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Greg Shaw, Illinois Wesleyan University, interviewed by Charlie Schlenker, WGLT
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Charlie Schlenker: Greg Shaw is a political scientist at Illinois Wesleyan University. His new book tries to place this year's debate into the historical context of how this country has dealt with the healthcare issue. Shaw says, "Mostly the debates really don't focus on health."

Greg Shaw: It seems to me that they actually focus mostly on money and professional autonomy and the symbolic value of talking about the role of government in the market life. It's a lot more immediate for the financial interests at stake here for folks to talk about who gets paid and how and the symbolic baggage about this business of government in healthcare than it is to talk about the complexities of making people well and getting people to take individual responsibility to be well.

Charlie Schlenker: Did the latest incarnation of the healthcare debate create a consensus view that it is in fact a basic right?

Greg Shaw: I wish that were the case Charlie but I don't think it is. I think we're edging toward or inching toward a consensus. As of the mid-1980s, it's the federal law that emergency rooms have to stabilize people who present themselves in unstable conditions and so to that extent, yes, there is that right there but beyond that, it's not a right and I don't know that Americans are entirely comfortable with healthcare as a right akin to how we think about, you know, kindergarten through twelfth education and some other aspects as well but I think we're getting there.

Charlie Schlenker: Are the debates over those other issues that have become considered basic rights, K-12 education is the one you mentioned, useful in determining how the healthcare debate will procede?

Greg Shaw: You know, it's interesting—a close parallel to this, I suppose, is the way we thought about how or the way we understand how worker's compensation came to be adopted in the 1930s. It wasn't so much a bleeding heart liberal argument that we need to do right by workers and help them through tough times and so forth, it was rather a very pragmatic approach where we said, "Look, the faster you get this worker well, the faster that person's going to become a productive member of the factory again," and so it seems to me that we might move toward a position where we think about healthcare provision more broadly whether it's workplace-related or not as being a useful thing as a social good.

Charlie Schlenker: To succeed with the corporate constituencies in the body politic though—the worker's compensation, the unemployment payments as well—had to have a benefit for them. In the case of unemployment payments it was preserving a skilled manufacturing workplace—

Greg Shaw: Sure.

Charlie Schlenker: Within a key geographic area.

Greg Shaw: Mhmm.

Charlie Schlenker: So that was the private good.

Greg Shaw: Right, right.

Charlie Schlenker: So it's not just a public good that has to be.

Greg Shaw: Not just, absolutely. I mean, I think, again, there's—I think most Americans carry around with them the notion of a humanitarian impulse that says that we don't want to see starving people on the street, we don't want to see people who—going without obvious—treatment to obvious illnesses, and so I think there is that private good there. Now, how does that appeal to corporate managers? I think you have to appeal to their efficiency side and it goes back to, in the case with healthcare, to the cost shifting issue, so the sooner we can get to having everyone or virtually everyone covered with some sort of health insurance, the more we can achieve an efficiency by tamping on a massive cost shifting problem.

Charlie Schlenker: Would you read a passage or two?

Greg Shaw: I'd be happy to. The idea here is that it captures the warped way that…[laughs]…that a lot of people think about the role of government, which is really central to this story. "Americans have for a very long time professed to resist government insinuations, the doctor-patient relationship. At the same time they have gradually availed themselves of greater government roles and everything from mandatory vaccinations that helped stamp-out the great plagues of the nineteenth century to the screening of new pharmaceuticals, medical service financing for tens of millions of retirees and people with modest incomes, and monitoring the corporate practices of healthcare maintenance organizations. One might imagine a tension between the profession of a laissez-faire approach to medicine as a matter of symbols and language and the very real fact of deep and wide government involvement that might be poorly understood but is cherished all the same. An anecdote from the 1990s illustrates this point: A woman attending a town hall meeting where President Clinton's reform plan was being discussed finally reached the end of her patience with all the talk of government involvement in medicine. She stood up and proclaimed, with a bit of unintended irony born of ignorance, 'Next thing you know the government will want to take over Medicare!' To which I want to say, 'It's too late, we're already in this together.'" Yeah.

Charlie Schlenker: Greg Shaw teaches political science at Illinois Wesleyan University. His book, *The Healthcare Debate*, is a historical guide to the controversial issue out at

the end of the month from the Greenwood Imprint of ABC-Clio. I'm Charlie Schlenker, WGLT News.