



29 East Madison Street, Suite 602
Chicago, Illinois 60602-4404
Telephone 312.782.6006
Fax 312.782.6007
info@pnhp.org www.pnhp.org

Two-thirds of Americans support Medicare for all

By Kip Sullivan, J.D.

Part 1: Introduction

“Americans are scared to death of single payer.”

These words were not uttered by some foaming-at-the-mouth wingnut. They were written by Bernie Horn, a senior fellow at the Campaign for America's Future, a member of Health Care for America Now, on June 8, 2009. Horn explained that he was moved to write this tripe because single-payer supporters were asking why Democrats had taken single payer off the table to make room for the “public option”:

The question most frequently asked by progressive activists at last week's America's Future Now conference was this: We hear Obama and congressional Democrats talking about a public health insurance option, but why aren't they talking about a single-payer system like HR 676 sponsored by Rep. John Conyers? Why is single payer “off the table”?

Horn went on to assert that single payer had been taken off the table because Americans want it off the table. He claimed polling data supported him, but he cited no particular poll. The truth is that the Campaign for America's Future (CAF) and other groups in Health Care for America Now (HCAN) had decided years earlier they would push Democratic candidates and officeholders to substitute the “option” for single payer, and they would tell both Democrats and progressive activists that Americans “like the insurance they have” and that Americans oppose single payer.

The argument that single payer is “politically infeasible” is not new. That argument is as old as the modern single-payer movement (which emerged in the late 1980s). It is an argument made exclusively by Democrats who don't want to support single-payer legislation - a group Merton Bernstein and Ted Marmor have called “yes buts.”

The traditional version of the “yes but” excuse has been that the insurance industry is too powerful to beat or, more simply, that “there just aren't 60 votes in the Senate for single payer.” But the leaders of the “option” movement felt they needed a more persuasive version of the traditional “yes but” excuse. The version they invented was much more insidious. They decided to say that American “values,” not American insurance companies, are the major impediment to

single payer.

How did the “option” movement's leaders know that Americans oppose single payer? According to Jacob Hacker, the intellectual leader of the “option” movement, they knew it because existing polling data said so. According to people like Bernie Horn and Roger Hickey at CAF, they knew it because focus group “research” and a poll conducted by pollster Celinda Lake on behalf of the “option” movement said so.

About this series

This six-part series explores the research on American attitudes about a single-payer (or Medicare-for-all) system to evaluate the truth of the new version of the “yes but” argument. We will see that the research demonstrates that approximately two-thirds of Americans support a Medicare-for-all system despite constant attacks on Medicare and the systems of other countries by conservatives. The evidence supporting this statement is rock solid. The evidence against it - the focus group and polling “research” commissioned by the “option” movement's founders - is defective, misinterpreted, or both.

In Part 2 of this series, I will describe two experiments with “citizen juries” which found that 60 to 80 percent of Americans support a Medicare-for-all or single-payer system. The citizen jury research is the most rigorous research available on the question of what Americans think about single payer and other proposals to solve the health care crisis. It is the most rigorous because it exposes randomly selected Americans to a lengthy debate between proponents of single payer and other proposals.

Of the two “juries” I report on, the one sponsored by the Jefferson Center in Washington DC in 1993 remains the most rigorous test of public support for single-payer legislation ever conducted. After taking testimony from 30 experts over the course of five days, a “jury” of 24 Americans, selected to be representative of the entire population, soundly rejected all proposals that relied on competition between insurance companies (including President Bill Clinton's “managed competition” bill) and endorsed Sen. Paul Wellstone's single-payer bill. These votes were by landslide majorities. Washington Post columnist William Raspberry accurately noted, “Perhaps most interesting about last week's verdict is its defiance of inside-the-Beltway wisdom that says a single payer ... plan can't be passed” (“Citizens jury won over by merits of Wellstone's single-payer plan,” Washington Post, October 21, 1993, 23A).

In Part 3, I'll review polling data and explore the question, Why do some polls confirm the citizen jury research while other polls do not? We will discover an interesting pattern: The more poll respondents know about single payer, the more they like it. We will see that polls that claim to find low support for single payer provide little information about what a single payer is (they fail to refer to Medicare or to another example of a single-payer system), they provide misleading information, or both. For example, when Americans are asked if they would support "a universal health insurance program in which everyone is covered under a program like Medicare that is run by the government and financed by taxpayers," two-thirds say they would, but when they are asked, "Do you think the government would do a better or worse job than private insurance companies in providing medical coverage?" fewer than half say "government" would do a "better job." Although neither question provided anywhere near as much information as the citizen jury experiments did, it is obvious the former question was more informative than the latter.

In Parts 4 and 5, I'll discuss the evidence that "option" advocates cite for their claim that single payer is opposed by most Americans. Part 4 will examine polling data that Jacob Hacker uses to justify his refusal to support single payer and his decision to promote the notion of "public-private-plan choice." Part 5 will examine the survey and focus group "research" done by Celinda Lake for the Herndon Alliance and subsequently cited by leaders of HCAN, the two groups most responsible for bringing the "public option" into the current health care reform debate.

We will see that Hacker's research relies on polls that pose such vague questions that the results resemble a Rorschach blot more than a guide to health care reform strategy. Would you make a decision about whether to abandon single payer based on a poll that asked respondents to choose between these two statements: (1) "[I]t is the responsibility of the government in Washington to see to it that people have help in paying for doctors and hospital bills...;" and (2) "these matters are not the responsibility of the federal government and ... people should take care of these things themselves"? I wouldn't, but Hacker did. If it turned out that about 50 percent of the respondents said it was the federal government's responsibility, 20 percent said it was the individual's responsibility, and the other 30 percent split their vote between government and individual responsibility, would you read those results to mean Americans "are stubbornly attached to employment-based health insurance"? I certainly wouldn't, but Hacker did. Would you use this poll as evidence that "American values [are] barriers to universal health insurance"? I wouldn't, but Hacker did.

The "research" that Celinda Lake did for the Herndon Alliance used strange methods. For example, she selected her focus groups based on their answers to questions about "values" that had nothing to do with health care reform. The values included "brand apathy," "upscale consumerism," "meaningful moments," "mysterious forces," and "sexual per-

missiveness." "Meaningful moments," for example, was described as, "The sense of impermanence that accompanies momentary connections with others does not diminish the value of the moment." Do you think it's important to ask Americans about their "sense of impermanence" before deciding whether you will support single-payer legislation? I don't, but Celinda Lake and the Herndon Alliance did.

The "option" movement's "research" turns out to be no match for the more rigorous research which demonstrates two-thirds of Americans support Medicare-for-all.

In Part 6, I discuss the wisdom of allowing polls and focus group research to dictate policy and strategy, something the "option" movement's founders talked themselves into doing. Hacker has been especially vocal about this. He repeatedly urges his followers to think "politics, politics, politics," a squishy mantra that, in practice, translates into an exaltation of opportunism. The failure of Hacker and HCAN to object to the shrinkage of the "public option" by congressional Democrats, from a program covering half the population to one that might insure 1 percent or 2 percent of the population, documents that statement.

The fact that two-thirds of the American public supports single payer does not mean the enactment of a single-payer system will be easy. It won't be. But it does mean the new "yes but" justification for opposing single payer, or indefinitely postponing active support for single payer, is false and should be rejected.

Part 2: Citizen juries demonstrate massive support for single payer

"They contradicted both beltway and public opinion polls. The whole damn world seems to think the Clinton plan is the way to go. Yet they like the single-payer system, which isn't even getting considered in Washington."

That was how the president of the Jefferson Center characterized the outcome of a five-day "citizen jury" experiment in which 24 "jurors" listened to and questioned 30 experts on health care reform. (Patrick Howe, "'Citizens jury' supports Wellstone's health care proposal over Clinton plan," *Minneapolis Star Tribune*, October 15, 1993, 10A.) Of those 30 experts, only one, Senator Paul Wellstone (D-MN), spoke in favor of single payer. (Gail Shearer of Consumers Union, which had endorsed single payer by 1993, was one of the 30 experts to speak to the jury, but it is not clear from the Jefferson Center record that she spoke in favor of single payer.)

The jury heard expert testimony for and against all three of the major types of health care reform legislation that have been promoted in the U.S. over the last four decades. Senator Wellstone presented the case for his single-payer bill, numerous speakers made the case for Bill Clinton's managed competition bill (a bill based on competition between insurance companies that use managed-care cost-control techniques), and numerous speakers made the case for what later came to be called "consumer-driven" health

insurance policies (competition between insurance companies that sell policies with deductibles on the order of \$2,000 for individuals and \$5,000 for families).

The jury voted by massive majorities to reject the market-based proposals — managed competition and high-deductible policies — and, by a landslide majority (17 out of 24, or 71 percent), to endorse Wellstone's single-payer bill. At the time the Jefferson Center report noted only that a majority of jurors voted for single payer. The actual vote count was reported years later by Barry Casper in his book, "Lost in Washington: Finding the Way Back to Democracy in America."

The unbearable lightness of polls

Observers were surprised at the jury's rejection of the Clinton plan because polls taken at the time the Jefferson Center jury was meeting (the second week of October 1993) were reporting that a majority of the public supported Clinton's Health Security Act, his "managed competition within a budget" bill that was supposed to create a system of universal health insurance. For example, a Gallup/CNN/USA Today poll released on September 24, 1993, showed 59 percent endorsed Clinton's bill. But just three weeks later, on October 14, 1993, the jury rejected Clinton's bill by a vote of 19 to 5. Five jurors out of 24 comes to 21 percent, far below the 60-percent level one would have expected based on polls.

The enormous gap between the citizens jury's vote on Clinton's bill and contemporary poll results illustrates a well known problem with polls: Although they can produce consistent and accurate results when the question is about something the respondents are familiar with, such as whether they have health insurance, they can produce wildly divergent and inaccurate results when the question is about a complex issue that respondents have had little time to study or even to think about.

Contrast, for example, a 2007 AP-Yahoo poll, which found 65 percent of Americans support a Medicare-for-all system, with a 2009 CBS poll which found only 50 percent think "government" would do a "better job" of providing health insurance than the insurance industry. The AP-Yahoo poll posed this question (the order of the two solutions was reversed from one respondent to the next):

Which comes closest to your view?

The United States should continue the current health insurance system in which most people get their health insurance from private employers, but some people have no insurance;

The United States should adopt a universal health insurance program in which everyone is covered under a program like Medicare that is run by the government and financed by taxpayers.

Sixty-five percent of respondents chose the second solution — the Medicare-for-all solution — while only 34 per-

cent chose the current system.

Now consider the June 12-16, 2009, CBS poll which asked: "Do you think the government would do a better or worse job than private insurance companies in providing medical coverage?" Fifty percent said "the government" would do a better job versus 34 percent who said "the government" would do a worse job.

