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RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

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DATE: October 12, 1993

TO: The Communications Team

FROM: Stan Greenberg

RE: HEALTH CARE: THE SECOND LAUNCH

The launch of the health care program has been enormously successful -- building the hopes of the nation, enhancing the president's standing, and laying the foundation for sustained support of health care reform. Above all, we have created a new powerful test of real change -- health insurance for everyone. In some sense, we won the most important battle too soon and too easily. We must reposition the campaign to keep our principal goal before the public and to address the primary concerns in this new phase.

The First Lady has emerged as a special and powerful spokesperson on health care. The health care initiative should review the communication plan to make the best use of its two national leaders: the President is best-positioned to set a moral tone; the First Lady is best-positioned to talk about the facts and push back the special interests.

This second launch of health care should incorporate the following elements:

- We have established a powerful idea, that everybody will have insurance, no matter what, and we must keep that goal and value before the public and make it central to the debate. That goal is associated with the president's approach and is now the test of real reform.

- The president is best at presenting the goals and values in health care reform and taking on the big battles; the details of insurance reform and coverage are best left to other means of communication.

- The First Lady has emerged as an extraordinarily popular spokesperson for health care. She is very credible on the details and explanation and in her determination and independence to move the politicians and special interests.

- In this second launch, it is important to focus on how the health care plan helps people and preserves quality -- the two most important

determinants of support. We should emphasize "facts" that provide critical reassurance -- nobody loses insurance ever, Medicare is preserved, no lifetime limits, no rising costs with age or sickness, prescription drugs and long term care -- almost all of which are elaborations on the security theme.

- We must prepare for the second tier of issues -- employment effects and bureaucratization. The Chamber of Commerce and CEOs remain the most important to the first, and the single form and the attack on fraud are the best answer to the second.

- Strategically, we must seek to expand rather than protect our present level of support. There are many voters who believe this plan is "worth the risk" but who are looking for reassurance. Support rises to 63 percent after people get factual information -- even after the plan is attacked for job losses and rationing.

- To expand the base of support, the campaign must reassure non-college educated women, seniors and those on Medicare, and those in union households. That is the primary battleground for expanding the base of support.

- Support for the Clinton plan is strengthened once it is contrasted with the Republican alternative; above all, on comprehensive versus basic coverage. The second launch must emphasize the test of reform -- universal and comprehensive coverage -- against which most Republican alternatives fail.

The Health Care Launch: A Powerful Idea

The president's speech and the First Lady's testimony have had a powerful impact on public-thinking about health care. Health care reform is now about everybody having health insurance, no matter what. The public listened to the president's formulation, and they have translated it into their own words. The quotes below represent respondents' handwritten notes on what is in President Clinton's health care program:

All will be insured.
Making sure everybody has health care.
Health care for everyone.
Insurance -- affordable for everyone.
Having health care for everyone.
Everyone will have insurance.
Wants all Americans insured, rich or poor.
Health care affordable for everyone.
Coverage for everybody.
Must insure all U.S. citizens.
Everyone covered.
Everyone gets health care.
All people covered.
Health care for all Americans.
Complete coverage.
No one without insurance.
Everyone will have access to health care.
Everyone receives some coverage, employed or not.
Everyone has coverage, no exclusions.
Everyone gets care.
Coverage for everyone in the U.S.
He's not forgetting anybody.

We have successfully established a principle that has a moral quality to it: everyone has insurance -- everyone has health care -- no matter what happens, no matter who you are. This is not about the disadvantaged or poor; this is about everybody.

The focus group responses suggest a public that hopes, above all, that the president's reforms will give them a new security and new peace-of-mind:

> It would make life easier for me.
> If I know I would be covered, a sigh of relief.
> My insurance will not be able to run out.
> Can never be canceled.
> The best part is you never have to worry about it again.
> You don't end up on the street somewhere.
> I feel safe.

The health care initiative must never abandon this high ground, for it will allow us to always balance off the doubts and attacks. During the budget debate we lost the positive, overarching goal that would have allowed people to retain their hope. Health insurance that you can never lose must become the test against which all health care proposals are tested.

