



This article examines the leading question of what Obama did differently to Clinton and to what extent varying strategies helped him succeed where Clinton failed. The institutional conditions and aims for both reforms were similar, yet Obama managed to pass the necessary bills while Clinton did not.

Yes He Can

Why Obama's Government Communication is Successful

By Melanie Diermann

Leading question and subject of investigation

Barack Obama is a star in politics, and his "Yes we can" slogan proved highly effective in mobilising the electorate. But why was he so successful in his election campaign and, in spite of the lengthy battle preceding it, with his plans to extensively reform the US health care system? This question will be answered by focusing on the governmental communication of the Obama

administration in the 2010 health care reform and comparing his communicative strategies with those of the Clinton administration in their attempted reform of 1993. To do this, this article examines the leading question of what Obama did differently and to what extent varying strategies helped him succeed where Clinton failed. The institutional conditions and aims for both reforms were similar, yet Obama managed to pass the necessary bills while Clinton did not.¹

Governmental communication here is defined as a communicative action of a government(al) actor that takes place within an institutional framework. The communication addresses other political actors or public target groups (such as voters) and aims to legitimise decisions on the inside (government by communication) and on the outside (communication on government). Government by communication is understood as decision-seeking communication. Characteristically

it targets other political players and aims to achieve majorities for passing bills. Communication on government equates to presentation-seeking communication. It typically addresses public target groups (such as voters) and aims to gain public support for a reform agenda. According to these two levels, governmental communication is considered to be successful if a) on the level of decision-seeking communication, a majority for a reform agenda is mobilised (legitimisation of decisions), and b) on the level of presentation-seeking communication, public target groups agree with the reform (legitimisation of presentation). Since communication is based on speech, the main question is “who is getting how much attention within the political system?”².

Theoretical approach and analysis criteria

Research on governmental communication combines an interest in both political science and communication science. It therefore falls under the category of political research on communication. From a theoretical point of view, studies that point to the linkage between political systems and communicative outcomes (such as strategies) are of particular interest. Lehbruch and Lijphart³ were the first to systematically point out the differences between bargaining and competitive democracies. As the US political system combines both aspects, it is categorised as a competitive negotiation type of democracy⁴. The work of Esping-Andersen⁵ regarding welfare state types is also of relevance here, since the type of welfare state allows conclusions to be drawn on the welfare consensus⁶. In this respect, the US is categorised as a liberal welfare state (viewed on a scale from social to liberal welfare state type). Above and beyond these general assumptions, the case studies conducted in this article take into account the premises of historical neo-institutionalism,

which emphasises the importance of institutions for the actions of political players in the progression of time.

Two American health care reforms were chosen as an empirical basis because preserving and reforming welfare systems is one of the central national challenges for governments of modern democracies at times of financial and economic crisis. It is presumed that reforms are required in order to provide sustainable functionality of welfare systems. The potential for conflict in reform processes relating to welfare systems is supposed to be higher the greater the difference between the position of a government (that wants to implement restrictive measures) and its public target groups (who disagree with these government plans). This connection places increased pressure on governmental communication.

The case studies here initially describe the institutional context, which was significant for both governments. According to the theoretical approach of historic neo-institutionalism, this is regarded as an independent variable that offers a communicative corridor in which governmental actors are free to move. The communicative strategies applied by the administrations on the levels of presentation and decision-seeking communication are regarded as dependent variables. The analysis of the communicative strategies covers two different aspects: the first centres on who is responsible for the reform agenda within the administration; here the aim is to determine whether key decisions were made by the President himself or delegated to others. The second aspect of the analysis refers to the kind of arguments that are used publicly. The aim in this case is to clarify whether rational economic or moral and ethical argumentation predominates. Both areas are of interest here because they can help to identify the differences between the two cases and therefore lead to an answer regarding the leading question.

Institutional framework and case studies

Institutional framework

The Constitution of the United States defines the President as a special figure in whom a great deal of political power is vested. His government staff forms an integrated executive in which the function as head of state is linked to that of the head of government⁸. Within this system, the President is placed at the top of the American government and elected directly. Although Congress and the President act independently of one another, they are closely connected by the Constitution, since they separately serve the same cause. Given the existence of this inevitably conflictual “antagonistic partnership”⁹, the political system of the US clearly differs from those of European parliamentary systems. Nevertheless, it would be a mistake to call the American system a distinctly presidential system¹⁰, because this label does not cover the interrelation between the executive and the legislative branches and neglects the important role of Congress in the political system¹¹.