Now, just to raise your skepticism about polls another notch, consider this wrinkle. When CBS asked the same question two months later — during August 27-31, 2009 — they found 13 percent to 14 percent of respondents had changed their minds in favor of the insurance industry. That is, by late August (by which time dozens of tumultuous "town hall" meetings about the Democrats' health care "reform" legislation had taken place), the percent who thought "the government" would do a better job had fallen to 36 (from 50 percent) while the percent who thought "the government" would do a worse job had risen to 47 (from 34 percent).

How do we make sense of these seemingly contradictory results? Do we trust the late-August CBS poll and say only one-third of Americans support single payer? Or do we go with the AP-Yahoo poll and say two-thirds support single payer? Or do we split the difference and say the June CBS poll got it about right — that half of Americans support single payer?

Fortunately, we are not reduced to rolling dice or drawing straws. We can examine research that uses methods more reliable than those used by the typical poll, notably two citizen jury experiments. And we can examine polls that have produced contradictory results to see if we can find a reason why. I will use the remainder of this paper to report on the two citizen juries. I'll examine polling data more closely in Part 3 of this series.

The Jefferson Center's methodology

The Jefferson Center, a non profit organization created in 1974 by Ned Crosby, invented the "citizen jury" label and developed the rules for them that are now used around the world, especially in the United Kingdom. These methods include: random selection of jurors; selection of experts and moderation of the discussion in a manner that minimizes bias; recording of the proceedings; a report from the jury indicating votes taken on major issues presented to it and recommendations from the jury; questionnaires for jurors after the jury has completed its work to inquire about their perception of the fairness of the process; and oversight and review by a steering committee to minimize bias.

The 24 jurors who gathered in a Washington, D.C., hotel on Sunday, October 10, 1993, were randomly selected from a pool of 2000. They included a 23-year-old college student from Colorado, a 27-year-old carpenter from Wisconsin, a 32-year-old janitor from Minnesota, a 44-year-old village clerk from New York, a 46-year-old banker from Indiana, a 51-year-old antique dealer from California, a 59-year-old retired nurse from Louisiana, and a 75-year-old retired insurance agent from Florida. Ten had voted for Clinton in

the 1992 election, nine for George H.W. Bush, and five for Ross Perot. Three had no health insurance.

The experts who addressed the jury included three sitting U.S. senators, two former members of the House of Representatives, and 25 other experts including Gail Wilensky (who was the director of Medicare under the first President Bush and is a member of numerous corporate boards), Ira Magaziner (who directed Hillary Clinton's health care reform task force), and Ron Pollack (director of Families USA). The discussion was moderated by Kathleen Hall Jamieson, dean of the Annenberg School for Communication at the University of Pennsylvania. Former CBS and NBC TV anchor Roger Mudd was on hand to film a documentary which aired in April 1994.

After five days of listening to and cross-examining the 30 experts (the jury asked the experts more than 500 questions), the jurors refused even to vote on the "managed competition lite" proposal presented by Senator Dave Durenberger (R-MN) and a high-deductible (Medical Savings Account) proposal presented by Senator Don Nickles (R-OK). In other words, the jury rejected the Durenberger and Nickle's legislation by a vote of 24 to zero. They rejected Clinton's Health Security Act by a vote of 19 to 5. When they were asked how many supported Sen. Wellstone's single-payer bill (S. 491), 17 of 24 (71 percent) raised their hands.

Washington Post columnist William Raspberry wrote at the time:

Perhaps most interesting about last week's verdict is its defiance of inside-the-Beltway wisdom that says a single payer ... plan can't be passed. These jurors think it can — and ought to be. (William Raspberry, "Citizens jury won over by merits of Wellstone's single-payer plan," Washington Post, October 21, 1993, 23A)

I have already noted one reason why observers were surprised by the jury's votes, namely, polls taken around the time the jury met indicated a majority of the public liked Clinton's bill. But there was another reason to be surprised: The Jefferson Center created a playing field that was steeply tilted against Wellstone's single-payer bill.

To begin with, the Center limited the jury to two questions: "Do we need health care reform in America?" and, "Is the Clinton plan the way to get the health care reform we need?" Second, the agenda called for presentations by a team of Republicans and their expert witnesses arguing for Republican proposals, and a team of Democrats and their expert witnesses arguing for Clinton's Health Security Act. (The Republican team was managed and represented by former Minnesota Congressman Vin Weber; the Democrats were led by Hill and Knowlton lobbyist and former Connecticut Congressman Toby Moffett.) There was no team advocating for single payer. There was only Wellstone.

But the jury was so attracted to Wellstone's description of his bill during his initial presentation that they voted 22-0 to invite him back for two more question periods (see page

10 of the Jefferson Center report). No other witness was asked back even once. "In fact," noted columnist Raspberry, "when the Minnesotan [Wellstone] dropped in at the jury's farewell dinner Thursday night, he got a standing ovation."

To sum up: The Jefferson Center's citizen jury methodology was far more rigorous than any two- or three-sentence poll can be, and yet even the methods used for that jury permitted substantial bias against the single-payer approach. A total of 30 experts spoke to the Jefferson Center jury over five days. Only one of them, Senator Wellstone, made the case for single payer. Even though the question of whether to support or oppose single payer was not on the agenda, the jury took the initiative to get more information about it. The jury did not have to do that for any other proposal. Despite these obstacles, the single-payer proposal won by a 71 percent majority.

Minnesota citizen jury endorses single payer by 79 percent

On October 1, 1996, I was part of another citizen jury project sponsored by the Minneapolis Star Tribune and Twin Cities Public TV which used a methodology similar to the Jefferson Center's jury and which had a nearly identical outcome. In this case, the jury consisted of 14 randomly selected Minnesotans, only three experts spoke, and the entire event lasted just four hours. I made the case for single payer (at that time I represented Minnesota Citizens Organized Acting Together), Michael Scandrett (then the director of the Minnesota Council of HMOs) stated the case for managed competition, and a woman who had just left a job with the Minnesota Department of Health to create her own advocacy group for Medical Savings Accounts (MSAs, now referred to as Health Savings Accounts) presented the argument for MSAs.

At the end of four hours, the moderator for the evening (an officer of the Minnesota League of Women Voters) put several questions to the jury for a vote. Her first question asked each juror which proposal they supported. Eight voted for single payer, three voted for managed competition, one woman split her vote between single payer and managed competition (she said she wanted the two proposals to be married somehow), no one voted for MSAs, and two of the 14 abstained. If we allocate a half of the vote by the woman who wanted some combination of managed competition and single payer to each proposal, single payer's total was 8.5, or 61 percent of the 14 jurors.

The moderator's second question asked whether the jurors would support universal coverage under a single-payer system if citizens had to pay \$1,000 more in taxes that were offset by \$1,000 in reduced premiums and out-of-pocket costs. (This is a conservative estimate of what would happen. It is likely that aggregate premium and out-of-pocket costs would decline more than aggregate taxes would go up under a single-payer system, and very likely that premium and out-of-pocket costs would decline substantially more than taxes would go up for lower- and middle-income Americans.) Eleven said yes to this question, and three

abstained. If we treat this latter vote as the definitive vote for single payer, then it would be accurate to say 79 percent voted for single payer. Finally, the moderator asked if the jury thought Congress had failed to give single payer a fair hearing. Again, 11 (79 percent) said yes and three said no. (Glenn Howatt, "Canadian-style care starting to look more attractive to panelists," Minneapolis Star Tribune October 9, 1996, A15)

Part 3: Informative polls show two-thirds support for single payer

In Part 2 of this six-part series, I reported on the results of two "citizen jury" experiments in which advocates for single payer, managed competition, and high-deductible policies spoke to, and were questioned by, "juries" that were representative of America. In the case of the 1993 "jury" sponsored by the Jefferson Center, 71 percent voted for single payer. In the case of the 1996 "jury," 61 percent voted for single payer when no specific information about its cost to individuals was presented, and 79 percent voted for a single-payer system that would have lowered premium and out-of-pocket costs by as much as taxes rose. Both juries rejected proposals relying on health insurance companies by huge majorities.

Many polls that ask about support for Medicare-for-all produce results that confirm the citizen jury findings. But others don't. What explains that inconsistency?

The more they know about single payer, the more they like it

In this paper (Part 3 in a six-part series) I will present data from polls that ask about single payer, and then inquire why some polls show landslide majorities for single payer and some do not. We will find a clear pattern: Polls that convey more information tend to report higher levels of support than polls that convey little information, and polls that convey accurate information tend to report more support than polls that convey inaccurate information.

Table 1 lists 14 poll questions taken from 11 polls conducted over the last two decades which used the phrase "single payer" and/or referred to an existing single-payer system (Medicare, for example). All 14 questions found majority support for single payer.

Three of these polls (representing one question each) were limited to doctors. I have included these physician surveys to debunk the false impression (created primarily by the American Medical Association) that the average doctor is opposed to single payer. The three polls shown in Table 1 indicate that support among doctors is about 60 percent.

Table 1 indicates that public support for single payer ranges from a low of 50 percent to a high of 69 percent. I have divided the polls of the general public into those that found support levels at 60 percent or higher (eight questions) and those that found levels in the 50-to-58 percent range (three questions).

Table 1: Polls indicating majority support for single payer

General public: Polls in which support is 60 percent or higher

	<u>For single payer</u>	<u>Opposed</u>
Harvard University/Harris (1988)(a)	61%	not asked
LA Times (1990)(b)	66%	not asked
Wall Street Journal-NBC (1991)(c)	69%	20%
Wash Post-ABC News (2003)(d)	62%	not asked
Civil Society Institute (2004)(e)	67%	27%
AP-Yahoo (2007)(f)	65%	not asked
Grove Insight (2009)(g)	64%	28%
Grove Insight (2009)(g)	60%	27%

General public: Polls in which support is below 60 percent

AP-Yahoo (2007)(f)	54%	44%
Kaiser Family Foundation (2009)(h)	58%	38%
Kaiser Family Foundation (2009)(h)	50%	44%

Doctors

New Eng J Med (medical school faculty and students) (1999)	57%	not asked
Arch Int Med (doctors) (2004)	64%	not asked
Minnesota Med (doctors) (2007)	64%	not asked

(a) The question asked by the Harvard University/Harris poll was described in the Health Affairs article reporting the results as follows: "The majority of Americans (61 percent) state they would prefer the Canadian system of national health insurance where 'the government pays most of the cost of health care for everyone out of taxes and the government sets all fees charged by hospitals and doctors....'" An analogous question posed to Canadians found that only 3 percent of Canadians said they would prefer the American system.

(b) The question asked by the Los Angeles Times poll was: "In the Canadian system of national health insurance, the government pays most of the cost of health care out of taxes and the government sets all fees charged by doctors and hospitals. Under the Canadian system — which costs the taxpayers less than the American system — people can choose their own doctors and hospitals. On balance, would you prefer the Canadian system or the system we have here in the United States?" Sixty-six percent chose the Canadian system and 25 percent chose the US system.