The Health Care Launch: Bill Clinton

The president's standing has improved on a broad range of fronts. His favorability is up overall (54 degrees), as is the assessment of his performance in office (40 percent "hard" positive job performance). In June, the president's job performance on this measure had fallen to 28 percent. This is not just about health care but represents a longer-term rise, beginning in late July, accelerating after Labor Day: with re-inventing government, the peace accord, NAFTA launch, and health care. A quite extraordinary 65 percent now say they generally support Clinton's goals and policies.

In the focus groups, there is evidence of a sharp turnabout from late-July. The women in two Chicago focus groups initially refused to participate in an exercise where they were to select negative characteristics of Bill Clinton: "too negative." People are making assessments of the president in a much more positive climate.

In the focus groups, respondents picked, with great consistency, three positive characteristics of the president:

> smart, intelligent (23)
> cares about people (15)
> hard working (14)
> energetic (14)
> likeable (11)
> vision (7)

The president's image is dominated by the belief that he is trying to do the right thing, that he cares about people and that he is energetic and youthful and working hard on issues that matter to people. There is a renewed sense of hope in the country which is an extraordinary accomplishment, given the mood in June and July.

The president is strongest at presenting the goals and values behind health care reform. The biggest response in the focus groups and dial groups came on holding up the card and affirming the goal that everybody will be guaranteed health insurance that they will never lose: "you're covered." In the focus groups, nearly every participant gave that segment a +3 (the highest possible score). Also strong was the discussion of responsibility which says that the president will do this right and for the right reasons.

The Health Care Launch: The First Lady

Hillary Rodham Clinton has emerged as one of the most popular persons in America (56 degrees, on the thermometer score) -- up 5 degrees after her testimony and 9 degrees from August. That is the biggest surge for either Clinton since the Democratic convention. The increase is very broad -- up among all men, though particularly strong for non-college men (up 8 degrees), as well as for younger women (up 8 degrees after testimony).

The First Lady is seen as smart ("intelligent," "brilliant"), very confident, organized and in-control. Voters describe her as "strong-willed." They believe she is strong and independent enough to get this job done: "won't take shit"; "she'll stand there"; she has "nothing to lose"; they "can't get to her"; "nobody will line her pockets." There is something of a split role with the president: "he's giving us an outline, she's giving us the details."

The Health Care Proposal

While the public supports the plan by 2-to-1, there is a great deal of caution that produces modest support levels overall. Nationwide, 55 percent are in favor and 31 percent opposed -- essentially unchanged from the announcement. (Support for the Clinton budget in February and March topped 60 percent.) The bloc of intense support, 25 percent after the speech, has slipped to 20 percent.

Support for the plan is combined with a great deal of uncertainty about its consequences. On none of the potential consequences does a majority of the public expect reform to produce something better.

We are trying to promote reform in a period of great cynicism, so we should not be surprised by the caution. People want this to work: indeed, almost 60 percent say it is "worth the risk." But this is unfamiliar territory as a public issue, and voters are looking to validators and for critical details on how the Clinton health plan will work. Voters need a tremendous about of reassurance if support levels are to hold.

Our communication has been successful on a number of dimensions where support levels have been maintained: on helping your family, on preserving quality, on helping or hurting the economy, on adequate coverage, on responsibility, on security and on the general assessment, a risk worth taking. We shall see on the next page, that we are holding our own on the most important dimensions.

Issue Priorities

In judging the Clinton health care reforms, people are focused above all else at a personal level, on their own well-being: will the program help or hurt my family and will the quality of care be preserved? That should be our primary communication focus, as suggested by the regression analysis below.

EXPLAINING SUPPORT FOR HEALTH CARE REFORM
Regression Analysis
(57 percent of the variance)

Variable	T-Score	Significance
Very significant		
1. Help/hurt family	9.3	.000
2. Quality/decline	7.3	.000
Significant		
3. Help/hurt economy	4.1	.000
4. Simplify/bureaucracy	2.9	.003
Not very significant		
5. Responsibility	2.0	.049
6. Retain coverage	1.9	.055
No significance		
7. More/less covered	1.6	.115
8. Doctor choice	1.2	.216
9. Family cost	.5	.655
10. Taxes	- .0	.975

The most powerful facts that reassure voters on how their families will fare are set out below. Nearly all these facts relate to the question of health care security -- being there and providing coverage when you need it. Our facts represent an elaboration on insurance that is always there:

- Nobody can ever lose or be denied health insurance again -- for any reason (54 percent feel much better, 86 percent better).

