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**CONFRONTING VALUE STRAIN: PRESS COVERAGE OF HEALTH CARE
REFORM IN SWEDEN AND THE UNITED STATES**

by

Susan Lee Holmberg

**A dissertation submitted in partial fulfillment
of the requirements for the degree of**

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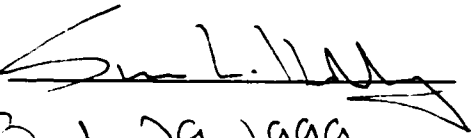
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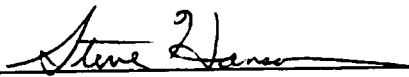


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Abstract

Confronting Value Strain: Press Coverage of Health Care
Reform in Sweden and the United States

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This comparative content analysis study examines the health care reform debates that took place in the early 1990's in Sweden and the United States in an effort to understand the role that cultural values might play in shaping news narratives about policy reform. In both countries, proposals for health care reform seem to manifest core value strain (seen here in terms of an individualist-collectivist spectrum) in the sense that calls for change both question prevailing institutional arrangements and challenge prevailing notions about how health care should be organized. Thus, in the US, Clinton's proposal for universal coverage challenged predominant values associated with individual freedom and choice, while in Sweden, proposals for increased privatization challenged the predominance of more collectivist values associated with health care security and collective responsibility.

The study asks whether individualist values appear to be privileged in the US news narrative and whether collectivist values appear to be privileged in the Swedish news narrative. It offers the hypothesis of a cultural filter through which values may pass into the news. Accepting the possibility that among western liberal democracies, certain values are held more deeply by the general public and legitimized through institutional

configurations more than others, it is proposed that value differences are likely to be observable at the national level which override differences at the institutional, organizational and individual levels.

The overview of media and policy environments confirms cultural filter expectations, as both the media and health care norms and institutions appear to manifest clearly distinctive patterns reflecting the prominence of collective values in Sweden and individual values in the US. The content analysis of the news narrative presented in *The New York Times*, *USA Today*, *Dagens Nyheter* and *Expressen* further confirms the hypothesis, as the narrative profiles and patterns of value expression at the country level far outweigh distinctions at the organizational (elite/mass paper) or individual (journalist/actor “voice”) levels.

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To my father

CHAPTER ONE

A Question of Values

During the first half of the 1990's, both the United States and Sweden experienced two quite parallel policy debates on health care reform, both of which ended in failure. Thus, in September 1994, the United States Congress formally ended a year-long battle over health care reform initiated by President Clinton's proposal for universal health insurance coverage, and in May 1995, the Swedish Parliament voted to dismantle the *husläkare* ("house doctor") system, one of major components of health care reforms sweeping the country over the past four years.

In both countries, the political will for health care reform was buttressed by a public opinion unusually receptive to relatively major change.¹ Health care costs had risen to unprecedented levels in both countries, and the public desire to cut costs and improve access (US) and service (Sweden) appeared to open a window for those espousing alternative health care solutions. The reform proposals themselves, however, contained bitter pills for their respective settings. In the US, a proposal for universal coverage seemed to challenge widely held assumptions about the importance of freedom from government intrusion. In Sweden, proposals for new models of health care containing a larger role for the private sector and the independence of physicians challenged widely held assumptions about the importance of shared responsibility and government protection.

In seeking explanations for the failure of these reforms, one might focus on interest representation and mobilization - i.e. the efforts of lobbyists to thwart reform efforts (West & Heith, 1996), partisanship among congressional committees (Talbert, 1995), or the futility of decision-making in an "adversarial democracy" (Disch, 1996), to cite a few examples in the US

¹ In the US, numerous polls conducted from 1989 to 1993 show that a majority of Americans favored a tax-financed national insurance program (Navarro, 1994:191-205). In Sweden, public opinion favoring increased privatization in the public sector as a whole, and health care in particular, increased sharply in the late 1980's. In 1987, the "balance measure" (# responding favorably minus those responding unfavorably) for increased privatization in health care was +9, the highest measure in all issue categories. In 1990, this

case. Taking a more direct democracy view, one might also look at public opinion and argue that the shift in both countries away from reform was heeded by government representatives, who then carried out the “will of the people”.