(c) The question asked by the Wall Street Journal-NBC poll was: "Do you favor or oppose the US having a universal government-paid health care system like they have in Canada?"

(d) The Washington Post-ABC News poll asked: "Which would you prefer — (the current health insurance system in the United States, in which most people get their health insurance from private employers, but

some people have no insurance); or (a universal health insurance program, in which everyone is covered under a program like Medicare that's run by the government and financed by taxpayers?)” Thirty-three percent preferred the current system while 62 percent preferred the “universal system.”

(e) The Civil Society poll asked: “Other major nations, such as Canada and England, guarantee their citizens health insurance on the job, through government programs, or via a nonprofit source. Would it be a good or bad idea for the United States to adopt the same approach to providing health care to everyone?”

(f) The AP-Yahoo poll asked two questions. One asked respondents which of these two proposals they agreed with: (1) “The United States should adopt a universal health insurance program in which everyone is covered under a program like Medicare that is run by the government and financed by taxpayers” (65 percent chose this option); (2) “The United States should continue the current health insurance system in which most people get their health insurance from private employers, but some people have no insurance” (34 percent chose this option). The second question was: “Do you consider yourself a supporter of a single-payer health care system, that is a national health plan financed by taxpayers in which all Americans would get their insurance from a single government plan, or not?” (54 percent said they were supporters of single payer and 44 percent said they were opposed).

(g) The Grove Insight poll asked two questions. One asked: “Federal leaders are considering expanding Medicare to all Americans, so that people have another option besides private health insurance or an HMO. Do you favor or oppose the creation of this type of public health plan option?” (64 percent said they favor this proposal). A very similar question was asked which differed from the first by including information on the financing mechanism: “There is proposed federal legislation that gives any American, regardless of age, the option of joining the Medicare program. Americans who choose this option would share the cost of the coverage with their employer through increased Medicare payroll deductions, instead of paying private health insurance premiums. Do you favor or oppose this legislation?” (60 percent favored it and 27 percent opposed it). Both questions, especially the second one, imply private insurers will continue to

exist alongside a Medicare program open to all. But the questions are so similar to questions that clearly ask about Medicare-for-all systems that I decided to include them here.

(h) The Kaiser Family Foundation poll asked: “Now I’m going to read you some different ways to increase the number of Americans covered by health insurance. As I read each one, please tell me whether you would favor it or oppose it.?” This was followed by eight proposals which, with the exception of the question about the “public option,” were asked in a random order (the “option” question was always asked at the end). Two of these questions asked about single payer. The first read: “Having a national health plan in which all Americans would get their insurance through an expanded, universal form of Medicare-for all.” Fifty-eight percent said they favored this proposal while 38 percent said they opposed. The second read: “Having a national health plan — or single-payer plan — in which all Americans would get their insurance from a single government plan.” Only 50 percent favored this proposal while 44 percent opposed.

For sources see Table 2 below.

If we examine the questions posed by all the polls of the general public, one difference between the two sets of poll questions jumps out immediately: The questions that generated levels of support at 60 percent or higher mentioned one of three existing single-payer programs — the Canadian system, the British system, and the U.S. Medicare program. (I have bolded the words referring to these systems in the poll questions, which are presented in the footnotes to Table 1.) In other words, those questions didn’t just rely on the phrase “single payer,” a phrase most people do not understand.

On the other hand, the three questions that prompted support in the 50-to-58-percent range used the phrase “single payer” but did not refer to an existing single-payer system or program. The second AP-Yahoo question, for example, merely asked respondents if they considered themselves to be “single-payer supporters.” Fifty-four percent said yes to that question, which was substantially below the 65 percent who indicated in the same AP-Yahoo poll that they supported a system of universal coverage “like Medicare.” These two AP-Yahoo questions taken together suggest that merely using the term “single payer” and not comparing it to Medicare will cut roughly 10 percentage points off the support level for single payer.

It might be argued that the second AP-Yahoo question

Table 2: Sources

Harvard/Harris poll: Robert J. Blendon et al., “Views on health care: Public opinion in three nations,” *Health Affairs*, Spring 1989;8(1):149-157.

Los Angeles Times poll: “Health Care in the United States,” Poll no. 212, Storrs, Conn.: Roper Center for Public Opinion Research, March 1990, cited in Robert J. Blendon et al., “Satisfaction with health systems in ten nations,” *Health Affairs*, Summer 1990;9(2): 185-192. Actual wording of the question is available at American Public Opinion Index, 1990, p. 649.

Wall Street Journal-NBC poll: Michael McQueen, “Voters, sick of the current health care systems, want federal government to prescribe remedy,” *Wall Street Journal*, June 28, 1991, A4 (question available here).

New England Journal of Medicine poll: Steven R. Simon et al., “Views of managed care: A survey of students, residents, faculty, and deans of medical schools in the

United States,” *New England Journal of Medicine* 1999; 340:928-936, 929.

Washington Post-ABC News Poll: Health Care, October 20, 2003.

Archives of Internal Medicine poll: Danny McCormick et al., “Single-payer national health insurance: Physicians’ views,” *Archives of Internal Medicine* 2004;164:300-304.

Civil Society Institute poll: Opinion Research Corporation, *Americans and Health Care Reform: How Access and Affordability are Shaping Views*, September 15, 2004.

Minnesota Medicine poll: Joel Albers et al., “Single payer, health savings accounts, or managed care? Minnesota physicians’ perspectives,” *Minnesota Medicine*, February 2007:36-40.

AP-Yahoo poll: Knowledge Networks, (page 15).

Grove Insight poll: Grove Insight memo to Jamie Court, January 30, 2009.

Kaiser Family Foundation poll, 2009.

shown in Table 1 produced a relatively low single-payer support rate (54 percent) because it also mentioned the words “taxpayers” and “government.” But that argument doesn’t work. All but one of the other questions that produced support levels of 60-percent or higher also mentioned “government” and “taxes.” The difference is they also mentioned an existing single-payer system or program.

Apples-to-aardvarks comparisons also reduce support for single payer

The two questions in Table 1 posed by the 2009 Kaiser poll (see question 13, page 8), which showed 58 percent and 50 percent support for single payer, reveal another factor that seems to influence poll results — a factor I’ll call the “line-up effect.” The Kaiser poll asked about single payer as well as a half-dozen other proposals without indicating what effect each proposal would have on costs, the number of uninsured, and freedom to choose one’s doctor, to name just a few of the variables most people would be interested in. By contrast, the polls listed in the 60-percent-or-higher category did not present single payer in a line-up with other proposals; they simply asked whether respondents would support a single-payer system, or they contrasted single payer with the current system. The “line-up effect” generated by the Kaiser polls would be minimized or eliminated in a citizen jury experiment because the jury would have plenty of time to inquire about the relative effectiveness of the competing proposals. Respondents to polls don’t have that luxury.

The 2009 Kaiser poll began with this announcement:

Now I’m going to read you some different ways to increase the number of Americans covered by health insurance. As I read each one, please tell me whether you would favor it or oppose it.

Notice the phrase, “different ways to increase the number of Americans covered by health insurance.” It implies the “different ways” have all been shown by research to work, and perhaps to reach roughly similar results.

This question was then followed by a description of eight proposals, including “expanding Medicare to people between the ages of 55 to 64,” “offering tax credits to help people buy private health insurance,” and “requiring all Americans to have health insurance.”

This “line up” method of asking about support for single payer is by no means fatal, but it does appear to reduce the pro-single-payer response rate by somewhere in the range of 5 to 10 percentage points. The Kaiser question that produced 58 percent support asked about “having a national health plan in which all Americans would get their insurance through an expanded, universal form of Medicare-for all.” Because this question did not mention taxes and government, you might think more than 58 percent of Americans would have said they favored this proposal. After all, when other polls that do not put single payer in a line-up but do compare single payer to Medicare and do mention “government” and “taxes” (see the

upper half of Table 1), they evoke support from more than 60 percent of the respondents. The fact that only 58 percent of Americans responded favorably to this question from Kaiser — a question that does mention Medicare but mentions neither “taxes” nor “government” — begs for an explanation. It is reasonable to hypothesize that the explanation is the “line up” context in which the question was asked.

The second Kaiser question listed in Table 1, the one that produced only 50 percent support, contained a double whammy. Like the first Kaiser question, it used the line-up method; unlike the first question, it failed to compare single payer with Medicare or another single-payer system. This suggests that the cumulative effect of the line-up method plus failure to compare single payer to Medicare can diminish support for single payer by about 15 percent.

Perhaps an analogy will help. Imagine if you were asked to indicate whether you “favored or opposed” six “ways to lose weight,” and the “ways” (“ways” is the noun Kaiser uses) ranged from the truly effective (for example, exercising for half an hour a day) to the barely effective (for example, weight loss pills or drinking more water). Imagine furthermore that the pollster gave you no information at all on the effectiveness of the various “ways” nor on their side effects. It seems likely that many respondents could be lulled into thinking all the “ways” are roughly equivalent in effectiveness and that respondents would, therefore, give less support to the effective methods of weight loss in response to this type of “line up” question than they would if they were simply asked, “Do you support exercise as a means of weight loss?”

Let me offer one more example of the use of the line-up method in a poll about health care reform, this one the July 2009 poll by Time magazine. Time posed questions about seven different proposals that began with the phrase, “Would you favor or oppose a health care bill that...?” The implication of the phrase “a health care bill” is that members of Congress and experts in general think all of the proposals the respondent is about to hear will ameliorate the health care crisis to some degree, perhaps to the same degree. The single-payer question read:

Would you favor or oppose a health care bill that creates a national single-payer plan similar to Medicare for all, in which the government would provide health care insurance to all Americans?

Forty-nine percent favored single payer, 46 percent opposed it. Like all the poll questions shown in Table 1 that showed support for single payer in the 60-to-70-percent range, the Time question mentioned Medicare and “government.” (Oddly, unlike the high-scoring poll questions in Table 1, the Time question didn’t mention “taxes.”) You might think, then, that the Time poll would have produced a level of support for single payer in the sixties. The fact that it produced only a 49 percent “favor” rating suggests, again, that something about the “line up” format reduces support for single payer by about 10 percentage points.

To sum up this section: Polls that ask reasonably informa-

tive questions about single payer show that somewhere between 60 percent and 70 percent of Americans support single payer. This level of support can be reduced into the 50-to-60 percent range by two methods: Asking about “single payer” without comparing single payer to Medicare or the systems of Canada or the UK; and inserting the question about single payer in a list of a half-dozen other proposals without warning respondents that the non-single-payer proposals, especially incremental proposals like tax credits, will have effects that are quite different from the single-payer proposal.

Two more examples of polls that convey too little information

To explore further the hypothesis that vagueness in poll questions diminishes support for single payer, consider polls that are even vaguer than the polls in Table 1 that use “single payer” but offer almost no details about it. Let’s examine three polls that did not use the phrase “single payer” and offered no details about how the proposed “government” program would work.