- Medicare will be maintained for seniors (54 and 84 percent) -- a critical reassurance on well-being.

- Most health insurance policies today have life-time limits, thus ending coverage at times of great need. The new health plan has no life time limits (47 and 82 percent). Respondents in the focus groups also focused on the life-time limits which addresses the question of security in time of great need.

- Insurance will be based on family status -- whether you are single, a family or a family with children. Insurance rates will not be based on and cannot be increased because of age, sickness or medical history (44 and 81 percent) -- again, a critical reassurance on security and cost in face of rising health care problems.

- The plan covers prescription drugs and some long-term care which are excluded by most policies today (36 and 80 percent), with the highest recall after never losing coverage. This is an important reassurance on quality and seniors.

The aggregate cost and the prospect of taxes is not an overriding issue for most people at this point. It is also unanswerable. People just presume that there will be higher taxes for most people (77 percent), though the concern does not lessen support for reform.

Personal cost, however, does have an impact on whether people believe the plan will help or hurt their families. The "63 percent paying the same or less" is not very effective or reassuring. On finances, the best reassurance is the 20 percent floor and 20 percent contribution if unemployed, the $200 deductible, and the fact that employers can continue to pick-up 100 percent.

There is a second tier of issues that will become important as voters get the information they need at a personal level and shift to draw some aggregate conclusions. Here, voters focus first on economy and second, on bureaucratization. Voters are reluctant to hurt the economy and small business and reluctant to create a system that is more bureaucratic and costly (which also threatens quality).

There are a number of facts that provide the necessary reassurance:

- Validation: the support of the Chamber of Commerce, NAM and CEOs are critical in reassuring voters that the economy will be fine and that small business will not be burdened. Republican and NFIB attacks focused on small business are effective and must be answered.

- The plan provides a single form to replace the thousand forms that burden doctors and the health care system. The plan cuts waste and bureaucracy (51 percent much better and 80 percent better). This is a critical reassurance about motivation and intention, even if voters are skeptical.

- The plan provides new, tough penalties for health care fraud, including overbilling (58 and 84 percent). This element of the plan produces the single strongest response and pits Clinton against the current bureaucratic and greedy system.

Clinton versus the Republican Alternative

The Clinton plan fares extremely well against any Republican alternative (55 to 27 percent). We want that comparison, even as we emphasize our desire to build bi-partisan support. People opt for the Clinton plan on three dimensions:

- comprehensive versus basic coverage (60 to 28 percent)

- premiums and tobacco tax versus taxing employer and employee benefits (60 to 26 percent)

- employer versus individual mandate (55 to 31 percent)

At the moment, we should use the contrast to emphasize the primary test of reform: ensuring that everyone has insurance, a comprehensive package, no matter what. The contrast on comprehensive versus basic places the Clinton plan at a strong advantage among the target undecided (54 to 29 percent).

We marshalled a range of powerful attacks on the Clinton plan. It is important to note that around 50 percent of the electorate says it has no doubts or only minor doubts after hearing the attacks. People are examining the plan with a hopeful eye and consider the attacks with some skepticism at this point. After hearing positive and negative information about the plan, support rises -- to 63 percent at the end of the survey.

The strongest attack on the plan at the current time focuses on the caps that will cut health care spending, lead to rationing, limits on choice and a decline in quality. This is an attack on well-being which goes to the heart of the matter. After the attack, 26 percent indicate very serious doubts and 50 percent doubts of some kind.

Target Audiences

Right now, the Clinton plan wins the support of 32 percent of Republicans and a respectable majority among Perot voters (51 to 35 percent), as well as moderate Democrats (75 to 16 percent). In the course of the survey, the plan makes further headway among Republicans, so the bi-partisan appeal remains important.

The strongest supporters of the plan include: working women (61 to 29), older men (58 to 28 percent), non-college women (60 to 26 percent) and voters in the Northeast (68 to 22 percent). Those are groups and places where it is possible to show enthusiasm for change.