A critical link is missing from these explanations, however. The primary point of connection between political actors and the public is the mass media, which, in the perspectives mentioned above, is featured as a relatively passive purveyor of public opinion or political interest expression. While media coverage is not necessarily an independent determinant of political outcomes, it is difficult to argue that the media do not play an important intervening role in shaping the discourse of reform; a discourse which serves as a frame of reference both for the ordinary citizen and decision-makers alike.

Given that the basic elements of each country's reform proposals represent a kind of challenge to core political values, and further, that these efforts proved largely unsuccessful, the question arises as to whether the media may have contributed to the failure of these reforms by not providing, as Habermas (1974) idealized, a democratic “public sphere” within which an open debate could take place. Given the extremely central position of the media in the leadership-public communication nexus, however, it is difficult to accept the notion that the media could behave as a more or less automatic reflection of some “actual” public policy debate, since their gatekeeping function alone allows only a limited number of voices into the conversation.

Yet the professional legitimacy of journalism in both countries rests on notions of objective news coverage, thus journalists are likely to argue that they “simply report” what is “going on”, with the implicit assumption that they do not influence the tone, content or outcome of the debates through their editorial selection and presentation of the issue. If this is true, then the failure of reform in both countries could be comfortably explained by the public opinion and power politics factors mentioned above. Furthermore, if this were true, one could expect the media treatment of value-challenging voices to be no different than their treatment of more established views. In other words, in both countries, the journalistic stage for those espousing a greater emphasis on

measure rose to +33, and was again the highest measure for that year, suggesting that support for privatization was particularly strong in terms of the health care sector (Holmberg & Weibull, 1993:80).

collective rights and responsibilities should appear no different from the stage upon which voices espousing stronger individual rights and responsibilities appear.

If, on the other hand, it can be shown that the media construct a reform “story” which favors one orientation over the other, then it may be possible to clarify the role of journalistic coverage of policy processes and value change in western liberal democracies more generally. By examining the coverage of these two policy debates, it may be possible to identify whether the media contribute to the preservation of core values, whether they perhaps foster value change in some way, or whether indeed they appear to provide a “neutral” stage for “all” players.

Media bias in the literature

In contrast to claims of objectivity made within the journalistic profession itself, most scholarly work has long assumed the irrelevance of any true notions of objectivity in reporting, and has also abandoned the idea of a pure reality about which to report.² Rather, the research on media content has sought to identify patterns of reporting bias and to explain its causes and effects. While this research stems from a variety of disciplines and spans a broad array of perspectives, it is generally agreed that the literature can be grouped into four primary levels of explanation and analysis: 1) individual journalists; 2) media organizations; 3) institutional relations, and; 4) political or ideological systems.

The first level, also known as the *occupational* perspective, represents the earliest work on the study of news reporting. The classic work is White’s (1950) gatekeeper study, which exposes the subjective quality of editorial choice and attributes a high level of influence over news content to the individual editor or journalist. A similar work from this period is Pool and Shulman’s (1959) examination of the degree to which news writers’ own views tend to prevail over the “accuracy of reporting”. This earlier gatekeeping literature reflects an assumption of objectivity that has since disappeared in scholarly research, but the notion that the personal

² Molotch and Lester (1974), for example, advocated dropping the objectivity assumption, or the notion of some pure reality ‘out there’, in favor of studying news not as a description of reality but rather as a document reflecting the work of newswriters. Phillips (1977), Gans (1979) and Tuchman (1978) also

beliefs and values of individual journalists influence editorial content has persisted. Subsequent research in this area has reflected a behavioral perspective, examining the demographic and attitudinal traits of journalists relative to other social groups. For the most part, however, this work is not linked to content analysis to test for the “effects” of journalists’ personal beliefs and demographic traits on their professional output.³ Where such comparisons are made, however, the findings reflect the relative influence of the journalist point of view over source groups.⁴

Focusing on the individual journalist as the explanation for media bias, the underlying assumption of the occupational perspective is that the journalist brings his or her values to the job, rather than the other way around, and further, that he or she is relatively free to express those values on the job. This assumption, of course, ignores the considerable impact of professional socialization and the constraints imposed by the organizational routines of newsgathering and production. As early as 1955, however, a bridge toward a more organizational perspective is built by Breed’s study of occupational socialization, which identifies the effects of journalistic apprenticeship on later editorial decisions.