In Part 2 of this series, I described a CBS poll conducted in June and August 2009 which asked:

Do you think the government would do a better or worse job than private insurance companies in providing medical coverage?

This question has the ring of a single-payer question, but it leaves numerous important questions unanswered, including whether the program in question would provide coverage to everyone and whether “provide” means cover people directly or give them subsidies so they can buy coverage from insurance companies.

We saw that when this question was asked in June 2009, 50 percent said “the government” would do a better job, but when this question was asked in late August 2009, only 36 percent said “the government” would do a better job. Does this CBS poll contradict the more precise polls listed in Table 1 that found two-thirds support for single payer?

The answer is no. The CBS poll conveys so little information about how “the government” would do the “job” of “providing medical coverage” that it isn’t even clear if this question was meant to be about single payer. In the context of the current debate, Americans are much more likely to think the question refers to the Democrats’ 2009 “reform” bills, which require Americans to buy health insurance from insurance companies, than to single-payer legislation. The sharp drop in support for “the government” in the CBS poll between June and August is evidence that the highly publicized town hall meetings held in August to discuss the Democrats’ bills influenced responses to the poll, which in turn indicates many respondents thought the question was about the Democrats’ legislation, not H.R. 676 (the single-payer bill introduced in the House of Representatives) or S. 703 (the Senate single-payer bill).

We see a similar problem in the following question, contained in both a CBS/New York Times poll and a Harvard

School of Public Health poll, conducted over several decades:

Do you favor or oppose national health insurance, which would be financed by tax money, paying for most forms of health care?

Like the phrase “government providing medical coverage” in the CBS poll, the phrase “national health insurance” in this poll could mean government financing of universal coverage through a single-payer system or through a multiple-payer system. If you look at Exhibit 1 on page 35 of “Americans’ Views on Health Policy: A Fifty-Year Historical Perspective” from the March/April 2001 issue of *Health Affairs*, you’ll see that between 1980 and 2000 the percent of respondents saying they favor “national health insurance” ranged between 46 and 66 percent. The vagueness of the phrase was unquestionably a significant reason why support fluctuated so much.

Another way to diminish support for single payer: Convey inaccurate information

In addition to conveying vague information about single payer there is, of course, another time-tested method of diminishing support for it, and that is to convey inaccurate information about it. This can be done explicitly and implicitly. It can be done explicitly by, for example, asserting in the question that single-payer systems raise taxes but do not lower premium payments and out-of-pocket costs. We have already seen one example of how reducing support for single payer with inaccurate information can be done implicitly — by inserting the single-payer question into the middle of several other proposals, including incremental proposals such as tax credits for small employers, without warning respondents that the proposals have very different benefits and side effects.

Since 2001, the Gallup poll has been asking this explicitly misleading question (apparently each November):

Which of the following approaches for providing health care in the United States would you prefer: replacing the current health care system with a new government-run health care system, or maintaining the current system based mostly on private health insurance?

“Government-run health care system” has garnered somewhere between 32 percent and 41 percent support since 2001 (while keeping the “current system” has attracted the support of 48 percent to 63 percent). But this poll is so biased it is irrelevant to the current debate. The problem here is the use of the phrase “health care” three times instead of “health insurance.”

The government does not “run health care” under single-payer systems (or any other system currently under debate in the US, for that matter). Under single-payer systems, clinics, hospitals, and makers of drugs and equipment that are privately owned today would remain in private hands. What the government will “run” in a Medicare-for-all system is health insurance, not health care. The latter phrasing conjures up nightmares of a gigantic government HMO in which the federal

HMO owns all the clinics and hospitals and government bureaucrats decide whether you may have the surgery you and your doctor think you need or whether you must take Lipitor when your doctor prescribed Crestor.

I will discuss another example of a poll that delivers explicit misinformation in Part 5 when I discuss the “research” Celinda Lake did for the “option” movement.

The Bermuda Triangle

Finally, there is the occasional outlier poll that produces very low favorability ratings for single payer about which I can only offer a plausible hypothesis. The August 7-8, 2009, Rasmussen Poll (not shown in Table 1) is an example. The poll asked:

Do you favor or oppose a single payer health care system where the federal government provides coverage for everyone?

We would expect this poll to produce “favor” responses below the 60-percent level because it offers so little information about what a single payer is (it doesn't mention Medicare or the Canadian or British systems, and offers no other details). But Rasmussen reported that only 32 percent supported single payer while 57 percent opposed it. This question was not asked as part of a “line up,” so the line-up explanation doesn't help us here. The two explanations that occur to me are sloppiness and deliberate manipulation of the process (for example, sampling a lot more conservatives than liberals). That possibility has occurred to others as well. Rasmussen's non-electoral polls seem to show more support for conservative positions than other polls.

Summary

We have now reviewed three categories of polls that correspond roughly to support levels of 60 to 70 percent, 50 to 60 percent, and below 50 percent. Polls that produce greater-than-60-percent levels of support for single payer not only use the phrase “single payer” but compare the concept to an existing single-payer program, typically Medicare. Polls showing 50 percent to 60 percent support inquire about “single payer” without comparing the concept to Medicare or to the single-payer systems of other countries or they pose the question about single payer in a line-up context. Polls that seem to ask about single payer and which show less than 50 percent support use phrasing that is so vague respondents cannot know whether the program being asked about is a single payer and, if so, how it would work.

We saw in Part 2 of this series that two citizen juries conducted in the 1990s produced landslide votes for single payer — votes equal to roughly 60 percent to 80 percent of all the participating “jurors.” These lengthy “jury” experiments are far more reliable than any poll could possibly be. And yet some polls confirm the “jury” experiments and some don't. If we ask why, the answer is the polls that show support in at least the

60-to-70-percent range use the phrase “single payer” and give respondents concrete examples of single-payer programs.

If we couple the “jury” experiments with the polling data reviewed in this part, we see a pattern: The more people know about single payer, the more likely they are to support it. We see this pattern when we compare the “jury” results with poll results, and we see it when we compare polls that show high levels of support for single payer with those that don't.

Part 4: Jacob Hacker's ambiguous polls

In Part 2 and Part 3 of this series I reviewed rigorous evidence from multiple sources supporting the statement that somewhere between 60 percent and 80 percent of Americans support a Medicare-for-all system. A reasonably conservative averaging of the more rigorously conducted research I reviewed — the citizen jury results and the results of polls that asked accurate and relatively informative questions — indicates two-thirds of Americans support a single payer or Medicare-for-all system.

In this part and in Part 5, I will examine the basis for the claim by representatives of the “public option” movement that only a minority of Americans support single payer and a majority are opposed. The basis for that claim consists primarily of several papers written by Jacob Hacker and “research” done for the Herndon Alliance by pollster Celinda Lake. Until about two years ago, Hacker wrote about health policy primarily for the academic community; since then he has published frequently in the lay media. Since its formation in 2005, the Herndon Alliance has sought to create “research” that could be used to persuade the public, especially legislators and political activists, that single payer should be taken off the table and the “public option” should be put on the table. I review Hacker's work in this paper and Celinda Lake's in Part 5.

Expediency-driven health policy

It may sound sacrilegious to say this ..., but the greatest lesson of the failure of the Clinton health plan is that reformers pay too much attention to policy and too little to politics. If real estate is about location, location, location, health reform is about politics, politics, politics.

Thus spake Jacob Hacker in a paper published in *Health Affairs* in 2008 entitled, “Putting politics first.” Hacker argues that anyone who wants to achieve universal health insurance must somehow separate “politics” from “policy” and give highest priority to politics. If Hacker had merely said that anyone who seeks to achieve universal health insurance should devote resources to building public pressure for it, his statement would be incontrovertible. It would be a truism. But Hacker's “politics, politics, politics” statement went beyond the truism that “reformers” must build a movement for universal health insurance.

Hacker's demand that we distinguish between politics and policy and give high value to one and low value to the

other is nonsensical. It's equivalent to saying that process is separate from and matters more than outcome, or that means are separate from and matter more than ends. To make such a distinction amounts to an endorsement of opportunism and expediency. We will see in the remainder of this article that in fact that's where Hacker's "put politics first" mantra leads him. It leads him to attribute to the public anti-single payer, pro-insurance-industry attitudes based on polling data that are so abstract they offer no guidance at all. As the events of 2009 have demonstrated, the exaltation of expediency — dressed up as political science — produces neither good policy nor good political strategy.

Unlike the Herndon Alliance, which commissioned its own polling and focus group "research," Hacker relied on existing polling data to support his conclusion that single payer is not feasible while the "public option" is. Hacker cites different types of polls depending on whether he is addressing the general public or health policy experts. His 2006 article for Slate cited one set of polls. A 2007 paper that he co-authored with Mark Schlesinger ("Secret weapon: The 'new' Medicare as a route to health security," *Journal of Health Politics, Policy and Law* 2007;32:247-291) cited another set of polls. Inexplicably, neither paper discussed the Jefferson Center jury results I discussed in Part 2 nor the polls showing large majorities for single payer that I discussed in Part 3 of this series.

In the course of examining these two papers, I will review in detail seven polls that Hacker cites. This may get tedious, but it's important that you see for yourself how nebulous Hacker's "evidence" is. Once you behold Hacker's "evidence" directly, you realize that Hacker's belief that Americans oppose single payer is based entirely on polling results that resemble a Rorschach ink blot. You can see in them what you want to see. Where you and I might discern a public ready to support single payer, Hacker discovers hulking impediments to single payer.

Polls Hacker cited in his Slate article

Hacker's article for Slate bore the condescending title, "Better medicine: Fixing the left's health care prescription." The problem in need of "fixing," according to Hacker, was "the left's" support for single payer. Hacker urged "the left" to support instead his proposal to "give employers the option of providing ... coverage to their workers through a new public program modeled after Medicare" or through the insurance industry, a proposal that would, by 2009, be called "the public option" for short.

Hacker grudgingly acknowledged single payer's advantages, but then claimed single-payer advocates were "biting off too much."

Americans like Medicare, and yes, Medicare is easy to explain. But that doesn't mean most people are ready to say everyone should be covered by Medicare. Many of us remain stubbornly attached to employment-based health insurance, and proposing to abolish it entirely is

likely to stir up fear as well as gratitude.

He hyperlinked the words "stubbornly attached" to an article in *Mother Jones* written by the Century Foundation. (In the fullness of time, the Century Foundation became a passionate advocate for the "public option.") The Century Foundation article reviewed several polls on American attitudes about "universal coverage." Amazingly, one of them was the 2003 Washington Post/ABC News poll showing 62 percent support for a Medicare-for-all system that I discussed in Part 3. Does Hacker read the documents he cites as evidence for his own claims?

Before we examine the Century Foundation's article, I want call your attention to three features of Hacker's argument.