Support is weakest among under 30 voters (51 to 38 percent), young men (52 to 36 percent), non-college men (49 to 37 percent), and voters in the South (50 to 34 percent) and West (52 to 34 percent). It is also relatively low among some key health care groups -- the self-employed (39 to 49 percent) and those with Medicare coverage (52 to 31 percent).

A cautious strategy would seek to hold our weakest supporters which is likely wrong-headed. Interest in this reform exceeds our support levels, and we should work at building a broader base that we can hold over 9 months. Nonetheless, it is worth knowing who are most tentative among our supporters: 21 percent are college-educated men, 39 percent college-educated (men and women) and 35 percent are non-college women (quite a combination); a quarter are Perot voters.

This is, above all, a battle for people insured at work who pick up some of the bill -- the most insecure among the insured: 49 percent are partially insured by their employers; another 22 percent are on Medicare.

To broaden support for health care reform, the initiative will have to reach the following voters who are the most receptive among the currently undecided. The principal characteristics are set out below:

- 59 percent are women.
- Half are high-school educated.
- 44 percent are non-college educated women.
- A quarter are senior citizens and a third are retired.
- A fifth are in union households.
- 42 percent contribute to their employer-provided health insurance; a quarter are on Medicare.

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~~CONFIDENTIAL~~ - 3 OF 15

DATE: September 26, 1993

TO: President Bill Clinton (1)
Vice-President Al Gore (2)
Hillary Rodham Clinton (3)
Mack McLarty (4)
George Stephanopoulos (5)
David Gergen (6)

FROM: Stan Greenberg (7)

RE: HEALTH CARE: THE POST-SPEECH PHASE
Repositioning

The introduction of health care and other events have put the president -- and the First Lady -- in a strong position to carry this fight forward and win. This is a new world from two months ago, with the public more positive about the country, more hopeful and more prepared to trust the president. Partisan emotions have subsided and Perot has weakened, leaving the president greater room to communicate and lead.

Nonetheless, we must step back and completely rethink our communication strategy. We have won the first battle and altered the landscape. Our strategy must reflect what people have learned, the issues they are now grappling with, the new tools and resources at our disposal and the new political realities. The main communication ideas are summarized below:

- The campaign must continue to emphasize "health care security" as the ultimate goal which keeps the debate on our terms.
- The president should concentrate, however, on explaining the plan at a personal level -- how it helps people and promotes the well-being of their families.
- The simple formulation -- preserve what's right and fix what's wrong -- is the clearest way to advance the argument.
- And rather than focus on the simplification-savings-cost nexus (as we have been doing), the president ought to focus on simplification and responsibility, which shows his motivation -- to rein-in an out-of-control system.

This memorandum reflects our post-speech and September surveys and the dial group research. They show a new political world, and we should pay attention to the learning process. Later this week, we will conduct focus groups to test new communication strategies and to advance medium-term planning for the health care initiative.

President Bill Clinton

Bill Clinton has gained steadily in popularity and standing since July. The speech had a powerful impact and helped create a large bloc of strong supporters – now about a quarter of the electorate. But the president's standing was not created by the speech alone, thus likely represents something more enduring for the longer battle ahead.

- Clinton's thermometer has risen steadily since August 3rd, particularly through September (now at 56 degrees, 50 percent warm and 31 percent cool). The speech took it up 2 degrees but is part of a longer-term trend. That is healthier than the budget speech when all the gains came with that one event. [Graph] The president is approaching post-inauguration popularity levels.

- Clinton's image has a richness to it which, again, transcends the speech. [See the graphs, "Positive Descriptions"] The president made significant gains on being a steady leader (56 percent), on caring about people (63 percent), and on strength before the speech, particularly after RIGO and the Middle East/NAFTA. (Intense positive responses went up after the speech.) The speech itself produced gains in two of the most important areas -- keeping promises (42 percent, up 6 points) and makes me feel confident (50 percent, up 5 points) -- that, in the past, proved intractable.

- There is more positive feeling around the president: 57 percent are now "hopeful" – a 20 point advantage over "doubtful"; in August, the advantage was only 5 points. The mood of the country is growing more optimistic – with "wrong track" down 13 points since July. The mood today (36 percent right direction and 50 percent wrong track) resembles March.

