coverage, the press created an incentive for the major groups to attack; and one player, the Health Insurance Association of America (HIAA)—the parent of the "Harry and Louise" ads—gained bargaining leverage in a key House committee because the chair of that committee incorrectly assumed that its ads were a powerful force driving supporters from the Clinton plan. This combination of press-controlled or influenced factors minimized the likelihood that the debate over health reform would reach a legislative resolution in 1993-1994.

In the presidential campaign of 1992, Democratic nominee Bill Clinton pointed to an increasing number of uninsured Americans and skyrocketing health care costs as evidence of the need for a plan making affordable health insurance available to every American. The passage of health care reform legislation was the cornerstone of President Clinton's first-term domestic policy agenda. In September 1993, a commission headed by his wife, Hillary Rodham Clinton, prepared a comprehensive health reform bill, the Health Security Act, for consideration by both Congress and the American people. In his January 25, 1994, State of the Union Address, President Clinton stated, "If you send me legislation that does not guarantee every American private health insurance that can never be taken away, you will force me to take this pen, veto the legislation and we'll come right back here and start all over again." Thus, "health care that can never be taken away" became the Clintons' slogan as they campaigned across the country and on Capitol Hill.

Under a grant from the Robert Wood Johnson Foundation, the Annenberg Public Policy Center of the University of Pennsylvania conducted a comprehensive study of the debate over health care reform.¹

Confusing Press Coverage

Concern about a large medical bill prompted a young woman in the Richmond presidential debate in the general election of 1992 to ask about the impact of the deficit on the lives of the presidential contenders. Yet in January 1994 the same woman told a reporter that she didn't understand the Clinton health reform plan. "It's kind of confusing to me," she said. "I've tried to follow it in the newspaper and on the news, but I just can't." Little wonder.

The intricacy of President Clinton's thousand-plus page plan didn't make understanding easy. Nor did the scope of a health-care system that includes everything from measles vaccines to MRIs. Also taxing comprehension was the sheer range of alternatives. By early February seven competing plans were in the congressional hopper.

Our study confirms the complexity of the health care reform process and suggests the difficulty facing reporters trying to make sense of it for the reading and viewing public. For example, from January 16 through October 5, print and broadcast news reports included 110 different names given to 27 different health care reform proposals. In the process, the same plan was often called by different names. For example, the plan proposed by Reps. Fred Grandy, R-Iowa, and Jim Cooper, D-Tenn., and Sen. John B. Breaux, D-La., is sometimes called Cooper-Breaux-Grandy and at other times simply identified by the name of one of its three principal sponsors. The plan of Sen. Paul Wellstone, D-Minn., and Rep. Jim McDermott, D-Wash., is usually identified as the "single-payer plan." The Clinton plan is variously called "the president's plan," the "administration's plan," and the "Health Security Act," among other names.

Compounding the confusion were reporters who wrote for the already knowledgeable rather than the uninformed. Early in public policy discussion, most scrupulously defined terms. But as the debate progressed, those in-the-know—reporters, politicians, and pundits alike—stopped elaborating and started eliding.

The result was telegraphy without benefit of codebook. "Clinton won't give on portability," said pundit David Espo. "It's hard to visualize too many Republican votes for employer mandates or budget controls," said a Democratic member of the House Ways and Means Committee. "Are you for universal coverage?" moderator Tim Russert asked Jack Kemp on Sunday's "Meet the Press." "I'm for universal access," responded Kemp. One might forgive a viewer for wondering how to secure a glossary.

"Universal coverage" became shorthand for the central guarantee of the Clinton plan: permanent health insurance for every U.S. citizen ensured largely by requiring employers to cover employees. If Congress served up anything less than "private insurance that can never be taken away," said Clinton in the State of the Union Address, he would be "forced" to veto the legislation. By guaranteeing universal coverage, Clinton also ensured universal access. In general, "universal access" means that anyone who wants insurance can purchase it. An important distinction separated access, which provided options, and coverage, which provided a guarantee or, in the words of conservative commentator George Will, "an entitlement."

Unless we know whether they mean "coverage" or "access," it's difficult to make sense of *Los Angeles Times* reporter Ronald Brownstein's comment that moderate Democrats are moving toward giving Clinton "something he can call universal health care" or Vermont Democratic governor Howard Dean's observation on nationwide television that "it is critical [that] we have a universal program."

Identifying bills by the name of a sponsor rather than the substance of the plan posed a second problem. There's a good reason that on health care reform Senator Breaux sounds like Representative Cooper—one was the House and the other the Senate sponsor of the Managed Competition Act. By alternatively tagging it the Cooper bill and the Breaux bill (or in the case of the single-payer proposal, the McDermott bill or the Wellstone bill), reporters led even attentive citizens to create two bills of one. Sacrificed in the process is the repetition that makes remembering easier.

Since neither Cooper nor Breaux was a household word and since their names don't signal the nature of their plans, it would have been more helpful had reporters adopted a common, consistent description of their proposed reform. So, for example, a reporter might have written that the Cooper-Breaux proposal, one of two Democratic alternatives to the Clinton plan, offers purchasing cooperatives (managed competition) to bring down the cost of coverage without requiring employers to pay for it. The other Democratic alternative, Wellstone-McDermott, might have made more sense to readers and viewers had reporters identified it as the universal coverage, single-payer, Canadian style or Medicare-like plan.