First, he practices "put politics first." He says that even though single payer is a good proposal, it should be rejected entirely. It would be one thing to counsel single-payer advocates against trying to get a full-blown single-payer system enacted in a single session of Congress and to plan instead for a multi-year campaign (which is fact what the single-payer movement has been doing for two decades). But Hacker is not doing that. He is urging progressives to reject single payer completely.

Note second that Hacker urges us to accept whatever polls say as the final arbiter of what is politically feasible. Hacker has no interest in a very obvious question: If everyone who supports universal coverage threw their weight behind the campaign for single payer, how much higher could public support for single payer be raised?

Third, Hacker can't bring himself to say how many Americans are "stubbornly attached" to employer-based health insurance. He can only bring himself to say "many." If Hacker is going to rest his entire argument that the "left" should abandon single payer on the premise that "we" are "attached" to the current system, why is he so vague about what proportion of the populace he is talking about?

I urge readers to examine the Century Foundation article for yourself. Focus on the "What we know" section (it's only a page long), which is where the poll results are discussed. It will become obvious quickly that this article provides no basis at all for Hacker's claim that Americans are "stubbornly attached" to the current system. At most, only three paragraphs have any relevance to that claim, and these paragraphs produce results that are at best ambiguous and at worst (from Hacker's point of view) supportive of single payer.

Consider the two excerpts from the Century Foundation summary I quote below. The first asserts the public wants to replace "the current employer-based system" (yes, the very same "employment-based" system to which Hacker says "many of us remain stubbornly attached"). The second excerpt, which appears barely a half-page later, asserts just the opposite.

[Excerpt 1]

The public wants the government to play a leading role in providing health care for all. For example, in an October 2003 Washington Post/ABC poll, by almost a two-to-one margin (62 percent to 33 percent), Americans

said that they preferred a universal system that would provide coverage to everyone under a government program, as opposed to the current employer-based system.

[Excerpt 2]

The public generally wants to build on, rather than eliminate, the current employer-based private health insurance system. In a January 2000 Kaiser poll, they preferred building on the current system to switching to a system of individual responsibility (54 percent to 39 percent) and in a November 2003 Kaiser poll, they preferred keeping the current system to replacing it with a government-run system (57 percent to 38 percent).

How does one make any sense of these conflicting statements? How does Hacker find in these statements proof that Americans (a) like the current employer-based system, and (b) like it so much they would oppose a single-payer system? In these excerpts, the author of this summary, Ruy Teixeira, gives us not only two contradictory statements to sort out (the public does and does not want to replace the “current employer-based system”), but we’re supposed to understand what “a system of individual responsibility” and “a government-run system” means.

If we track down the polls these excerpts refer to, we discover that we have already encountered these polls, or polls like them, in Part 3 of this series.

I discussed in Part 3 of this series the 2003 Washington Post/ABC poll that Teixeira cites in the first excerpt. That poll found 62 percent support for a single-payer system, described in that poll as “a universal health insurance program, in which everyone is covered under a program like Medicare that’s run by the government and financed by taxpayers.” So how does Teixeira account for the difference between the 62 percent support for single payer he reports in the first excerpt and the 38 percent level of support one or both of two Kaiser polls (Teixeira isn’t clear which) reported for a “government-run system” in the second excerpt? He doesn’t say.

The Kaiser poll search engine (using the phrases “individual responsibility” and “government run”) and a Google search turned up only one of the two Kaiser polls Teixeira refers to in excerpt 2 above — the January 2000 poll. That poll, which Teixeira cited as evidence that Americans prefer “the current system” to a “system of individual responsibility,” reads as follows:

Which of the following, option one or option two, do you think would be the better way to guarantee health insurance coverage for Americans? Option One is, building on the current system in which employers contribute to their employees’ health insurance, which they get through their job, and the Government covers the cost of insurance for the poor and unemployed, or Option Two which is, switching to a system in which all individuals would buy their own health insurance but would receive a tax credit or subsidy to help them with the cost of the

plan.

Fifty-four percent chose “the current system” versus 39 percent who chose what Teixeira called “a system of individual responsibility.”

In my last installment I discussed polls quite similar to the other (2003) Kaiser poll Teixeira cited (the one my search failed to turn up), a poll which, according to Teixeira, asked respondents to choose between “the current system” and “a government-run system.” The ominous phrase “government-run system” sounds very much like the frightening phrase “government-run health care system” conjured by the Gallup poll (discussed in Part 3). The 38-percent level of support Teixeira reports is within the range of Gallup poll results over the last decade — 32 percent to 41 percent — that I reported. This strengthens my hypothesis that the question Teixeira claims Kaiser asked in 2003 was very similar to the Gallup question. (It would help if people who urge readers to rely on polls for any reason would link readers to those polls or give more precise source information.)

The only other shred of information in the Century Foundation article that might give a “yes but” comfort was this excerpt, which again contained contradictory statements:

In a December 2003 Harvard School of Public Health/Robert Wood Johnson/ICR poll, 80 percent supported expanding Medicaid/SCHIP; 76 percent supported employers being required to offer a health plan; and 71 percent supported a tax credit plan. Trailing these options, but still garnering majority support, were a universal Medicare plan (55 percent) and an individual coverage mandate plan (54 percent). (Note: one of the only options that didn’t garner majority support ... was a single or national health plan financed by tax payers that would provide insurance for all Americans [37 percent to 47 percent].)

Once again, Teixeira juxtaposes a poll showing majority support for single payer (55 percent) with another poll showing 37 percent support, and offers no explanation for the difference. As you can see, the two single-payer questions Teixeira refers to appear to have been part of a line-up of another half-dozen questions or so, including questions about proposals that wouldn’t come close to achieving universal coverage and none of which would cut costs.

To sum up, the Century Foundation article Hacker linked his readers to for evidence of our “stubborn attachment” to the current system demonstrated nothing of the sort.

Polls Hacker relies on in his 2007 paper

In the paper he published in the Journal of Health Politics, Policy and Law in 2007 with Mark Schlesinger, Hacker argued for the “public option” and against single payer. As he did in his Slate paper, Hacker argued that the “expectations” and “values” of the American people, not the insurance industry, constitute an intractable obstacle to single

payer. At the outset of this paper, in a section entitled, “Prevailing American values as barriers to universal health insurance,” Hacker sought to make two arguments: Americans value choice of health insurance company, and they are scared of their government. The data he relied on to make this case were even more abstract and ambiguous than the data he relied on in his Slate article. I’ll review the evidence he cites for his claim that Americans value choice among insurance companies first, and then examine the data he cites for his claim that Americans are afraid of a single-payer system.

Hacker’s argument that Americans value choice of health insurer (as opposed to provider) consisted almost entirely of these statements:

During the debate over health reform in the early 1990s, 81 percent of the public reported that it was important or essential for a proposal to give “people a choice of different types of health insurance plans” (Louis Harris and Associates in 1994). When asked whether “seniors should have the option of picking a private health plan approved by the Medicare program to provide their health benefits,” 82 percent of the public endorsed these choices (Zogby International 2003). Americans embrace choice of insurance not because they favor markets in health care per se but because they have so little trust in government, employers, or private insurance and want protection against problematic experiences (Blendon et al. 1998; Jacobs and Shapiro 1999).

Neither of the two polls and neither of the two papers Hacker cites support his conclusions. The papers deal exclusively with the backlash against managed care that occurred in the late 1990s. Those papers say nothing that could be construed as evidence that Americans “embrace choice of insurance” and have “little trust in government.” To give you some idea of how badly Hacker misinterpreted these papers, I have presented the abstract of the paper by Blendon et al. in the appendix to this paper (the Jacobs and Shapiro paper did not contain an abstract).

Now let’s look at the two polls Hacker cited to support his claim that Americans value choice of insurance company. The 1994 Harris poll posed this question:

As the Congress debates health care reform, they must consider several different goals. Please say for each of the following whether you think it is absolutely essential, very important, or not important Giving people a choice of different types of health insurance plans?

Thirty-six percent said “choice of... plans” was “absolutely essential” and 45 percent said it was “very important.” But does this poll demonstrate that Americans value choice of insurance company?

This poll was conducted during May 23 to 26, 1994, while

the debate over the Clinton bill — a bill which would have pushed middle- and lower-income people into HMOs and other tightly managed health insurance companies — was still in full swing. The poll question deliberately asked respondents to think about the current debate in Congress and the “goals” that “Congress must consider.” The context in which this poll question was asked, and the opening statement to the question, must have induced all or most respondents to think they were being asked whether they would approve of Congress reducing their choice of insurance companies. It is not surprising they said no to this question. But saying no cannot be construed as “attachment” to the current system, and certainly not opposition to Medicare-for-all. Hacker’s claim to the contrary is equivalent to saying prisoners in a gulag are “stubbornly attached” to gulag food because they told a pollster they would object to being given less of it. (This question and the responses were emailed to me by the Roper Center for Public Opinion Research at the University of Connecticut.)

The other poll Hacker refers to — a Zogby poll — misled respondents. The poll, conducted June 18-21 2003, asked if “seniors should have the option of picking a private health plan approved by the Medicare program to provide their health benefits.” But the poll failed to ask respondents if they would feel the same way if they knew that allowing insurance companies to insure Medicare beneficiaries raises the cost of the entire Medicare program. This is a very well documented fact; every expert knows it to be true. Even Hacker and Schlesinger acknowledged it. How far support would have fallen had respondents been informed that their taxes would have to go up to give seniors the privilege of leaving the traditional Medicare program and enrolling with an insurance company? We don’t know. Zogby didn’t ask, possibly because the conservative Galen Institute was the sponsor of the poll.

Now for Hacker’s and Schlesinger’s claim that Americans are afraid of a government-financed single payer. This claim relied primarily on two polls conducted over several decades: the “General Social Survey,” conducted by the University of Chicago, and the “National Election Studies” survey conducted by the University of Michigan.

Hacker and Schlesinger claimed the General Social Survey supported the following baffling statement:

“[W]hile approximately 80 percent of the public endorses some collective responsibility for health care finance, support for a completely collective role rarely garners majority support and, if so, then for only brief periods of time (see Figure 1)” (page 252).

What does “some collective responsibility” mean? How does it differ from “complete collective responsibility”? The latter seems to mean government pays for 100 percent of the national health care bill. But no country in the entire world does that. What does “health care finance” refer to? Universal coverage? Less-than-universal coverage? A single-payer system? The current multiple-payer system?

The figure Hacker and Schlesinger refer to as evidence for this baffling statement is a bar chart, based on the General Social Survey, showing bars for various years broken down by the proportion of the populace who support “collective,” “individual,” and “split responsibility for medical care.” The figure indicates that from 1975 through 2000 roughly 50 percent of Americans supported “collective responsibility,” 30 percent supported “split responsibility,” and 20 percent supported “individual responsibility.” How any reasonable person can conclude from these data that Americans oppose single payer because they fear government and value choice of health insurance company is beyond me. If we really must ask whether such ambiguous data dictate that we abandon or support a Medicare-for-all system, it would seem more reasonable to interpret these data to say a majority of the public will support Medicare-for-all.