- With the decline of partisan battle, Clinton has re-emerged as a different kind-of-Democrat: 53 percent, up 6 points after the speech. Only 39 percent describe him as a "typical Democrat," comparable to the levels apparent in April.

Spokespersons: Hillary Rodham Clinton

The campaign now has two powerful proponents of health care reform -- and we must rethink what they can best communicate in this period.

The president's job performance on health care has reached 60 percent (including 24 percent, strongly approve) -- up 8 points after the speech. A striking 57 percent describe the president as "courageous" for taking on this issue.

Positive feelings about the First Lady have moved up sharply in September, particularly after the health care address (now, 54 degrees). This is inauguration level, and puts the First Lady in a strong, credible position to communicate about the initiative. Her standing is very high with the undecided-target electorate (59 degrees) and with the weak supporters of the plan (60 degrees).

Hillary Rodham Clinton has reached this new standing largely because of gains amongst men. Here, her thermometer has risen from 43 degrees at Labor Day, to 46 degrees before the speech and to 52 degrees afterwards. That represents a jump from 31 percent with warm feelings (above 50 degrees) to 44 degrees now. She has also made gains amongst women, but particularly homemakers (warm feelings up from 29 to 48 percent). She has made a big impression on swing segments -- the largely disaffected post high school voters (up from 36 to 50 percent) and independents (from 35 to 51 percent).

The Health Care Plan

The president and First Lady have gained as leaders as the health care program was launched. The health care plan itself is another matter. The public is very supportive and hopeful but also cautious and looking anxiously for more information. At the moment, there is 2-to-1 support, and 59 percent say it is "worth the risk."

While support is positive, it is not overwhelming, as a number of unanswered questions create uncertainty and tentativeness.

- Opposition to the plan is on the defensive, with only 27 percent opposed -- down 4 points after the speech and 9 points since August. Strong opponents form only 13 percent of the electorate and are out-numbered by 2-to-1 by strong proponents. That will affect the debate at the peer group level over the next weeks and should allow the administration a fair hearing.

- Support level is modest (53 percent), largely because of the large undecided bloc -- 19 percent and undiminished by the speech. The undecided bloc, we shall see below, contains a number of segments: those uncertain how it will affect them and those (particularly non-college women) who did not watch the speech and who have very little information.

- The health care debate has lost its partisan character. Party identification is one of the weakest predictors of how people feel about the health care plan (regression analysis) which is reflected in the support across the party spectrum: 45 percent plurality support among moderate Republicans, but even 29 percent among conservative Republicans; one-third of Bush voters; and 48 percent (to only 29 percent opposed) among Perot voters. We shall see below that one-quarter of the undecided on the program are Republican women. It is clearly in our interest to preserve this tone and to make it easy for Republicans to cross this threshold.

- There is a broad consensus (68 percent) that Congress should take its time and deliberate; indeed, support for caution, over passage as soon as possible, has grown 8 points since the speech.

Communication: Successes and Failures

The initiative and address have communicated a lot about Bill and Hillary Clinton, putting them in a position to advance the plan. Trust levels are sufficiently high that 59 percent now say, "it is worth the risk" (up 9 points), even though many questions remain unanswered.

Our communication successes are most evident on promoting responsibility (up 13 points), security-coverage (up 9 points) and quality (up 7 points). Our communication is successfully communicating the values that underlie our efforts, the commitment to security and the comprehensive benefit package.

There has been moderate success on simplification (up 4 points) and maintaining choice (up 4 points) which is something of a triumph, given the predisposition to believe that government will only create more bureaucracy and place restrictions on doctors. We made little head-way on the economy or small business (up 2 points).

It is critical that we re-assess our communication on cost, savings and taxes. Despite a monumental effort by the president, we have lost ground: health reform financed by savings (down 2 points) and lower costs to the individual (down 6 points). An astonishing 70 percent believe new taxes will be required (up 4 points after the speech); and by 51 to 29 percent, people believe they will be paying higher costs. Frankly, our believability and effectiveness on security and quality runs smack into our believability on savings and cost. Health care reform, with an enhanced benefit package and coverage for all, just cannot cost less. (It is something like selling deficit reduction and new spending at the same time.)