This social control view is further developed by Gans (1979), Tuchman (1978) and other sociologists who convincingly demonstrate how *organizational* logic constrains individual selection decisions. At the organizational level, the analytical spotlight is aimed at the norms and routines of newsgathering.⁵ In addition to examining individual editorial selection decisions of journalists, this perspective considers journalists as a group, seeking to understand the ways in which the organizational constraints of the job - i.e. the need to maximize the limited resources of time, energy, and expense in order to deliver a story - effectively dwarf the individual discretion of the journalist.

address, from a scholarly viewpoint, the objectivity canons of journalism as a primary legitimizing agent for the special status of the profession.

³ The main example in the US is Weaver and Wilhoit’s (1986) work on the American journalist corps. This research provides a demographic profile of journalists and professional ideals but does not connect the behavioral data with content analysis.

⁴ Lichter et.al. (1986:132) provide an example of this, identifying journalists as “a group apart” - urban, cosmopolitan, liberal, skeptical, self-involved and aggressive. Further, they find that news texts correspond more to journalist views than to the views of their sources (in this case, scientific experts).

In this view, the journalist is a product, albeit a rational product, of demands imposed by the complex bureaucratic structures of news organizations. In order to succeed in their work, journalists need to apply the prevailing “news values” of journalism. They need to know how to recognize a “news event” and turn it into a “story” (Molotch & Lester, 1974; Tuchman, 1978; Fishman, 1982). This is a complex process involving webs of relationships between journalists, their bosses, and news sources. As Fishman (1982:237) suggests, journalists adopt “schemes of interpretation and relevance employed within the agencies of their beat//...and will not see as news things which might seriously challenge an agency’s idealizations of ‘what’s going on’ or ‘what should be happening’”. News, then, is a reflection of organizational processes, not of powerful individual journalists, and the values which determine news content are those of the profession within the organization, not the individual.

The values emerging from the organizational culture of the newsroom are core elements of what Paletz & Entman (1981) have described as the “internal logic” of the media organization, whose goal to produce news efficiently leads to the assigning and writing of identical stories using fixed and reliable sources. Chibnall (1981:78) summarizes these values as “the relevancy of the present, the unusual, the dramatic, simplicity, actions, personalization and results”. In the US in particular, the combination of commercial pressures and pack reporting have contributed to feeding frenzies and a high degree of uniformity in news content (Sabato, 1991; Bennett, 1996c).

It is generally agreed that the effects of these norms and routines on professional output (i.e. news content) is coverage that helps preserve status quo power arrangements in society by limiting the expression of views primarily to those of the established elite. The power elite possesses two key advantages over non-elites. First, their status renders them more immediately newsworthy than ordinary citizens. In addition, time and other news production constraints render press conferences, press releases, and official documents a privileged news-generating status, and such sources of information are more readily and steadily provided by the established elite.⁶

⁵ Some of the main works of this period include McCombs & Shaw (1972), Sigal (1973), Epstein (1973), Tunstall (1974), Tuchman (1978), Hirsch (1977) and Cohen & Young (1981).

⁶ These observations were first outlined by Sigal (1973), Tuchman (1978) and Gans (1979).

Sources are not considered quite as influential at the next level of analysis - the *institutional* level - which views organizational structures and processes within the broader context of economic, political, legal or other institutional arrangements in society (Ettema et al., 1991). As this description suggests, however, certain lines necessarily become more blurred as the analytical perspective broadens, thus institutional analysis can be defined in numerous ways.⁷ For the purposes of brevity and clarity, this discussion will focus on the research addressing power relations between the media and political institutions, or what has been referred to as the “tug-of-war” between journalists and politicians (Graber, 1997:301).