To enhance your impression of how flimsy this bar chart is, consider the actual question asked by the GSS survey:

In general, some people think that it is the responsibility of the government in Washington to see to it that people have help in paying for doctors and hospital bills. Others think that these matters are not the responsibility of the federal government and that people should take care of these things themselves. Where would you place yourself on this scale [respondents were handed a card showing numbers running horizontally from 1 to 5], or haven't you made up your mind on this?

Above number 1 on the card is the label, “I strongly agree it is the responsibility of government to help” and above number 5 is the label, “I strongly agree people should take care of themselves.”

Similarly, Hacker and Schlesinger use data from the National Election Studies survey that is at best ambiguous and at worst (from Hacker's point of view) favorable to single payer to spin a picture of Americans so “deeply divided” about the role of government that single payer isn't possible. They claim that a single question from this survey supports the following conclusions:

“Americans have long been deeply divided about their preferred approach to expanding health insurance.... Americans ... split evenly between those who favor administration of insurance benefits by the government and those who prefer subsidies for private insurers (table 2)” (page 255).

The table they refer to shows that over the last half century roughly 45 percent favor “government insurance” versus about 40 percent for “private insurance.” Here is the question:

Some people feel there should be a government insurance plan which would cover all medical and hospital expenses for everyone. Others feel that all medical expenses should be paid by individuals, and through private insurance plans like Blue Cross and some other com-

pany paid plans. Where would you place yourself on [a seven-point] scale.... ?

There was, of course, no other information to help respondents interpret the key phrases in this question including “government insurance plan.” Respondents had to rank themselves as a “1” if they were strongly in favor of a “government insurance plan” that paid all expenses for everyone, and 7 if they felt strongly in favor of “individuals and private insurance plans” paying some unspecified portion of expenses, or some number in between if they felt less than strongly about their opinion. Hacker and Schlesinger treated everyone who ranked themselves as a 4 as undecided, and then treated all the 1, 2, and 3 people as for “government” and all the 5, 6, and 7 people as for “private insurance.”

Summary

Even if we didn't know that Hacker was an avid proponent of the “politics, politics, politics” mantra, and that this mantra amounts to little more than an excuse to make policy decisions based upon ambiguous and cherry-picked polling data, we might reach these conclusions simply by reading the two papers by Hacker I have reviewed here. In his 2006 article for Slate, and his 2007 paper for the Journal of Health Politics, Policy and Law, Hacker urged his readers to abandon single payer based on poll results that were not merely cherry-picked (with one unintended exception he excluded polls that showed two-thirds support for single payer), but, even after careful cherry-picking, were still unclear in their implications.

I am not saying polling data reveal that only a single-payer system attracts majority support. A fair reading of the polls (although not the citizen jury results) suggests that Americans would accept a variety of solutions to the health care crisis if they could be convinced that they would cover everyone and bring costs down.

I strongly disagree with Hacker, however, that the polling data demonstrates a majority wants to defend the current employer-based multiple-payer system and oppose a single-payer system. And I strongly disagree with the assumption that people who care about solving the health care crisis should examine polls first and then decide how to solve the health care crisis. If we must put our finger in the wind before we decide whether to support single payer, then let us at least consult research that used rigorous methodology, e.g., the citizen juries, and polls that inform their respondents about actual proposals. Let us not consult polls that use vague phrases like “people should take care of these things themselves.”

Appendix: Abstract of one of two papers Hacker misrepresented

In his paper with Mark Schlesinger published in the Journal of Health Politics, Policy and Law in 2007, Hacker cited two papers for support of this sentence: “Americans embrace choice of insurance not because they favor markets

in health care per se but because they have so little trust in government, employers, or private insurance and want protection against problematic experiences.” Neither paper discussed lack of trust in government or employers. Both papers were about public hostility to the insurance industry. Below I present the abstract of one of the two papers (there was no abstract for the second one).

This paper examines the depth and breadth of the public backlash against managed care and the reasons for it. We conclude that the backlash is real and influenced by at least two principal factors: (1) A significant proportion of Americans report problems with managed care plans; and (2) the public perceives threatening and dramatic events in managed care that have been experienced by just a few. In addition, public concern is driven by fear that regardless of how well their plans perform today, care might not be available or paid for when they are very sick. (Robert Blendon et al., “Understanding the managed care backlash,” *Health Affairs* 1998;17(4):80-94)

Part 5: Celinda Lake's 'research' for the Herndon Alliance

One key player was Roger Hickey of the Campaign for America's Future [CAF]. Hickey took ... Jacob Hacker's idea for “a new public insurance pool modeled after Medicare” and went around to the community of single-payer advocates, making the case that this limited “public option” was the best they could hope for. ... And then Hickey went to all the presidential candidates, acknowledging that politically, they couldn't support single payer, but that the “public option” would attract a real progressive constituency...

The rest is history. Following Edwards' lead, Barack Obama and Hillary Clinton picked up on the public option compromise.

So what we have is Jacob Hacker's policy idea, but largely Hickey and Health Care for America Now's political strategy. It was a real high-wire act — to convince the single-payer advocates, who were the only engaged health care constituency on the left, that they could live with the public option as a kind of stealth single payer, thus transferring their energy and enthusiasm to this alternative.

That is how Mark Schmidt summed up the strategy of the “public option” movement in a short piece for the *American Prospect* last August. Schmidt's analysis, rarely seen anywhere else in the media, was correct. I would have added two details to Schmidt's article.

First, Hickey and other “option” advocates attempted to justify their abandonment of single payer by claiming most Americans opposed it. This “people don't like it” version of the “political feasibility” argument against single payer was new. Prior to the emergence of the “public option” movement,

those who refused to support single payer on “political feasibility” grounds claimed the insurance industry was too powerful to beat. They did not assert that Americans were opposed to single payer, no doubt because they knew such a statement was demonstrably false.

The other weakness in Schmidt's analysis was his failure to mention the Herndon Alliance, “the most influential group in the health care arena the public has never heard of,” as Carrie Budoff Brown put it in an article for *Politico*. It was the Herndon Alliance (of which CAF is a member) which manufactured the “evidence” that Hickey and other “option” advocates cited when they were making the rounds to Democratic candidates and progressive groups to urge them not to support single payer and to support the “option” instead. It was the evidence they needed to state, with a straight face, “Americans are scared to death of single payer,” to quote CAF's Bernie Horn once more. (For information on the origins of the Herndon Alliance and Lake's “research” for the Alliance, see my paper on this topic.)

The Herndon Alliance hired pollster Celinda Lake to produce the evidence they were looking for. Lake delivered the goods. Over the course of 2006 and 2007, she conducted focus group sessions and carried out at least two polls. By the fall of 2007, Lake turned over to the Herndon Alliance the results they had asked for. Lake “found” that “people” don't like single payer. Instead they like something Lake called “guaranteed affordable choice,” a label that would be changed two years later to “the public option.”

Roger Hickey, for one, wasted no time putting Lake's “research” to use. In November 2007, at an event sponsored by New Jersey Citizen Action, a chapter of USAction (a member of the Herndon Alliance and the soon-to-be-formed Health Care for America Now), he made this statement:

[T]he hard reality, from the point of view of all of us who understand the efficiency and simplicity of a single-payer system, is that our pollsters unanimously tell us that large numbers of Americans are not willing to give up the good private insurance they now have in order to be put into one big health plan run by the government. Pollster Celinda Lake looked at public backing for a single-payer plan — and then compared it with an approach that offers a choice between highly regulated private insurance and a public plan like Medicare. This alternative, called “guaranteed choice,” wins 64 percent support to 22 percent for single payer.

I won't bother asking why Hickey and the Herndon Alliance didn't rely on the citizen jury and polling data I reviewed previously (in Part 2 and Part 3) that show two-thirds of Americans support a Medicare-for-all system. But it is worth raising this question: Why didn't Hickey and the Herndon Alliance cite the polls that Jacob Hacker relied on? Why commission Lake to do more “research” when Hacker was already convinced he had the evidence necessary to undermine the single-payer movement? By November 2007, when Hickey spoke to New Jersey Citizen Action, Hacker

had published several papers examining polling data (including the 2006 and 2007 papers I reviewed in Part 4.)

I suspect the reason is that the Herndon Alliance didn't find Hacker's papers as compelling as Hacker did. They felt they needed research that produced more than the equivalent of a Rorschach blot. They needed research that focused specifically on single-payer and the public-private-plan choice proposal.

Lake's "research": "Mysterious forces" and "discount consumerism" are "values"

We had people in our focus groups saying, "Well, this is Canadian-style health care," and we found that the answer was, "No, no. This is American health care." And people would go, particularly those proper patriots who just love America, "Oh, well great. Then it's got to be better. This is much superior." Now the irony is ... that American-style health care does not include Medicare for all or a system-wide social security, both of which are frankly frighteningly flawed programs in the voters' minds. (page 44)

These words were spoken by pollster Celinda Lake at a September 29, 2006, conference sponsored by the Herndon Alliance, just two weeks before Slate published the article by Jacob Hacker that I examined in Part 4. But whereas Hacker was misinterpreting polls taken by polling firms over which he had no control, Lake was accurately reporting on the "first round" of her own "research" over which she had complete control. Her "research" was based on discussions with eight focus groups, each with eight to ten people, which her firm convened in Columbus, Ohio and Atlanta, Georgia in July and August of 2006 (see footnote 2 in Celinda Lake et al., "Health care in the 2008 election: Engaging the voters," *Health Affairs* 2008; 27:693-698).

But Lake shared Hacker's agenda: to demonstrate that Americans like the existing health insurance system and fear a Medicare-for-all system. Hence her celebration of "patriots" and their disdain for "Canadian-style health care." Hence her trashing of Medicare as a "frighteningly flawed program." Hence her recommendation that universal coverage advocates assiduously avoid the phrase "Medicare for all" in favor of "choice of public and private plan" (see page 81 of Lake's presentation.)

At another Herndon Alliance conference held in November 2007, convened to hear Lake's "findings" from ten more focus groups that were held in Denver, Colorado, Concord and San Diego, California, Columbus, Ohio, and Orlando, Florida during June and July of 2007, Lake continued her assault on the idea that Americans would support a single-payer system. Again she claimed the people in her Atlanta and Columbus focus groups couldn't stand the thought of Medicare-for-all or what she insisted on calling "Canadian-style health care":

[W]e found that people want an American solution.

My favorite epiphany is in the first round of work was everybody [says], "It's going to be Canadian style health care." Americans don't want Canadian style health care. They want American health care. (page 17)

To make sure their audience got this point, the Herndon Alliance entitled this conference, "American Values, American Solutions."