These correlations have an impact on governmental communication in the context of decision-seeking communication: since the President might not have a stable majority in Congress, there is a need to form ad hoc majorities for every reform. Even if the President’s party possesses a majority of seats in both houses, it does not necessarily ensure an affirmative vote. That is why temporary, subject-related coalitions are significant for the culture of political decision-making in the US. The importance of midterm elections reinforces this effect¹²: both Congress and the President may refer to their democratic legitimisation in cases of conflict. The situation whereby the President’s political party is not in control of one or both houses of Congress is called divided government.

Legislative power in America is vested in Congress, which consists of elected representatives of all 50 federal states¹³. According to the Constitution, the bicameral Congress rules over the budget and has the right to propose law. Every federal state is entitled to delegate two Senators. The American Constitution establishes a system of controls between the national bodies called checks and balances. The guardian of the Constitution is the Supreme Court. Sovereignty over the budget means that Congress – among others – essentially influences US policies. It has the sole right to enact bills. The President signs treaties with other countries, but they must be ratified by the second chamber of Congress, the Senate. Special appointments, i.e. those to the Cabinet or the Supreme Court, must also be approved by the Senate¹⁴. However, national legislation in the American political system relies heavily on the President, and the President is at the centre of public attention¹⁵. The President can use his power of veto to block bills. Thus the President and furthermore the national administration in Washington are other potential agenda-setters in the US political system. Another restriction on governmental communication is the limit of two presidential terms. The structural decline of power is indicated by the President being termed a “lame duck” as he approaches the end of his second period in office.

To sum up, governmental communication in the US is institutionally shaped by the presidential government system, the competitive negotiation type of democracy¹⁶ and the liberal type of welfare state¹⁷. The presidential type of government implies the necessity for early presentation-based communication with public target groups in decision-making processes and in general emphasises the importance of the presentation-seeking communication arena compared to parliamentary systems. The competitive negotiation

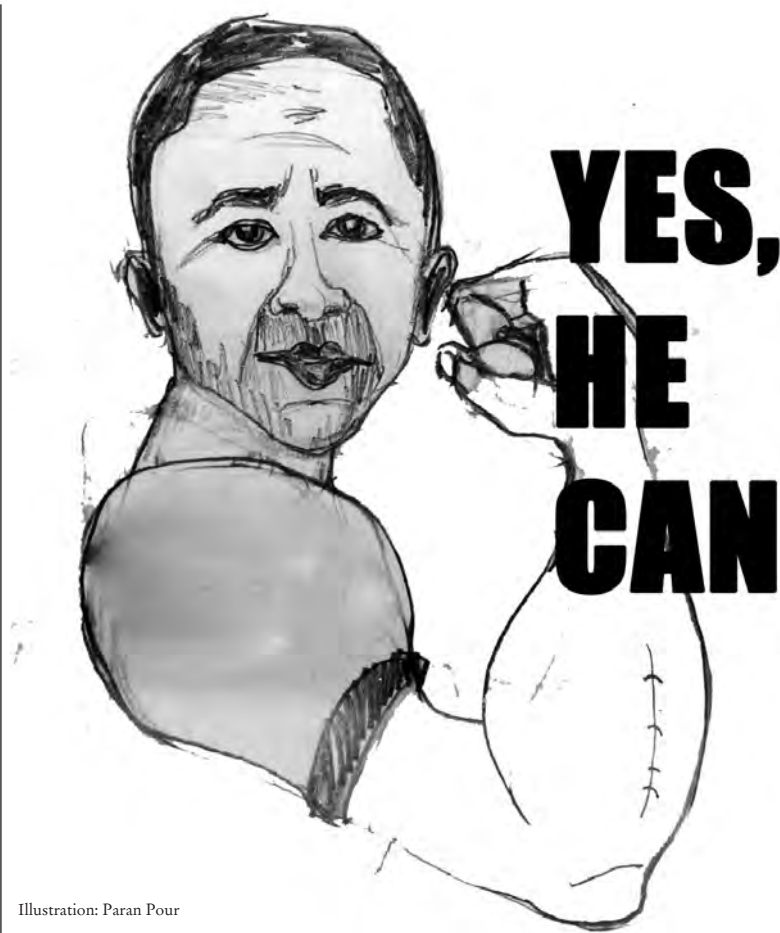


Illustration: Paran Pour

type of democracy offers certain corridors for communication to the President (i.e. on account of the amount of attention to the President's position) but also creates restrictions (i.e. the possibility of divided government). Furthermore, the liberal welfare state, which is relevant for both case studies because health care is at the heart of the welfare system, also has a role to play, as it defines a consensus on values that places responsibility for social security on the citizens themselves.