Institutional models tend to assign greater, or at least more variable, power to journalists vis-a-vis political actors than do organizational perspectives. This is largely because the institutional view examines strategic behavior and effect relationships among three primary groups of actors - the media, decision-makers, and the public. Both input and output factors are considered. On the input side, the institutional approach examines the attempts of these groups to influence the content of news. The main players in this nexus are the media and decision-makers. On the output side, the major focus is the effect of media coverage on public opinion and, to some extent, public policy. The general findings of this research are: 1) that the media exert significant influence on public opinion, both in terms of what to think as well as what to think about (McCombs & Shaw, 1972; Iyengar, 1991), and; 2) that while political actors possess significant opportunities to influence news content, they must play by rules of coverage set by the media (Paletz & Entman, 1981; Asp, 1986; Patterson, 1994).

It is within this level of analysis that most of the agenda-setting literature is situated, particularly that which looks more directly at the relationship between media coverage and public policy decision-making (Cohen, 1963; Gormley, 1975; Cobb & Elder, 1983; Linsky, 1986). For the most part, however, the agenda-setting perspective focuses on the *public opinion* role played by the media in calling attention to certain issues - what Downs (1972) refers to as the “issue attention cycle” - often containing only implicit ramifications for more concrete policy processes and outcomes. In general, the effects linking media coverage to more concrete policy outcomes

⁷ Identifying and labeling different levels of analysis is far from uniform. For example, in Hirsch's (1977) view, the institutional level of analysis mainly concerns the media as a political interest organization, lobbying for favorable legislation and protecting institutional interests.

has not received much scholarly attention, and the attention it has received has focused on the strategic behavior of political actors. Linsky's (1986) examination of press coverage and federal policy-making, for example, concluded with recommendations for policy-makers to increase their media savvy.⁸

The fourth and final level of analysis and explanation and analysis is the *system* level, which sees the media as a social institution that "collectively produces and disseminates symbolic content, myths, fantasy and cultural values of their societies" (Hirsch, 1977:28). In this view, the individual journalist is part of the machinery of the culture industry, and the media as a whole is seen as a powerful agent within a larger system of political and/or ideological control. This perspective is most closely associated with the critical studies approach originating with the Frankfurt School and further adapted by the Glasgow Media Group, personified by Stuart Hall. Research adopting a critical perspective tends to view the media in particular, and culture in general, as part of the ideological superstructure supporting and maintaining status quo power arrangements usually associated with post-industrial capitalism. Thus it is seen mainly as a mechanism of ideological hegemony, reinforcing the values of the power elite at the expense of marginal or oppositional voices. In this view, the media can effectively suppress opposition by excluding alternative perspectives and holding a "truer" reality at bay from the audience (Marcuse, 1964; Schiller, 1969; Hall et.al., 1978).

Scaling these levels of analysis, the role of the individual journalist weakens as he or she becomes part of a larger entity whose values determine journalistic treatment. At the organizational level, the journalist no longer represents him/herself as an "individual", s/he represents the newspaper, television station or the larger corporate structure that owns the paper or station. He or she competes with colleagues from other media organizations to "get the story" and attract an audience. At the institutional level, the journalist represents "the media" in relation to other social institutions, mainly political, seeking to enhance the influence of the media in society. At the system level, the journalist is part of the ideological superstructure legitimizing the established power elite.

⁸ Linsky (1986:203) observes, "Therefore, in order to make policy well, officials increasingly have to take

Of course, much of the research reflects more than one level of analysis. For instance, the literature on news values and source relations often reflects both organizational and institutional considerations, in addition to larger system effects (i.e. Tuchman, 1978; Gitlin, 1980; Bennett, 1990). In recent years, much of the work on journalistic norms, which is grounded in the organizational perspective, has incorporated several levels into its approach, resulting in a more sophisticated understanding of the complex relationships that influence news content.

Taken together, the literature on media bias has arrived at a few key points of general agreement: 1) that the media play an increasingly important role in the political life of industrial democracies; 2) that the interpretive voice of the journalist is increasingly present in the news; 3) that the product of the media, i.e. the news story, displays a striking uniformity, particularly in the US, and; 4) that the content of news tends to reflect the views of established, though often competing, interests.