Press Focus on Conflict

Another difficulty was caused by reporters' fatal attraction to the two-sided conflict. Because controversy is the stuff of which news is made, the public isn't

usually shown the areas in which candidates for office agree or, in the public policy arena, the emerging consensus on which legislation is ultimately built. Senate Minority Leader Bob Dole and President Clinton agreed that reform was needed. As Dole told the American Hospital Association in February, "This debate is not about whether we should put reforms in place—it is a debate about how much."

Dole and Clinton also agreed that insurance purchasing pools of some sort were a good idea. The reasons were straightforward. Such groups spread risks across large groups of consumers and have the marketplace clout to hold down costs.

Unresolved was the size, composition, and management of the groups. Clinton called them alliances and made them mandatory; Dole called them "voluntary purchasing cooperatives." Both Clinton and Dole favored using purchasing cooperatives to bring down the cost of insurance coverage, but Clinton's plan would have required employers to pay for it.

Other common ground linked many Democrats and Republicans. Each of the seven plans before Congress in February 1994—three sponsored by Democrats, four by Republicans—would have barred insurance companies from denying policies to those with existing illnesses and would have provided "portability" by allowing workers to keep their insurance when they switched jobs.

If conflict is bait for reporters, two-sided clash is the hook. In the process, seven plans were simmered down to two and important ideas slipped from public view. The principle governing the process was, No Fight, No News Tonight. So, for example, the prospect of sustained news coverage for a plan proposed by Sen. John H. Chafee, R-R.I., plummeted when it garnered praise from the president and Hillary Rodham Clinton.

A world traveler who returned to the United States in mid-January would have surmised that only Clinton's plan and the Cooper-Breaux plan were before Congress. Democrat Jim Cooper benefited from reporters' attraction to what was cast as a fight within the Democratic Party. So Cooper appeared on the nightly news and again in a face-off with Sen. Jay Rockefeller, D-W. Va., a Clinton plan supporter, on "This Week with David Brinkley." In each forum Cooper's plan was summarized and distinguished from Clinton's.

Press affection for gunfights at the OK corral are one explanation for this treatment. "If the President had an enemies list," noted ABC's Jackie Judd on "World News Tonight," "Tennessee Congressman Jim Cooper, a fellow Democrat, would be on it. Cooper not only had the political audacity to introduce an alternative health-care reform plan, but so far, he's rounded up more bipartisan backing than the President and First Lady have managed to get for their plan."

But the total amount of congressional support for Cooper's plan was insufficient to justify that favorable conclusion. Indeed, if media minutes were apportioned by number of sponsors, House Minority Leader Bob Michel of Illinois would have been in Cooper's chair. At that point in the debate, 141 House members had signed onto Michel's "Affordable Health Care Now" bill, 100 were behind Clinton's American Health Security Act, 93 were on board with McDermott's single-payer plan, and there were only 57 House cosponsors for Cooper's Managed Competition Act.

When we queried reporters about the focus on Clinton and Cooper-Breaux rather than Michel or Wellstone-McDermott, we were told that neither the Republican alternative (Michel) nor Wellstone-McDermott had any chance of passing the House. That prophecy proved faulty. One of the five bills that emerged from committee included a single-payer provision in the form of extension of Medicare. And the compromise proposal being crafted as the legislative process drew to a close bore more than a passing resemblance to the Michel bill. Indeed, the bill that was signed into law more than a year later, sponsored by Sens. Edward M. Kennedy, D-Mass., and Nancy Landon Kassebaum, R-Kan., contained some of the provisions on which all of the major bills had agreed in the first place including a ban on pre-existing conditions and a guarantee that employees be able to carry insurance from one job to another (portability).

Media focus on the clash between Clinton and Cooper shunted into the shadows the four Republican plans as well as the single-payer Democratic one. Unlike Cooper-Breaux, Chafee's plan provided universal coverage but, unlike Clinton's, did not require that employers provide it. Among other things, the Republican plans—including those by Michel and Sen. Phil Gramm of Texas—offered tax breaks to buy insurance and tax sheltered savings accounts to pay for coverage.

By focusing on some plans rather than others, reporters made their elements more salient and increased the likelihood that polls would ask and citizens express approval or disapproval. Without a public airing, plans had no way to build popular support. And the absence of coverage made it less likely that a compromise would be fashioned out of the common features of the undiscussed plans. Out of media, out of mind.

The Clinton plan framed the debate. "Clinton" dominated the headlines. The Republican receiving the highest number of headline mentions, Dole, was eleven times less likely to be mentioned by name than Clinton. Single-payer advocates Wellstone and McDermott did not appear in the headlines by name.

In print, the Clinton plan was about five times more likely to be mentioned than the second most cited plan, the late spring alternative of Senate Majority Leader George Mitchell of Maine. In broadcast media, the Clinton plan was about four times more likely to be identified than the second most mentioned plan, also Mitchell's plan.

Our survey of print and broadcast coverage confirmed that the media downplayed a number of significant alternatives to the Clinton plan. The absence of coverage undercut the perceived significance and viability of both the Canadian-style, single-payer plan and the Republican alternative with the largest number of cosponsors—the Michel bill.

Press Focus on Whitewater

At President Clinton's prime-time press conference on March 24, 1994, Whitewater—a complex set of allegations surrounding business dealings during Clinton's time as Arkansas governor—was the subject of 14 of the 18 questions. Only one question was about the legislation that could affect the doctors Americans see, the health services they receive, and the costs they pay. In response to that question, Clinton said he would sign a health-reform bill Rep. Pete Stark, D-Calif., had just navigated through a House Ways and Means subcommittee.