Governmental communication of the Clinton administration

One of the first goals of the newly elected Clinton administration in 1992 was to improve the availability of health care insurance and to provide insurance protection and basic health care service to all Americans. The Democrats

supported this initiative when President Clinton presented his reform agenda in a speech before Congress in September 1993. The odds were in favour of the initiative, with opinion polls identifying wide public support for it^{18,19}. Clinton planned to finance his reform by cutting funds in other policy fields, e.g. security and defence policy²⁰. The introduction of what were known as mandatory purchasing cooperatives and health alliances was another part of the reform. They were to be regionally based and provide basic health services in every part of the country²¹. The aim was to boost competition between health care providers, leading to cost reductions and improved efficiency in the health care system.

The decision-making process was characterised institutionally by the phenomenon of divided government: President Clinton's Democratic

Party formed the minority opposition in Congress. As far as decision-seeking communication was concerned, it was up to Clinton to convince part of the Republican majority or at least negotiate a compromise. Instead of negotiating, Clinton chose an argumentative mode of communication as part of a wider strategy to go public early on in the process. His presentation-seeking communication preceded parliamentary decision-making and was characterised by patriotic and moral and ethical arguments²².

Because the states were meant to manage and supervise the health alliances, part of the health care reform covered setting up new government agencies²³. Interest groups and Republicans used this element specifically to run an expensive opposition campaign. In addition, there was no example of legislation in this policy area either on national or state level, meaning that the Clinton administration should have paid more attention to explaining this model to the public. As Clinton did not signal any will for compromise, not even moderate Republicans were interested in supporting his project²⁴. All in all, President Clinton overestimated the public mandate for his reform project, and the US healthcare insurance protection system remained unchanged and therefore still strongly connected to employment status.

Governmental communication of the Obama administration

Fifteen years later, Barack Obama ran for President in 2008 on the Democratic ticket, also with the main goal of improving basic health care. Like Clinton in 1993, Obama aimed to provide insurance coverage for all Americans. The topic of a major health care reform had attracted attention in the early primaries, when Bill Clinton's wife Hillary was tipped to win the Democratic nomination. In 1993 she herself had led the commission that had worked out the reform agenda for

the health care reform. In 2008 she announced that she would continue to push for this reform agenda if she was elected. Partly because of this, Obama had to take up the issue and assure the public that it would also be promoted by his administration.

Obama started to pursue high priority issues from the beginning of his presidency. Where health care reform was concerned, he did not present his own reform agenda but instead asked the House and Senate to prepare suggestions. As a result, many different proposals were being passed around without anyone knowing which the President favoured. In July 2009, when Obama and his administration were on summer recess, Democratic representatives came under heavy pressure in town-hall meetings all over the country to justify themselves before concerned citizens. Protesters feared rising costs and service cuts if Obama's law was enacted²⁵. During that time, the emergence of opposition campaigns funded by insurance companies served only to increase the confusion among the American middle class²⁶.

In September 2009, Obama gave a speech before Congress which was aired on prime time television. He began his speech with patriotic arguments, paying particular attention to the economic crisis and the rise in unemployment in the US. This was followed by an emotional chain of arguments in which Obama addressed the dramatic situation of the poor in the US. He continued with justifications for the goals of his intended reform (cost-neutral expansion of health insurance to all American citizens) and once again appealed to both political fractions to make a social compromise possible. Finally he referred to the efforts of Senator Ted Kennedy (who had died just a few days earlier) on welfare and ended his speech with a patriotic appeal ("What kind of country do we want to be?"). Again he did not define the exact content of the bill but indicated his will to sup-

port Republican reform proposals if a majority of Republicans agreed to a bill²⁷. After his speech, the Baucus Bill, as it came to be known, was primarily discussed publicly. In October 2009, the financial commission of the Senate, which was dominated by Democrats, approved a proposal that can be seen as a milestone on the way to the reform²⁸. Confirmation by the House of Representatives followed in November 2009²⁹, and in March of 2010 Congress finally passed the law.