We must carefully reassess the communication focus and priority of the president in the weeks ahead. In the section below, we suggest alternative priorities -- allowing the financing and cost issues to be addressed by the First Lady in her testimony and by a much more aggressive effort by various validators.

Communication Priorities

The president has spent most of his time in recent days talking about simplification and savings and answering a broad range of detailed questions. He should probably give his priority, instead, to three communication activities: first, keeping the plan's principal goal, health care security, before the public; second, explaining the plan at a personal level to show how people will be helped (i.e., their well-being advanced); and third, emphasizing simplification and responsibility to demonstrate his motivation and commitment to rein-in an out-of-control system.

Voters are making a basic and very personal assessment of the Clinton health care proposals. By 43 to 27 percent, people believe the proposal will be helpful to their families, though 27 percent do not know. That simple, personal and summary assessment (help or hurt your family) is the dominant determinant of how people feel about the health care program. The regression analysis sets out the statistical dominance of personal assessment.

EXPLAINING SUPPORT FOR HEALTH CARE REFORM
Regression Analysis
(61 percent of the variance)

Variable	T-Score	Significance
Very significant		
1. Help/hurt family	11.0	.000
2. Simply/bureaucracy	6.0	.000
3. Quality/decline	5.1	.000

Significant

4. Responsibility	3.8	.000

Not very significant

5. Paid with savings/tax	2.0	.044
6. Doctor choice	1.9	.054

No significance

7. Cost more/less	.3	.757
8. More/less covered	-1.8	.070

The campaign for health care reform must give its highest priority to explaining how the Clinton plan will work and how it will help people at a personal level. This is not about personal costs or systemic financing issues -- neither of which score very high in importance. This is about personal well-being. The President and First Lady must use their communication opportunities to explain the plan at a personal level. (I will explore this whole question in focus groups this week.)

The most important predictors of feeling that the plan will help or hurt at a personal level are set out below, based, again, on a regression analysis:

Variable	T-Score	Significance
1. Quality/decline	6.0	.000
2. Help/hurt economy	5.9	.000
3. Doctor choice	4.7	.000
4. Cost more/less	3.5	.001
5. Lose coverage	2.8	.005
6. More/less covered	2.5	.012
7. Paid with savings/tax	.8	.430

To re-assure voters that the plan will help them, it is important to show that health care quality, jobs and doctor choice will be preserved. How the plan is paid for -- with savings or taxes -- is just not very important to this assessment.

We asked voters what they most wanted to know about the plan, and many mentioned cost: overall cost and where the money will come from (20 percent) and personal cost (7 percent). But that is dominated by hundreds of little questions about how the plan will affect people: need more specifics in general (15 percent) and questions about a range of micro-specifics, such as keeping one's doctor, affect on small businesses, range of coverage, affect on Medicare and more (23 percent).

We may want to recast the campaign around the simple formulation posed in the speech and radio address: preserving and strengthening what is good and fixing what is broken. That formulation addresses directly the question of personal well-being. In the dial groups, the formulation as set out below (minutes 6-8 of the speech), brought the biggest gains of all among both Clinton and Perot voters:

> This story speaks for millions of others. And from them we have learned a powerful truth. We have to preserve and strengthen what is right with the health care system, but we have got to fix what is wrong with it.

Perot voters watching the speech and hearing this paragraph moved their dials from around 50 up to 70 degrees; Clinton voters took them up from around 65 to 78.

The first regression analysis also underscores the importance of two other themes already emphasized and advanced by the president -- simplification and responsibility. In an important sense they provide the cost answer, rather than the specific discussion of personal cost and systemic financing. By emphasizing simplification and responsibility, the president shows that he is trying to rein-in a system that is out of control and bring to bear the value of responsibility.

In the 36-38 minute segment of the speech, the president delivered the responsibility message which drove both Clinton and Perot voters up on their dials. Both groups responded to the populist side: "responsibility means insurance companies should no longer be allowed to cast people aside when they get sick." The further hit on drug companies moved Clinton voters over 80 degrees on their dials. The Perot voters, however, responded alone and strongly to the personal responsibility message: "In short, responsibility should apply to anybody who abuses this system and drives up the cost for honest, hard-working citizens and undermines confidence in the honest, gifted health care providers we have."