Preserved in Stark's bill were such key elements of the Clinton health care reform plan as universal coverage and a requirement that employers pay 80 percent of the cost of insuring their employees. Stark's plan also preserved community rating, which would charge young and old, ill and well, the same rate. Where Clinton's plan required participation in purchasing cooperatives, Stark's made it voluntary.

But in his answer, Clinton added a caveat: "I don't think it's as successful . . . in holding down costs . . . as our plan." With polls consistently showing concerns about rising health care costs and with ongoing controversy about how to curb them, here was an opportunity to question his plan's cost-containment methods. No one asked.

In late February and early April, Whitewater became the lens through which broadcast news saw health reform. After reporting a Chicago restaurant owner's concerns about required contributions from employers, a segment on ABC might have explained such alternatives as a Republican plan requiring employers to offer coverage, but not pay for it. Instead, the reporter said, "The Clinton plan hasn't been helped by Whitewater either." A CNN anchor spoke of "the trials of health care and the tribulations of Whitewater."

When former first lady Rosalyn Carter appeared on the morning news shows to highlight her congressional testimony in favor of comprehensive coverage for substance abuse and mental health, an interviewer on CBS asked her to advise Hillary Rodham Clinton about "these Whitewater allegations."

In discussing health care reform with House Ways and Means chair Dan Rostenkowski, D-Ill., another TV host careened away from the topic to ask whether the Clintons could continue "to drive this legislation if he is trying to bail out Whitewater all the time." Switching metaphors, Rostenkowski replied, "They'll keep their eye on the ball."

When not pushing health reform off the screen, Whitewater marauded around inside health stories. In the process reporters insinuated the cynical assumption that the White House was pushing health reform because it wanted to duck Whitewater. "For her part, first lady Hillary Clinton's Whitewater strategy was a lot like the President's today," said one network newscaster. "Clinton got out of Washington and tried to change the subject to health-care reform."

Such speculation about intent was silly. If the Clintons' attention to health reform was a Whitewater-driven political ploy, why their intense focus on it in the days when "Whitewater" evoked only images of rapids and rafting? By framing health care reform speeches as strategic attempts to divert attention from Whitewater, reporters enhanced our understanding of neither.

Instead, broadcast reporters played a role in creating the diversion they decried. "As Hillary Clinton tried to talk about health care around the country this week, her message was frequently drowned out by the road of Whitewater," said one network reporter. Frequently? Drowned out?

The reporter spoke of a few in a crowd who "taunted her with questions about the suicide of her friend deputy White House counsel Vincent Foster." Here it was the reporter who was submerging health reform in Whitewater.

White House officials said repeatedly that the focus on Whitewater was a ploy by Republicans to deflect attention from issues on which they couldn't win. But it wasn't always the GOP doing the deflecting. In an exchange on the morning news, it was the reporter who seemed preoccupied with Whitewater. Senate Minority Leader Dole was talking about working out a bipartisan plan, when the reporter interrupted, "Let me go on to something else. . . . Let me go on to Whitewater."

Indeed, some Republican strategists believed that in April Whitewater was keeping Republicans from focusing on health care. William Kristol, the chair of the Project for a Republican Future, made this argument in a memo prepared for Republican leaders. "Just as national political attention has been thor-

oughly diverted by an exciting scandal, an ominous atmosphere of health-care conciliation has descended on the Capitol.”

When queried, citizens objected. Almost three out of four told *Newsweek* pollsters in mid-March that “the [Whitewater] case is diverting attention from important issues like health-care and welfare reform.” After the Clinton press conference on March 24, 1994, the *Washington Post/ABC News* poll asked whether the media were paying too much, too little, or about the right amount of attention to Whitewater. Seventy-one percent said they were paying too much attention to Whitewater.

Lost in Whitewater coverage in late March and early April was a discussion of the merits of the first of the bills to come from committee in the Congress. Among other things, Stark’s subcommittee agreed to increase the proportion of primary-care physicians, limit pain and suffering malpractice awards to \$350,000, raise the federal cigarette tax, and provide insurance that was portable and permanent. And even the most avid news junkie would have been hard pressed to find the story revealing that Clinton did and Stark did not include long-term care while both bills covered prescriptions.

Broadcast and Print Focus on Strategy

A Harris poll, conducted for the Robert Wood Johnson Foundation and released on August 5, 1994, indicated that almost three times as many people said they received their information on the health care reform debate from television than from print. The study that we conducted at the Annenberg Public Policy Center asked what sorts of information were offered to the public through broadcast and print news. The underlying question was whether news reporters were covering public policy issues by focusing on the tactical and strategic movements of the players or alternatively on the problems facing the country and the comparative advantages and disadvantages of proposed solutions.

Since time and space available for news reports are finite, strategy coverage has the potential to displace a focus on the arguments and evidence for and against the different public policy positions. More importantly, the tactical focus on who is winning and losing and how the game is being played activated public cynicism about health care proposals and their proponents and also depressed public learning.² Cynicism makes it more difficult for political leaders to form a national consensus, particularly when the possible solutions to a social problem will require change from the status quo and an increase in costs for some.