So what did Lake discover from her 2007 focus groups that "people" did like? Amazingly, they liked exactly what Hacker had recommended a year earlier in his Slate article and six years earlier in a paper written for the Robert Wood Johnson Foundation. "People" liked having a choice between private health insurance and a public program.

As Lake put it:

People don't want to go to a government health care system. But they do like the idea of the government as the enforcer, the watchdog, the setter of standards, as you will remember in the first research. ... [I]n the second round research we found ... that they were fine with government offering a public plan. In fact they thought there was a lot of merit to having a choice between a private plan and a public plan.

Lake had presented to her 2007 focus groups what she called a "guaranteed affordable choice" proposal — a proposal that would give all Americans a choice between private insurance and a publicly run insurance program. Did she also present to them an accurate description of single payer? Almost certainly not, but we'll never know for sure. Unlike the groups that convened the citizen juries I described in Part 2, Lake refuses to release the methodology she used in questioning her focus groups.

Lake has, however, released an extensive description of her methods for selecting her focus groups. This methodology is just plain bizarre. Lake says she or the Herndon Alliance (it is not clear which) hired a Fortune 500 consulting firm called American Environics to compile a list of 117 American "core values that shape ... views on health care." The list of "values" included one pop-psychology phrase after another that might make sense to the marketing department of L'Oreal (one of the firms American Environics boasts it consults with) but are laughably irrelevant to the U.S. health care reform debate.

Among the 117 "values" were "brand apathy," "discount consumerism," "upscale consumerism," "more power for big business," "meaningful moments," "mysterious forces," "traditional gender identity," and "sexual permissiveness." "Discount consumerism" was defined, for example, as "preferring to buy discount or private label brands, often from wholesalers." "Meaningful moments" was described as, "The sense of impermanence that accompanies momentary connections with others does not diminish the value of the moment." (For a complete listing of these 117 "values," starting with "acceptance of violence" and ending with "xenophobia" — defined as "too much immigration threatens the

purity of the country” — see the appendix to the American Envionics' report.)

On the basis of these “values,” Lake somehow divided Americans into eight groups and gave them names like “Proper Patriots” and “Marginalized Middle-Agers.” Here is how Lake explained this process at the November 2, 2007, Herndon Alliance conference:

One of the things that we also did in the Herndon process was to identify key constituencies of opportunity at the values level. (page 20)

She then selected her focus groups to reflect these groupings. Notice how different this method of selecting focus group participants is from the method used by the organizers of the citizen juries I discussed in Part 2. The organizers of those events sought to select jurors who represented a cross-section of America. It seems highly unlikely that a “methodology” that involved quizzing prospective focus group participants about “meaningful moments” and “brand apathy” would result in focus groups that represented a random sample of the American adult population.

Celinda Lake's poll

The statements Lake made at Herndon Alliance meetings about how “people” feel about Medicare and “guaranteed affordable choice” were based on her focus group “research.” The statistic Hickey quoted — “voters” choose “guaranteed affordable choice” over single payer by a margin of 64 percent to 22 percent — was produced by a poll Lake's firm conducted in September 2007. (See page 23 of Lake's presentation.)

The poll asked this question:

Which of the following two approaches to providing health care coverage do you prefer?

– An approach that would guarantee affordable health insurance coverage for every American with a choice of private or public plans that cover all necessary medical services, paid for by employers and individuals on a sliding scale; or

– A single government-financed health insurance plan for all Americans financed by tax dollars that would pay private health care providers for a comprehensive set of medical services.

(See page 18 of Lake's presentation.)

There are four choices involving words or omission of facts that introduced bias into this question. But before we examine those biases, I want to call the reader's attention to how badly Hickey misrepresented Lake's poll. Hickey said “our pollsters unanimously tell us that large numbers of Americans are not willing to give up the good private insurance they now have in order to be put into one big health plan run by the government.” That's not what Lake's poll said, even taking it at face value. Her poll asked respondents, “Which of two approaches ... do you prefer”? A question that asks about preferences can-

not be interpreted as evidence of what Americans “are not willing” to do. If I ask you if you prefer tea or coffee, and you say coffee, I can't claim you “are not willing” to drink tea. I can only claim you prefer coffee over tea.

Here are four biases Lake introduced into her poll:

(1) The definition of single payer includes the words “government” and “tax” while the definition of “guaranteed affordable choice” does not.

(2) The “tax” in the definition of single payer is not described as “progressive” or “sliding scale,” but financing is described as “sliding scale” in the “guaranteed affordable choice” definition.

(3) The “guaranteed affordable choice” option is presented as if it were possible to “guarantee ... health insurance for every American” without taxes, that is, without compulsory payments of some sort. The “guaranteed affordable choice” option is described as “paid for by employers and individuals.” That has a much more voluntary ring to it than “tax.” But in fact no system of universal coverage can be achieved without compulsory payments of some sort by the populace. If Lake and her colleagues in the “option” movement are actually claiming the “guaranteed affordable choice” proposal will establish universal health insurance, then they cannot ethically describe single payer's funding source as “taxes” and not describe the payments by “employers and individuals” under the “guaranteed affordable choice” proposal as taxes.

(4) Perhaps most importantly, Lake's poll failed to explain the real consequences of the “guaranteed affordable choice” proposal. These include the fact that Americans will not regain their freedom to choose their own doctor under “guaranteed affordable choice” or any other proposal that leaves the current health insurance industry in place. Another unmentioned fact is that “guaranteed affordable choice” cannot cut costs, which means taxes and/or compulsory payments will have to be higher and/or that coverage will be worse under the “guaranteed affordable choice” proposal.

Even if Lake's poll had asked about opposition to single payer and “guaranteed affordable choice” rather than preferences between them, the poll was too biased to produce reliable results. Like the amorphous polls Hacker relied on, and like Lake's focus group “research,” Lake's poll is no match for the rigorous research that shows that two-thirds of Americans support single payer.

Invoking the ends to justify the means

There was a time when Celinda Lake was more interested in the truth than in pleasing her patrons. In the early 1990s, Lake conducted polls and focus groups which led her to conclude that Medicare is a very popular program and that large majorities of Americans support a Medicare-for-all or single-payer system. In 1992, before she went to work for the Clinton administration and long before she went to work for the Herndon Alliance, Lake published an article in the Yale Law and Policy Review in which she made these statements:

Americans believe that the market system has failed

completely in the medical arena. Their disillusionment with the private health insurance industry leads them to believe that even a governmental bureaucracy would prove more efficient and provide less costly health care. In one western state, two-thirds of voters agree that health costs have surged so high that only a government health-care system can bring them under control. Almost two-thirds (62 percent) reject the idea that private industry will keep medical costs cheaper than would a government-run system with cost controls.... Sixty-nine percent support a universal government-paid system similar to the Canadian system.... Voters strongly support a national health-care system that mirrors or expands Medicare and see no reason why such a system cannot be established. National health-care reformers would do well to talk in terms of expanding Medicare. Just mentioning the words “Medicare-like system” increases voters’ support for any described system by about 10 percent. Framing the issue this way increases support across all age groups.... (Celinda Lake, “Health care: The issue of the nineties,” *Yale Law and Policy Review* 1992;10(2):211-224).

In 1993, Jeff Cohen and Norman Solomon quoted Lake saying that the more people know about single payer the more they like it. Cohen and Solomon wrote:

After conducting extensive focus groups on health care, pollster Celinda Lake discovered that the more people are told about the Canadian system, “the higher the support goes.”

In these excerpts, Lake sounds just like me and every other single-payer advocate in America — and very unlike the Celinda Lake of today. Her statements that two-thirds of Americans support single payer, that likening a proposed reform to Medicare “increases voters’ support ... by about 10 percent,” and that support for single payer rises as people learn more about it could have been made by any knowledgeable single-payer advocate at any time over the last two decades.

So what explains the difference in Celinda Lake’s findings and recommendations in 1992 and 1993 and her “findings” and recommendations post-2005? Did American support for single payer really head south during those years? Did support really fall from the 69 percent level Lake reported in 1992 to the 22 percent level that Lake “found” in 2007 and which Roger Hickey so enthusiastically reported to New Jersey Citizen Action that year? The citizen jury experiments and the survey research I reported in Parts 2 and 3 of this series, as well as a large body of other relevant evidence I have not reviewed (such as the undiminished popularity of the Medicare program despite constant attacks on Medicare by the right) demonstrates that public support for single payer did not fall over those years.

What changed was Celinda Lake’s attitude about single payer. Apparently, Lake came to believe what Jacob Hacker believes: that politics must be elevated above policy; that means may be justified by the ends; that corrupt “research” may be

pawned off as rigorous research if the cause is good enough; and that the single-payer campaign may be sabotaged for the higher good as defined by the leaders of the “public option” movement. Lake apparently came to believe, to quote an infamous memo, that “the facts” were going to have to be “fixed around the policy” and that it was her job to create the “facts.”

Part 6: Should polls matter?

I am here today to say I think the employer-based health care system is dead. I think we need to find a system that’s not built on the back of the government. I am here to also say I don’t think we need to import Canada or any other system. We are going to build an American system because we are Americans and we don’t like any other system. So we are going to build our own.... This is now simply a question of leadership and political will. It is not a question of policy. No more policy conferences. (See pages 15-16 of the transcript of the conference proceedings.)

Those were the remarks of Andy Stern, president of the Service Employees International Union, a member of the Herndon Alliance and Health Care for America Now (HCAN). Stern made those comments at a June 16, 2006, conference sponsored by the Brookings Institution and the New America Foundation.

It is interesting to consider how similar Stern’s remarks are to those of other “option” movement leaders I have quoted in this six-part series. Like Celinda Lake, Jacob Hacker, Roger Hickey (Campaign for America’s Future) and Bernie Horne (also CAF), Stern has no qualms about promoting the insidious claim that single payer cannot be enacted in America because “Americans” don’t want it. Like Hacker, Stern preaches opportunism dressed up as political wisdom (he calls for more “political will” and no more stinkin’ “policy conferences”).

Fixing the “facts” around the policy

But what I find most intriguing about Stern’s anti-single-payer remarks is the date they were made. They were made on June 16, 2006, which was after the Herndon Alliance hired Celinda Lake to produce “research” showing Americans don’t want a Medicare-for-all system, but several weeks before Lake convened her first focus groups and three months before Lake would reveal her “results” at a Herndon Alliance conference. We know Lake had to have been hired by the Herndon Alliance no later than May 2006 because that was the month she and American Enviro-nics published the goofy Road Map to a Health Justice Majority (the one that listed 117 “values” like “brand apathy”), which, according to Lake, gave her the information she needed to select the right mix of “Proper Patriots” and “Marginalized Middle-Agers” for her focus groups. But we also know Lake did not host the first Herndon Alliance focus groups until July 2006.