Conclusion

There have been several attempts to install a legitimate insurance option in the health care sector of the United States. The last president to focus on extensive reform before Obama was Bill Clinton in 1993. This paper set out to look at what Obama did differently from Clinton and to what extent different strategies helped him succeed where Clinton failed. While the preconditions in terms of central factors did not vary significantly, Obama did have the historical advantage of being able to learn from the mistakes of his Democratic predecessor. He also had Hillary Clinton, a champion of the original project, in his administration. In addition to these, a number of other assumptions regarding the differences in governmental communication can also be made.

First, the two cases differ in terms of responsibility within the administration: while Clinton's reform agenda was prepared by an expert commission led by First Lady Hillary Clinton, Obama understood it to be a matter for the President and remained personally in charge of the process throughout. Obama's reform agenda was not developed by the government or an expert commission. Instead, Obama appealed to the House and Senate to work out an agenda. In addition, the second strategy area focusing on the kind of arguments used also differed in that Clinton's argumentation was morally

and ethically based, while Obama's argumentative strategy developed from a moral and ethical beginning to competition-oriented argumentation³⁰.

Taking all these factors into account, the answer to the initial question of what makes Obama's governmental communication so successful is that Obama clearly managed to use the entire communication corridor provided by the institutional framework of the US, while Bill Clinton failed to do so. Obama used rational economic arguments according to the corridor of communication defined by the institutional rule of a liberal welfare state. What is more, he remained in charge of the process throughout, according to the defined communicative corridor regarding the institutional rule of the presidential system type. It is thus possible to conclude that Obama's governmental communication on health care was successful because the communicative resources created by the institutional framework were used more extensively, rationally and fully than in the health care reform efforts under President Clinton.

Zusammenfassung

Was macht Obama erfolgreich? Zur Beantwortung dieser Frage wird insbesondere seine Regierungskommunikation einer genaueren Betrachtung unterzogen. Die Gesundheitsreform aus dem Jahr 2010 bildet dabei den Untersuchungsgegenstand. Kontrastiert wird diese Betrachtung mit der Analyse einer Gesundheitsreform der Regierung Clinton aus dem Jahr 1993. Beide Reformen glichen sich hinsichtlich der institutionellen Rahmenbedingungen, des Politikfeldes und der inhaltlichen Zielsetzung, unterschieden sich aber bezüglich des Erfolges. Während es Obama gelang, ent-

sprechende Gesetze zu implementieren, scheiterte Clinton mit diesem Vorhaben. Die Beantwortung der Forschungsfrage erfolgt auf der Basis eines Vergleichs der Strategien in der Regierungskommunikation in beiden Fällen. Als wesentliche Erkenntnis kann auf dieser Basis festgehalten werden, dass es Obama besser als seinem demokratischen Vorgänger Clinton gelang, den kommunikativen Korridor zu nutzen, der ihm auf der Basis der institutionellen Rahmenbedingungen der USA zur Verfügung steht.

Notes

- 1) The article is based on the published dissertation by Diermann 2011. The author thanks Niko Switek and Kirsten Veglas for their support.
- 2) Grundren 2009, Gasset/Korte 2008
- 3) Lehbruch 1967, 1976 and Lijphart 1977, 1999
- 4) Lijphart 1999
- 5) Esping-Andersen 1999
- 6) Delhees et. al. 2008
- 7) Delhees et. al. 2008
- 8) Lösche/Wasser 2004
- 9) Shell 1999: 207
- 10) Jesse/Sturm 2003: 62
- 11) Oldopp 2005
- 12) Lösche/Wasser 2004
- 13) Jäger/Haas/Welz 2007
- 14) Oldopp 2005
- 15) Brettschneider 2007, Pfetsch 2000
- 16) Lijphart 1999
- 17) Esping-Andersen 1999
- 18) Clinton 2004: 751
- 19) In the election campaigns since 1990, basic health service has been given top priority when selecting the key issues. The greatest competence was ascribed to the Democrats and their candidate Clinton.
- 20) Clinton 2004: 751
- 21) OECD 1994: 334
- 22) Kruse 1997
- 23) Hildebrand 1992
- 24) Dreyer 2000
- 25) Scherer 2009
- 26) Dreyer 2000
- 27) Schmitz 2009b
- 28) ibd. Schmitz 2009b
- 29) Schmitz 2009b
- 30) Schmitz 2009b

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