We found that about two-thirds of the health care reform stories in both broadcast and print news focused on strategy or legislative process; only about a quarter of print stories and fewer than a fifth of broadcast stories focused on the issues of the health care debate. We also found that broadcast news, compared with print news, focused slightly more on strategy and legislative process (67 percent of broadcast segments were strategy or process oriented compared with 62 percent of print stories), focused less on the issues of health care reform (16.5 percent of broadcast segments emphasized problems and solutions compared with 26 percent of print news stories), and ran fewer than half as many news segments on health care reform (934 compared with 1,929 stories).

Strategy stories in print were nearly six times as likely as issue stories to be accompanied by a photograph. This is important because photographs make stories more salient in the minds of readers. Those opposed to Clinton’s reform received disproportionate coverage.

Broadcast and Print Coverage of Groups

The notion that the press is liberal is a mantra of some conservative critics. In this instance the opposite seems to have been the case. Business groups opposing the Clinton plan received more coverage than did labor groups supporting it.

A discussion of groups involved in the health care reform process occurred in 16.1 percent (311) of print news stories and 17.2 percent (161) of broadcast stories. In this category those opposed to some facet of reform dominated, which suggests the strategic advantage reporters give to those who attack.

Business associations dominated broadcast coverage of groups (excluding Congress, political parties, and the White House). The Business Roundtable and the Chamber of Commerce combined garnered eleven times the coverage of the AFL-CIO.

The Business Roundtable received 10.8 percent of the total mentions of named groups, followed by the U.S. Chamber of Commerce (9.9 percent), the National Conference of Catholic Bishops (9.9 percent), the American Medical Association (AMA) (8.1 percent), the National Governors’ Association (8.1 percent), and the American Association of Retired Persons (7.2 percent).

Business dominated broadcast coverage of groups; the American Medical Association (AMA) was more prominent in print stories. Again, business was far more prominent than labor in coverage focused on groups, but in print the American Association of Retired Persons (AARP) was less likely to be mentioned in news articles than it had been in broadcasting. Overall, in both print

and broadcast media, groups opposing the Clinton plan were more likely to gain coverage than were groups favoring either it or key elements of it. Surprising in these findings is the comparatively small role played in print and broadcasting by the two major political parties: each was cited in print less than 1 percent of the time that a group was mentioned.

Coverage of Advertising

From September 1993 through August 1994, the public was subjected to the largest, most sustained advertising campaign to shape a public policy decision in the history of the Republic. Setting the pace was a coalition of small- and mid-sized insurers that called itself the Health Insurance Association of America. Perceiving that the Clinton plan's mandatory purchasing alliances would drive them out of business, this group assessed its members the costs of an extensive advertising campaign focused on eliminating both the alliances and the premium caps in the Clinton plan.

Making that case in the broadcast and print ads was a young couple identified by the actual names of the actors—Harry and Louise. As the ad campaign unfolded, Harry and Louise were joined by a business colleague and a son. Each worried aloud about the risks the Clinton plan's premium caps and mandatory purchasing alliances would pose for them. As part of its push for press coverage, HIAA distributed scripts and tapes of the ads to the press. The scripts cued the actors by tying their lines to their names. Mistaking this cue for the actual names of the characters, the press tagged them the "Harry and Louise" ads.

Between September 8, 1993, when the first "Harry and Louise" ad began airing, and the end of the July 4th congressional recess, a total of 49 groups had pledged in excess of \$50,000,000 to produce and air more than 60 different broadcast ads and to print and distribute more than 100 pieces of print including ads, direct mail, and brochures. By early September, the dollar amount spent on producing and gaining an audience for ads exceeded that expended on ads by any one of the presidential contenders in the general election of 1992. Those responsible for advertising at the Capitol Hill publication *Roll Call* report that from January 27 to July 11 it printed 196 ads; *National Journal* printed 36 during the same period, *Congressional Quarterly*, 50.

Ostensibly an effort to influence the public, the ad campaigns were really targeted at reporters and legislators. Their purpose was to persuade print and broadcast reporters that the ad sponsors were players worthy of coverage and to persuade legislators, particularly those whose votes could be swung on key

committees, that risk exceeded advantage in opposing their interests. We know this because over 90 percent of the ads aired in the media markets that are the homes of the broadcast networks—Washington, D.C., and New York City—or in the home district of a member of a congressional committee with upcoming or current jurisdiction over the health care reform legislation. Even the HIAA ads that aired nationally on CNN could not be considered national buys to influence the opinion of the general public because cable reached barely two-thirds of the country.

The pattern of time buying by the HIAA confirms that the intent of the ad campaign was not influencing mass opinion but rather persuading the Washington, D.C., and New York City press and key members of Congress that HIAA was a player to be reckoned with. So, for example, the two ads broadcast between January 19 and February 18 could be seen on CNN and in D.C., Georgia, Louisiana, Kansas, Missouri, Nevada, New Mexico, New York, North Carolina, North Dakota, Oklahoma, Montana, and North Dakota. The two aired between June 20 and July 24 could be seen in Montana, North Dakota, New York, Georgia, Tennessee, Oklahoma, California, Missouri, New Mexico, Louisiana, and D.C.

Advertising as an Incentive to Attack

Pundits are fond of noting that a voter can cast one of four votes: a vote for or against one candidate or the other. In the health care reform debate, the majority of ads—those of Democrats and Republicans, conservatives and liberals alike—invited opposition based on fear rather than support based on argument. In other words the ads undercut more often than they built a case for an alternative to Clinton's plan. Reporters then magnified the attacks by focusing press attention disproportionately on them.