Thus, in June 2006, Stern had no data — no focus group research, no poll results — to support his remarks. In fact, as we have seen in Parts 2 and 3 of this series, the best research showed that Stern had it backwards, that for at least the previous two decades two-thirds of Americans supported a Medicare-for-all system. But as one of the movers and shakers within the Herndon Alliance, Stern had to have known Celinda Lake would shortly deliver results from her focus group “research” designed to lend credence to his comments. But unlike Roger Hickey, Richard Kirsch, and other leaders of the Herndon Alliance who refrained from claiming single payer was “un-American” until they had Lake’s “findings” in hand, Stern could not contain himself. Stern was so eager to undermine the single-payer movement that he announced Lake’s “facts” before Lake “documented” them.

It appears Stern also knew that Lake would “find” that Americans liked the “public option.” At the June 2006 conference, Stern blurted out this strange statement: “I think the single payer issue is a stalking horse for I am not sure what because we are going to have a multi-payer system ... in America.” (page 20) The statement is strange because the two parts of the sentence don’t connect, and because the statement came out of the blue. If you read the half page of the transcript that precedes this statement, you will see how completely out of context it was. Why did Stern have the “single payer as stalking horse” metaphor on his mind? Why did he use the metaphor and then fail to explain what single payer was a “stalking horse” for?

The only explanation that makes sense is that Stern and other Herndon Alliance leaders had decided earlier (probably in 2005) to substitute the “public option” for single payer; they had already anticipated that conservatives would characterize the “option” as a “stalking horse for single payer”(that’s in fact precisely what did happen); and Stern, in his eagerness to move the anti-single-payer campaign along, inadvertently opened a window, however briefly, onto this Herndon Alliance secret.

If my hypothesis is correct, the secret that Stern was so tempted to reveal was that the Herndon Alliance had decided by no later than June 2006, and probably much earlier, that it would seek to take single payer off the table and replace it with the “public option,” and they would hire Celinda Lake to create the “facts” that justified their decision to sabotage the single-payer campaign.

Should polls have been influential with leaders of the “public option” campaign?

Unlike Stern, other representatives of the Herndon Alliance managed to keep their anti-single-payer remarks in check until Celinda Lake published her focus group and survey “research.” From that point on, the company line within the Herndon Alliance and (after the formation of HCAN in July 2008) within HCAN was that “public opinion research” had forced its advocates to abandon single payer and endorse the “option.”

For example, after announcing in his June 2009 comment

that Americans are “scared of single payer,” Bernie Horne, CAF’s blogger, asked rhetorically, “How do we know this?” His answer:

Over the past two years, progressive groups have conducted an unprecedented amount of public opinion research about universal health care. Usually it’s the conservatives who have all the polling data.

For the sake of discussion, let’s take the “option” campaign leaders at their word and assume they consulted polls first and set policy second. And let’s also assume they honestly overlooked the citizen jury and survey research I reviewed in Parts 2 and 3. Assuming all that, let us now ask: Should people who seek to change society in fundamental ways consult polls before they make decisions about how they will do that? Would the single-payer movement, for example, have been well advised to mimic the Herndon Alliance and conduct its own surveys before deciding to undertake a campaign for single payer? No!

Why not?

First, people who seek to make social change must have some familiarity with the society within which they hope to make change. If they must consult polls to know how their fellow citizens will react to their efforts, they are probably in the wrong business.

Second, public opinion is malleable, especially on complex issues. To put this another way, the context — the environment — within which people are asked to express an opinion matters, and that context can be changed, for better or worse, by human effort. Treating survey data as evidence of “barriers” to social change, which is how Jacob Hacker and other “option” advocates have treated their cherry-picked polling data, is equivalent to saying public opinion can’t be changed and that solutions to problems must be tailored to fit the allegedly immutable public “values.” In short, giving polls as much deference as they have allegedly been given by “option” campaign leaders can be tantamount to abandoning fundamental reform in favor of more incremental reform, especially if the polls in question were sloppily done or misinterpreted.

The political use of polls

We have already encountered evidence for this conclusion. In the discussion of the 1993 Jefferson Center citizen jury we saw that that jury rejected President Bill Clinton’s Health Security Act at a time when polls were saying a majority of the public supported it. The difference was immense: Only 21 percent of the jury supported Clinton’s bill compared with roughly 60 percent in contemporaneous polls. The polls, limited as they always are in the amount of information they could provide, were woefully inadequate predictors of how Americans would feel about Clinton’s bill once they knew the most important facts about it. This truly American jury went on to endorse Sen. Paul Wellstone’s single-payer legislation by 71 percent. If we gave credence to the polls taken in the fall of 1993 (which is when the Jefferson Center jury met) and knew nothing about

the citizen jury, we would have concluded American opinion was considerably more conservative than it was.

A 2009 paper entitled, “The political use of poll results for a privatized health care system in Canada,” confirmed this thesis that polls can serve as the handmaiden of the right wing. The paper reported on the results of an experiment in Montreal in which the investigators first polled a group of people about how to finance universal health insurance in Quebec, and then subjected them to a crude version of the citizen-jury education process and posed the same questions again. (Damien Contandriopoulos and Henriette Bilodeau, *Health Policy* 2009;90:104-112.) There was an enormous difference between the answers the group gave upon initial polling and after they had been exposed to more information and given an opportunity to talk among themselves. Moreover, the results of the post-quasi-citizen-jury poll were substantially to the left of the first poll results.

The experiment was conducted on behalf of the Clair Commission, a commission established by the province of Quebec in 2000 to recommend changes in its single-payer, universal coverage system. The commission met at the end of a decade of intense debate throughout Canada about whether Canada's single-payer system would be better off if, among other things, Canada's universal health insurance system were financed less by taxes (the liberal position) and more by out-of-pocket payments by patients, also known as “user contributions” (the conservative position). The commission convened ten focus groups, with 12 people in each group selected to represent a cross-section of Montreal's population. The commission initially gave the focus groups only four choices: increase taxes, remove coverage of certain services, create a special fund, or require more patient out-of-pocket payments.

Commission staff made what was apparently a superficial presentation of the issues raised by these options and then, before the groups had a chance to talk among themselves, asked for a vote. The largest vote-getter on this first round was more “user contributions,” something conservative groups in Quebec had been promoting through advertisements and other means. Thirty-four percent voted for this option.

After this vote was taken, some of the participants objected to their limited set of options. According to the authors, the objections were probably motivated by a desire, clearly expressed by some participants, to add a progressive tax (not merely “taxes”) to the option list. In any event, prior to the final vote, “refusal to choose any of the options” was added as a choice but “progressive tax” was not added. After the presentation of more information and a chance for participants to talk and debate, a final vote was taken. A gargantuan 62 percent chose “refuse to choose.” The other four options — the ones the commission staff was seeking the groups' opinion on — together garnered only 38 percent of the vote. The main loser was “user contributions;” now only 13 percent chose that solution.

For whatever reason, the Montreal “jury,” armed with information and emboldened by the opportunity to compare

values and perceptions with one another, rebelled against its handlers and refused to go along with the limited choices they were given.

The authors remarked:

[T]his example shows that it is perfectly possible — and probably even common — that poll results do not reflect the opinions respondents would have provided if they had been given the time or the opportunity to reflect on the issues. (Page 109)

The Montreal experiment reveals the same pattern we have seen in the citizen jury and polling data I reviewed in Parts 2 and 3 of this series: Knowledge about a subject, including the knowledge generated by a debate about it, can produce measures of public opinion that produce results quite different from survey results, especially results generated by uninformative or biased poll questions. And, as was the case with the Montreal “jury,” we have seen that the direction of this opinion shift is away from the status quo and incremental reform and toward fundamental reform.

To recap Parts 2 and 3: We saw that the two citizen juries produced support levels as high as the 70-plus-percent range; that polls which compared single payer to Medicare or some other existing single-payer system produced support levels in the 60-to-70-percent range; and that polls which provide little information or misinformation tend to produce support levels below 60 percent.

The founders of the “option” campaign did not fall off the turnip truck yesterday. They were well aware of the fact that polls can produce biased and inaccurate results. Nevertheless, they decided to feign great deference to amorphous polls badly interpreted, and to biased polls.

Single payer is the only solution

There is a third reason — one specific to the health care crisis — why consulting polls first and adopting strategy and policy second is a bad idea. And that is that a single-payer system is our only way out of this mess. We must get U.S. health care costs down for both economic and moral reasons. But we must also get costs down for political reasons. Andy Stern can talk all he wants about finding the “political will” to extend coverage to everyone, but until we as a society find the political will to cut health care costs, we won't find the political will to achieve universal health insurance. The sooner influential people like Stern can find within themselves the political will to support effective cost containment, the sooner Congress will do likewise, and the sooner we will achieve universal coverage.

Single payer has no peer as a cost-containment method. Every other remedy that has been discussed in this country over the last four decades, and every remedy currently under debate in Congress — more electronic medical records, more report cards on clinics and hospitals, more preventive services, more “disease management,” more “coordination between teams of doctors” as our president is wont to put it, more

research comparing the effectiveness of treatments, and the tiny “public option” — every one of those ideas remains, at best, unproven as a cost-containment method, and in some cases will actually raise costs.

To paraphrase Stephen Colbert, the facts have a single-payer bias.

Concluding thoughts on this series

In the spring of 1989, the organizations I was working for (Minnesota Citizens Organized Acting Together and the Health Care Campaign of Minnesota) officially adopted the position that we could not achieve universal health insurance unless we cut the high cost of health insurance in Minnesota and America. I was given the job of organizing a discussion within both organizations about how to achieve real cost containment. Those discussions went on throughout the latter half of 1989, and occurred in a dozen cities throughout Minnesota. In December 1989, both organizations endorsed the single-payer solution.

At no time during those discussions did the people I worked with adopt the Herndon Alliance/HCAN attitude that we had to put our fingers in the wind before we endorsed a solution. We certainly weren't oblivious to the power of our opponents; in fact, the “political feasibility” question was front and center throughout those discussions. Perhaps it was because polls inquiring about public attitudes toward single payer were nonexistent, or at least unknown to us, when we began our deliberations. Perhaps it was because members of the discussion groups were not members of or close to the political elite and therefore felt no need to temper their policy recommendations with a desire to make the elite comfortable. Perhaps it was because many of us had devoted a substantial portion of our lives to social change of one form or another and were comfortable with our own judgment, unaided by polls, that a Medicare-for-all system was well within the mainstream of American opinion. For whatever reason, it never once crossed our minds that we ought to hire a pollster to convene focus groups and conduct polls before we made up our minds about what policy to endorse.

Instead, we did what people have done throughout the history of democracy: We reached out to as many individuals and groups as our resources allowed, we did our best to present the facts to each other and to hear each other out, and then we made a decision. We endorsed a single-payer system.

Kip Sullivan is a member of the steering committee of the Minnesota chapter of Physicians for a National Health Program (www.pnhp.org). He is the author of “The Health Care Mess: How We Got Into It and How We'll Get Out of It” (AuthorHouse, 2006). This article originally appeared as a series of postings at PNHP's web site in December 2009.