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DATE: September 14, 1993

TO: Melanne Verveer

FROM: Stan Greenberg

RE: THE HEALTH CARE JOINT SESSION SPEECH

This speech, like the one in February, should bring a substantial lift for the president -- giving us the space to make our case to the American people and Congress. Voters are currently supportive but tentative about health care, but after hearing a description of the president's plans, two-thirds support him and over 60 percent, even after the attacks. Our surveys as late as last night show rising support on health care. This speech can change the mood of the country.

But voters are in a skittish mood and only now coming to a more positive view of the president. It is important that we get this speech right and set the tone for the future debate. These observations reflect the research and discussion among the political advisors and, hopefully, will assist the speech-writing effort.

1. A Sense of History. People understand that the president is taking on something momentous, and the speech should reflect that. We do not want a speech that simply advances the policy debate that has unfolded prematurely. This is an opportunity for voters to regain respect for a president who has had the courage to take on the toughest problem of all. This is an opportunity to talk about the consequences of our country's inaction -- costs rising out of control and people threatened with growing insecurity. We must set this out as a test for the leaders of this country (and the Congress) on their ability to address the nation's problems and help the people. ("We are all being tested and the people need for us to succeed.")

2. Simplicity at the Core: Health Security Card. We must set out a simple, core idea that captures the whole complicated exercise. In our research it is the health security card: **"Every citizen will receive a Health Security Card that guarantees them a comprehensive package of benefits."** The recall of that core concept -- card and benefits -- outdistanced everything else in the plan by about 4:1.

3. Clear goal and rationale: Health Care Security. It is important that we always keep before voters a clear goal -- something that was lost in the budget debate, except in the first and last month. Voters will have to pick through a lot of criticism and scare tactics, but knowing the goal will make them more willing to take the chance on change. They will know what they are going to get and why we are doing all this.

The dominant goal should be health care security: that people will have health insurance and they will never lose it, never; whether people get sick, change or lose a job, or move; whether people live in Mississippi or California, they will have comprehensive insurance. Health care security has much more power than the cost argument, and it is much more believable: people think we can deliver on security; they are not sure we can deliver on cost control. There is also an emotion in security (lacking in cost) that empowers our rationale for bold change.

That costs are out of control is very important, but we should emphasize how rising costs threaten the security of every family.

4. Comprehensive: Quality. It is important that people understand this is a comprehensive package -- comparable to many policies offered by Fortune 500 companies. When voters think the package is "standard" or "basic," they lose interest and show less willingness to risk change. When voters see the package as comprehensive, they think this is about their lives, not somebody else.

Fortunately, voters are quite willing to believe this is a comprehensive package, and the enhancements -- prescription drugs and preventive care -- are two of the most popular aspects of the whole program. The combination of comprehensive benefits and the enhancements (drugs/prevention) enables us to defeat the attack that the plan threatens quality or that the plan makes you pay more for less.

5. A Health Care System for the People. We must establish thematically that we are reshaping the health care system to serve ordinary people. This is a fundamental change in direction, and we should not understate it. The battles ahead will require a lot of trust, and these themes are important to creating and maintaining it.

- **Responsibility.** There is an extraordinary power in seeking and demanding responsibility -- from top to bottom. It is the power of the "New Covenant" in the context of health care. The theme is particularly important for a whole range of swing blocs: weak supporters of our plan, those who shift from

undecided to favorable, those who favor the plan but fear change, and the older non-college voters.

Responsibility encompasses malpractice, fraudulent billing, insurance companies refusing and bouncing people, free riders (businesses), and people abusing the system. We must say that we will ask everybody to pay something, even if small, because everybody must assume responsibility. Our plan must become a restoration of responsibility, contrasted with the current system that is shaped by wanton irresponsibility. That is why it is out of control and hurting people.

- **People First.** We must assert that we are putting people's interests first, not that of the organized interests who want to keep the status quo. Insurance company populism is very important to groups that shift from the undecided to favorable and for the swing bloc of post-high school voters. Since those interests are already challenging our plan on such important principles as "choice," it is critical that we undermine their credibility by challenging their motives and asserting the primacy of working families in our plan.