Because reporters consider controversy newsworthy, attack ads draw press attention; positive ads building a case for one alternative or another are largely ignored. When an ad includes both case building and attack, its attacks will attract press notice.

News coverage dramatically increases an ad's audience and, in the process, legitimizes the sponsor as a serious player in the policy debate. Both of these factors create an incentive for ad producers to create ads that attack rather than support a plan.

At an Annenberg Public Policy Center conference on the advertising, one of us asked those who were airing attack ads why they were attacking rather than advocating. In response, representatives of key groups reported that they had shifted from advocacy to attack when they realized that advocacy ads were far

less likely to gain press coverage. The ad that gained the largest number of seconds of free network news time (eighty-four seconds) with the smallest time buy (\$60,000) was an attack ad produced by a small group led by a former aide to Vice President Dan Quayle, Bill Kristol. The group called itself the Project for a Republican Future.

Advertising as a Surrogate for Lobbying

On July 21st the head of the Health Insurance Association of America, whose members provide health insurance for between a quarter and a third of the market, reported that the group's most recent time buy would put its total expenditure on advertising at \$14 million. By the debate's end HIAA had spent \$15 million on ads.

By all accounts, HIAA spent more on broadcast ads than any other group attempting to influence the outcome of the health care reform debate. The White House, its allies, and the press imputed to the "Harry and Louise" ads an effect that they did not in fact have. In the process the perception that HIAA was a major player was created. This perception gave HIAA influence in the legislative process that it otherwise lacked. The HIAA campaign was, in other words, a public relations triumph that catapulted a minor player into prominence and influence unwarranted by the size of its constituency.

Although the actual text of the ads seldom identified the couple by name and the ads themselves received focused play in only a quarter of the states in the nation, "Harry and Louise" were mentioned in at least 757 stories between September and mid-July and received nearly five and a half minutes (324 seconds) of unpaid air time in NBC, CBS, and ABC news programs from January 15 to July 12. Among the factors driving coverage were exaggerated accounts of HIAA's time buy and attacks on "Harry and Louise" by defenders of the Clinton plan.

If we were to read headlines to determine who was central to the debate on health care reform, we might conclude that a dominant voice was that of someone simply called "Louise." The ad character Louise, of "Harry and Louise" fame, was mentioned more often in headlines than either the majority leader of the Senate or the Speaker of the House. The portrayed role of the House and Senate leaders, both Republican and Democrat, was minimal. "Louise" appeared in sixteen headlines; Speaker of the House Tom Foley and House Majority Leader Richard Gephardt appeared in only eight. House Minority Leader Michel received no headline mentions, while Senate Minority Leader Dole received twenty-nine.

White House Role in Legitimizing "Harry and Louise"

By attacking Harry and Louise, the White House invited the press to focus attention on the campaign and to feature them as key players. "Health Care Commercials Bring a Scolding from the White House, as well as a lot of attention," notes a headline in the *New York Times* on November 8, 1993. "Bill and Hillary are lashing out at television's commercials starring a couple named Harry and Louise. The couple's creator is, it turns out, bemused—but unapologetic," writes Stuart Elliott in the article. "They have the gall to run TV ads that there is a better way," Hillary Rodham Clinton told an audience November 1, 'the very industry that has brought us to the brink of bankruptcy because of the way they have financed health care.'"

The White House legitimized news stories that then summarized HIAA's themes in order to make sense of the attacks. Hillary Clinton "blasted insurance companies opposing" the Clinton plan, noted a November 2, 1993, article in *The Arizona Republic*. She denounced their "homey kitchen ads" airing on television that featured complaints from "Harry and Louise" about the Clinton plan. "There must be a better way," laments Louise. At a rally February 17 she indicated that she wanted to replace Harry and Louise with the stories of real people "[s]ince we can't afford to keep up with the health insurance companies who have all of your premiums to buy television."

Strong attacks by influential legislators also gave the press reason to believe that the HIAA ads were working. Pennsylvania senator Harris Wofford criticized the "Harry and Louise" ads as misleading and inaccurate. House Ways and Means chair Dan Rostenkowski told thirty-five HIAA representatives, "Your messages are becoming the Willie Horton commercials of the healthcare campaign."

A congressional hearing included questions about how Harry and Louise had gotten their names. "That's their actual names, Senator," replied an HIAA representative.

President Clinton did not attribute public disenchantment with his plan to his own declining popularity, to weaknesses in the plan or to its complexity, to its rejection by the Business Roundtable, Chamber of Commerce, and National Association of Manufacturers, or to the Congressional Budget Office finding that it would increase the deficit short term. Instead, Clinton and his allies magnified the role played by Harry and Louise in misinforming the public. "Every time I get on television and talk about it . . . support for the plan goes way back up," said President Clinton in mid-March. "Then I get off and Harry and Louise or somebody else gets on, or an interest group comes out against it . . ." and support goes down. "Clearly, Harry and Louise have been effective

in misleading people,” said the chairman of the Democratic National Committee, David Wilhelm, in June.

Reporters' view of HIAA Ads

In the view of reporters, “Harry and Louise” were a powerful force in the debate. The press credited Harry and Louise with changing the health care debate. “The fictional TV critics of Clinton’s health-care plan,” wrote *Time* in June 1994, “legitimized the frustration many Americans feel when they try to make sense of the debate over the intricacies of health care.” The *National Journal’s* “Congressional Daily” credited the spots with hindering the administration’s efforts to pass health care reform. “Harry and Louise are the genuine stars of the health care debate,” reported an article in the *Sacramento Bee*. “You know them, all right. If you watch CNN or television in any of 46 top markets, you’ve been irked or beguiled by this cozy pair.” In the same month Steve Colford in *Advertising Age* wrote, “In five short months as an advertising team, Harry and Louise have merely: forced the White House to revamp its health-care plan; led first lady Hillary to rip them. . . . Regardless of whether President Clinton emerges from the political wars with a national healthcare plan he can call his own, Harry and Louise will be remembered long after their last 30-second TV spot fades out as among the most effective, and arguably controversial, characters ever to appear in an ad campaign.” On “This Week with David Brinkley” in early July, ABC News analyst Jack Smith spoke of “the effectiveness of the insurance industry’s ‘Harry and Louise’ ads.”

Reporters also assumed that the ads were airing nationally when instead they were being carried in local markets and on CNN. “Turn on your TV: Harry and Louise, the insurance industry’s favorite couple, are fretting over ‘spending caps’ in President Clinton’s health-care plan,” noted the Cox News Service in November. An occasional reporter noted that assessing effect was difficult. “Hard to assess in the general hubbub,” wrote Paula Span in the *Washington Post* in January 1994, “is what effect such ads have had.”

Effect of Ads on the Legislative Process

“We’ve definitely made HIAA a significant player in the healthcare debate,” reported ad creator Ben Goddard of Goddard/Clausen in February. “Before the ads, we were frozen out by the White House, and the media weren’t paying any attention to us.”

Chip Kahn of HIAA told CNN on June 20, 1994, that HIAA had brought “Harry and Louise” back when a deal in the House Ways and Means Committee fell through. “[W]e promised to shut them up when we thought we

got a deal on certain aspects of the bill in the House of Representatives, but we’ve brought them back because we think we have some important issues that the people need to hear about.”

At an Annenberg Public Policy Center conference in Washington, D.C., on July 18, Kahn stated that “obviously our ads had an effect on the process. And in negotiating and discussing issues with some members of Congress, they agreed to be helpful on key issues, make changes that we felt were important in the legislation, in the legislative process, if we would hold our power, to keep it dry for a few weeks. And we agreed to do that. And that was what the discussions with Mr. Rostenkowski were all about.”

Believing that “Harry and Louise” could be used effectively against those he saw as swing votes in the Ways and Means Committee, its chair, Dan Rostenkowski, cut a deal with Bill Gradison, formerly a minority member of that committee who had left the Congress and was heading HIAA. In return for concessions from Rostenkowski, Gradison agreed not to air the “Harry and Louise” ads in key districts during mark-up of the bill before the committee. When Rostenkowski was indicted for illegal gift taking and his next in command took charge of the committee, the deal fell apart.

Nonetheless, the exchanges between Rostenkowski and Gradison appear to constitute the first known instance in the conduct of public policy when concessions were made in exchange for an agreement not to air ads. Advertising—or the threat of it—had become a surrogate for more traditional types of lobbying in part because the press widely credited the ads as being effective.

Viewers' Interpretation of the HIAA Ads

To determine whether the inference about the ads’ effectiveness was justified, the Annenberg project began by showing six of the HIAA television ads to focus groups. The two ads that had the greatest short-term recall in three focus groups centered on “choice” and warned against a “billion dollar bureaucracy” and “tens of thousands of new bureaucrats.” Both ads were meant to oppose the Clinton plan’s mandatory alliances, purchasing cooperatives that probably would have put HIAA’s members, small and mid-sized insurance companies, out of the health care insurance business.

We then put those two ads in a group of eleven for testing in thirteen focus groups. The groups ranged in size from eight to twelve individuals. A total of 126 individuals, excluding focus group leaders, participated. They ranged in age from eighteen to seventy-five. Seventy-two were women; fifty-four were men. Sixty-one of the viewers had completed high school, twelve had completed some college, forty-eight were college graduates, five held graduate degrees. The

cities in which groups were convened included Dallas, Los Angeles, Chicago, a suburb of Detroit, Minneapolis, and Philadelphia. Viewers of the tested ads were asked after viewing each to answer the question, "What do you think the most important idea the ad is trying to communicate is?"

Two-thirds of the respondents identified choice as the central theme of the first of the ads. "Not let the government interfere with our choice in health care," said a twenty-one-year-old college student. "That it will take away choice," said a forty-three-year-old financial representative in Michigan.

Choice in what? The ad is arguing for choice of plan. Discussion in the groups indicates that viewers are reading the ad to say that the government will take away choice of doctor. The central idea is "that if Americans can't choose a doctor that is right for them then they're losing out on quality health care," noted a secretary in her twenties.

Those who got it right were more likely to be in the medical profession or college educated. A registered nurse in her twenties reported the ad was trying to speak to "the idea of letting the government choose our health care plan." "You have the right to choose your plan," reported a teacher.

The majority concluded that the second ad's central idea was not Clinton wants to create another bureaucracy but "voice your opinion to Congress." Or, as another group member phrased it, "Congress needs our input on what the people need." "Very informative," wrote a twenty-nine-year-old clerk. "Gives a 1-800 number to call to become more aware of the facts involved in health care. The pros and cons!" Another young person, a twenty-one-year-old medical assistant, described the "bureaucracy ad" this way: "There is a chance for us to get involved and if people really care enough about their future they will." But what it was that one should communicate to Congress was unclear to viewers of the ad. "Unclear as to what they are saying," observed another participant.