6. Tone: Taking Care and Showing Humility

While two-thirds of the voters are dissatisfied with the health care system as a whole, most are satisfied with the health care and insurance that they have carved out at a personal level. Our goal should be achieving change in order to preserve and protect what is valued. Our bold blueprint for change must show a certain caution. Some of the findings are set out below:

- Half the voters want major change; only one-fourth want to completely rebuild it.

- As many people fear that the government will screw up reform as fear that change will not happen.

- By 2-to-1, voters want Congress to take its time, make changes and phase-in health care reform.

While an overwhelming majority believe this plan is "a risk worth taking," it is important that we emphasize a determination to get it right. We should call for a serious, deliberative process that makes the right kind of changes. We should invite, not special

interest politics, but a fair hearing from doctors and health professionals; we should invite ideas from both sides of the aisle. We should never compromise on the goal (health care security) and the core idea (health security card and comprehensive benefits), but we should welcome a deliberate process; we do not have all the answers.

7. Cost: how are you going to pay for it? This is emerging as one of the most dangerous areas in the health care debate. This is the biggest underlying fear, that costs will continue to rise out of control; Clinton will be offering a "rosy" financing package without taxes; and then the system will have to be bailed out with higher premiums and higher taxes. This is a critical point of credibility. We must present a financing argument that is believable and understandable.

We are still researching this question and will offer further suggestions later in the week. But for the moment, it is important to contrast the old and new way of doing doings. The old way was higher taxes. The new way is clean up waste, simplify and cut bureaucracy, achieve efficiencies and cut costs. We should get more for people's money. This is an opportunity to talk about simplification and health care fraud (which scores very high in the survey). But voters are rightfully cynical and nervous: our financing and cost control presentation must be believable.

8. Reassurance. We must constantly reassure against the serious doubts that lie just below the surface.

- **Specificity for comparison**. People evaluate health care proposals by making very concrete comparisons to their current insurance and health care situation. We must pick a few simple specifics -- such as, no more than $70 a month -- that enable them to make the comparison. When they are unable to make the comparison, there is a great unease. Similarly, there is a simplicity in the three insurance options that, again, enable people to make the comparison: fee-for-service, HMO or network of doctors.

- **Employer mandate and employment effects.** Voters, particularly the men, worry about the impact on small business and jobs. The speech should set out the employer mandate clearly: as an extension of the current system under which the overwhelming majority of Americans get health insurance. But we should make it possible for businesses to do the right thing. The subsidy should be described in all its reasonableness, but the specificity is not sufficient; we need the authority of business support for our approach. (In the

research, specificity plus endorsement enables us to draw even in this debate.) In any case, we should assert that our approach helps most small businesses and independent contractors and is good for the economy.

- **Choice.** It is important to assert that this plan will give people more choice than in the current system, that it empowers people in the health care system. People can follow their doctors, opt for fee-for-service, and that people (rather than employers) can decide which insurance policy to take. Our research suggests that a self-confident position can neutralize the argument.

- **Seniors.** These are the most nervous voters -- strong supporters of national health insurance who have become extremely tentative. The president must state clearly that Medicare will be preserved and protected and that there will be no reduction in benefits. The prescription drug benefit and long term care matter a great deal.

- Union members. Along with seniors, union members form a pocket of downscale privilege. They support national health insurance but know they have a lot to protect. The speech must state that those who have managed something yet more complete than the comprehensive package or who have managed to get their employers to pick-up the whole health care tab, can keep their current plans.

9. Congress. The public must see a confident Bill Clinton engaging and challenging Congress. That strength and mastery is important to the public's general belief that health insurance reform can happen and to their confidence and trust in the president. (Do not underestimate the importance of the CBO exchange in the February 17th speech.) It is worth mentioning and complimenting Congress for beginning to break gridlock and getting beyond politics as usual: putting our economic house in order (deficit reduction and spending cuts), National Service, college loans regardless of income, family leave. But this is the test. The president should challenge them to come together for change, to shut out the special interests on TV and in the corridors. The people are depending on it.