The second ad includes Louise saying "Another billion dollar bureaucracy." "You know, we just don't need government monopolies to get health coverage to everyone," responds Harry. "Congress can fix that," says Louise. Where ad one closes with the tag "Know the Facts. 1-800-285-Health," this ad closes with the tag "For Facts You Need to Know. 1-800-285-HEALTH."

Most of the viewers concluded that at least one of the HIAA ads was either asking whether we really needed health reform or was arguing that the Clinton plan was bad or would worsen our health care. The key idea is "that the Clinton plan is not beneficial to us" said a forty-two-year-old secretary. The purpose is "knock down Clinton reform," said a retired individual age sixty-five. The most important idea is "should we have healthcare reform?" wrote a fifty-seven-year-

old accounting clerk. And of the second HIAA ad, the central idea is "Do not vote for the Clinton healthcare reform." The most important idea of the ad is "that we should not stand for universal health care because the government would make all our choices," said a young nurse, age twenty-three. This group has "an alternative to the Clinton Health Plan," said a sixty-year-old retired educator. The key idea in the ad is that "the Clinton bill is bad news," said a forty-year-old trucker.

But the Clinton plan was not the only object of distrust evoked by the HIAA ads. Many of the participants felt that the ads were telling viewers to distrust the government. "Any plan that has the government in it is bad," said a twenty-four-year-old waiter. "Watch the government." "The government is trying to feed you a line," observed one member. A twenty-one-year-old medical assistant received from the ad this message: "The public should be responsible for deciding the health care they receive, not a handful of government officials." The ad is saying that "under the Clinton plan the government will decide everything," noted a twenty-three-year-old accountant. Since HIAA favored universal coverage through a government-required employer mandate, increasing the wariness of the audience about the government is an odd move.

In sum, the HIAA ads failed to communicate the need for specific changes in the Clinton plan. Instead they communicated that viewers should call Congress, reject a government role in reform, or turn away from the Clinton plan altogether.

Comparative Effectiveness of the HIAA Ads

To provide an index of the comparative effectiveness of the HIAA ads, the Annenberg project showed them with five ads favoring reform (Planned Parenthood, Health Care Reform Project, AARP, Healthright, and Single Payer Across the Nation), three ads opposing reform (Empower America, American Council for Health Care Reform, Project for a Republican Future), and one ad for a Republican alternative (Dole-Republican National Committee).

Ads for and against some facet of reform were alternated. The order in which the ads was shown to groups was alternated as well. By showing two ads for HIAA and only one for other groups, we biased the study in the direction of recall of "Harry and Louise" and their message. Despite that advantage, the "Harry and Louise" ads produced lower short-term recall than any ad except the one by the RNC featuring Bob Dole. Of the eleven ads, the groups judged the two HIAA ads 8th and 9th in effectiveness.

By two criteria, perceived effectiveness and short-term verbal recall, the HIAA ads are comparatively ineffective. Unlike the Empower America's EKG ad or Health Care Reform Project's Pizza Hut ad, those in our test audiences did not remember information about HIAA's position and did not report remembering any of the visual material in the ads.

Of interest as well is the fact that respondents rarely identified the couple in the HIAA ads as "Harry and Louise." Neither Harry nor Louise is mentioned by name in the two HIAA ads on which we focused. Indeed some viewers thought that Stiller and Meara were "Harry and Louise"! These findings cast doubt on the utility of polling questions that asked whether respondents had seen or were persuaded by ads featuring "Harry and Louise."

HIAA's literature notes that the group "supports a system which would cover all Americans either through employer provided or government-subsidized health insurance." Whatever HIAA's intent, our focus groups suggest that the ads were perceived to be opposed to reform, opposed to the Clinton plan, and opposed to government involvement in the issue.

Although some of the HIAA ads do observe in passing that the couple favors covering everyone ("You know, we just don't need government monopolies to get health coverage to everyone"), no one in the focus groups saw universal coverage as a central idea of the full set of HIAA ads or of the two on which we concentrated most of our research time. Nor is that objective recalled in response to an open-ended invitation to note "what you remember."

The Clintons, their allies, and the press exaggerated the effectiveness and probable impact of the HIAA ("Harry and Louise") ads. If the HIAA ads produced an effect, it probably was not reduced public support for "mandatory purchasing alliances" or "premium caps," phrases unmentioned by any of our focus group participants. In the districts in which they aired, the ads may have contributed marginally to the public's wariness about the Clinton plan in general and government involvement in health care reform in particular.

By the traditional means of assessing the power of ads, HIAA's are not particularly effective. While immediately after viewing each, viewers do perceive that the ads oppose Clinton's plan and/or government intervention, after viewing all eleven ads and answering seven questions about each, eight out of ten participants respond to a request to "list what you now remember from the ads you've seen in the past hour" without indicating that they have seen, read, or heard anything from the HIAA ads.

If the goal of the ads was getting viewers to call HIAA for "the facts you need to know," the cost of achieving it was high. On July 18th, Kahn of HIAA

indicated that the ads had generated 300,000 calls to the 800 number; 40,000 had joined the coalition. In other words it cost \$300 for HIAA to attract one member to its coalition and \$40 to elicit the average call.

It is unlikely that the HIAA ads had a significant effect on public opinion. By convincing reporters that the campaign was influential, however, a conclusion reinforced by White House attacks on "Harry and Louise," the group gained a place at the bargaining table that it otherwise lacked.

Conclusion

News norms and conventions affected the shape and outcome of the health care reform debate. Specifically, the Annenberg study revealed the following: inconsistent use of labels for the plans offering an alternative to Clinton's plan minimized the likelihood that the public would understand the details of any of the options before Congress; the tendency of the press to emphasize two-sided conflict narrowed public focus to two plans, minimizing the viability of the others; reporters' preoccupation with scandal over issues emphasized Whitewater over the substance of the health care reform debate at a critical point in the debate's progression; a focus on the strategy of the players in the debate rather than on the substance diverted public attention from a topic it expressed interest in (health care reform) to one it indicated had been over-covered (Whitewater); the forces opposing reform received disproportionate coverage in both print and broadcast media; by rewarding attack but not advocacy ads with news coverage, the press created an incentive for the major groups to attack; HIAA—the parent of the "Harry and Louise" ads—gained bargaining leverage in a key House committee because the chair of that committee incorrectly assumed that its ads were a powerful force driving supporters from the Clinton plan. The assumption that the ads were powerful and had been effective was reinforced by press coverage. This combination of press controlled or influenced factors minimized the likelihood that the debate over health reform would reach a legislative resolution in 1993–1994.

The advertising by interested players in the health care reform debate forecast increased use of ad time to influence policy makers. For example, during the debate about the assault weapons ban and the House efforts to repeal it, ads on both sides of the issue were aired in Washington, D.C.

The massive expenditure of advertising dollars in the health care reform debate also signaled that another dividing line between campaigning and governance had been breached. Up to that point, saturation advertising was a sign

that the media market was in the middle of a presidential, gubernatorial, senatorial, or congressional race. Ordinarily one would have expected to see statewide ads in the months before the Iowa caucuses and the New Hampshire primary but none earlier.

Instead, from September 1993 through October 1996, voters in some areas were barraged by political ads. As the last of the health care reform ads were airing in August of 1994, the beginning ads of the off-year election were beginning. In June 1995 the Clinton forces began airing campaign ads in support of his reelection.

In the past, when commentators spoke of the permanent campaign, they were referring to the fact that throughout an elected official's time in office, speeches and visits to areas as well as policy positions were taken with an eye to their effect on reelection prospects. To gather the money needed to pay for the advertising of the election season, those elected had to begin raising funds shortly after assuming office. Once a form of election campaign discourse, political advertising has now become a mode of shaping governance.

The press norms that shaped reporting on campaigns now characterize reporting about governance as well. And the reporting on the health care reform debate was not an aberration. The same basic tendencies could be found in reports about reform of Medicare in 1994–1995 and the deliberations about the budget in 1997. These structures of reporting activate public cynicism and depress learning about important issues.³ Press behaviors are making public deliberation more difficult at a time when the problems facing the country are increasingly complex.

Notes

1. From January 16 through October 5, 1994, researchers at the Annenberg Public Policy Center tracked health care reform articles, analyses, editorials, op-eds, and cartoons in ten newspapers: the *Chicago Tribune*, the *Dallas Morning News*, the *Los Angeles Times* (except Saturdays), the *New York Times*, the *Philadelphia Daily News*, the *Philadelphia Inquirer*, the *Philadelphia Tribune*, *USA Today*, the *Wall Street Journal*, and the *Washington Post*. The team coded 3,074 health care reform items; 1,929 of those were news reports, news analyses, and question and answer passages totaling 35,900 column inches or approximately 1 million words.

The researchers also analyzed weekday coverage of health reform on nine television shows: on ABC, "Good Morning America," "ABC World News Tonight," and "Nightline"; on CBS, "This Morning," "CBS Evening News"; on NBC, "Today," "NBC Nightly News"; on PBS, "MacNeil-Lehrer News Hour"; and on CNN, "The World Tonight." Copies were made of any segments discussing health care reform, and transcripts recovered for those segments. A total of 934 television broadcast items, totaling 160,378 seconds or 44.5 hours, was coded.

The grant team assessed the accuracy and fairness of 125 print and 73 broadcast ads distributed between September 8, 1993, and July 18, 1994. The print ads were assembled from the *Chicago Tribune*, the *Dallas Morning News*, the *Los Angeles Times*, the *Philadelphia Inquirer*, *USA Today*, the *Wall Street Journal*, the *Washington Times*, the *Washington Post*, *Roll Call*, *National Journal*, and *Congressional Quarterly Weekly Report*.

Broadcast ads were gathered by surveying the Washington, D.C., media market, CNN, and "Headline News"; checking the researchers' lists against those of *TV and Radio Reports*; monitoring 150 hours of talk radio nationwide; and contacting sponsors whose campaigns were announced in *Healthline*, in wire stories, or mentioned in stories on health reform. When a radio ad simply repeated the words of a television ad by the same sponsor, researchers coded only the television ad. Researchers also examined all of the polls that included questions on health care reform from January 25 to September 1, 1994.

The Annenberg study began in mid-January (January 16) in order to monitor reporting that forecast and summarized Clinton's State of the Union Address. Coding stopped October 5, 1994, when it became clear that Congress would not act on health care reform before the midterm elections.

2. We demonstrated this in a series of experiments, some of which focused on the debate over health care reform. See Joseph N. Cappella and Kathleen Hall Jamieson, *Spiral of Cynicism: The Press and The Public Good* (Oxford: Oxford University Press, 1997).

3. *Ibid.*