Accepting the first condition, the others become increasingly problematic from the vantage point of participatory and representative democracy. If the public is highly dependent on the mass media for political information, then media coverage is likely to have a greater influence on people's political attitudes (opinions, beliefs) and behavior (participation). At the same time, the more uniform the content of news, and the more interpretive yet biased it is toward established views, the fewer choices the media is providing in terms of perspectives or points of view, and the less they are exposing the public to the kind of information needed to make informed (and hence "democratic") decisions.

In attempting to account for the uniformity and elite bias of the news, however, most researchers have continued to point to organizational factors - news values and journalistic norms. While this may provide part of the explanation, it appears less than sufficient. Summarizing the research in a recent issue of *Political Communication* devoted to the theme of media and politics, Timothy Cook (1996:479) observes that "(w)hile news is 'indexed' to elite opinion, there is also considerable individual discretion for journalists... Journalistic routines cannot explain the consensual pictures presented in the news". Cook discusses the importance of the thus far

into consideration the press and public relations aspects of their programs and decisions".

relatively ignored narrative component of reporting, whereby journalists exert greater individual discretion vis-a-vis sources by telling a story that they believe will generate maximum resonance and effect. In light of the presence of both normative and discretionary influences on news content, it seems appropriate to search for the presence of another value filter, broader than professional norms but less rigid than ideology, one that might help account for some of the sameness of news output while also helping to explain how these levels can coexist or be linked together. This seems particularly important in light of an apparent increase in journalistic “volume” or interpretive reporting observed in both countries.⁹

Cultural values - a possible link

Each of the analytical levels outlined above contains a certain notion of “values” seen as intrinsically important in explaining news content, though the nature and scope of these values differ considerably. For example, at the individual level, values are seen as the personal political views of the journalist, generally associated with the left-right spectrum. As such, they resemble opinions or beliefs more-so than deeper and more underlying values. At the organizational level, news content is linked mainly to news values, or shared notions of newsworthiness and the elements of a story situated within the structures and norms of the profession and media organization. At the institutional level, the operative values tend to be the news values of journalists and the political or institutional values of source groups. In general, these two sets of values are seen to be in conflict with each other, with political actors in the US pursuing, as Thomas Patterson (1994) says, the political goals of mobilization and coalition-building, while journalists pursue the media goals of adversarialism and maximum product sales. Finally, at the system level, the notion of values refers to the hegemonic values of the “dominant ideology” which legitimizes existing power relations in society and which is reinforced and reproduced through the mass media industry.

As suggested above, each notion of values displays certain shortcomings which may limit their utility. Most problematically, perhaps, is the apparent separation of the journalist from the larger

⁹ Patterson (1996:97) observes that in the US, “the traditional descriptive style of reporting has given way to an interpretive style that empowers journalists by giving them more control over content”. Westerståhl

social setting prevalent in the organizational and institutional models. Guided so heavily by news values and professional values, this otherwise more integrative body of research seems to contain an implicit assumption that professional journalists are somehow born into and socialized within a separate tribe of newsgatherers. Wider connections between organizations, institutions and society more generally receive less attention than they perhaps should, for understanding the connections between levels of analysis could help explain developments that take place within them, such as why organizational or policy change does or does not change.

The apparent separation between journalists and society in the organizational/institutional literature is both manifested and reinforced by prevalent research methods. For instance, rather than focusing on longer-term coverage of specific policy issues, the agenda-setting literature tends to identify patterns of similarity and difference between the simultaneous "issue agendas" of the media (either in terms of journalists' views or journalistic reporting), political actors (surveys, documents) and the public (surveys, polls). Although this can be highly useful and important information, such methods tend to produce a relatively superficial read of news texts in which issues are reduced to lists that can be rank-ordered and compared.¹⁰ The agenda-setting literature, for example, tends to draw conclusions about the media's effect on policy in terms of the frequency (volume) of coverage, seldom looking deeper into the content, much less the presentation, of issue coverage.¹¹ The absence of a research link between media institutions and their broader societal setting seems particularly curious in light of the fact that the subject of news is, in many ways, society itself and the values that define it.

Notions linking professional journalists to the larger social environment are more prominent at the individual and system levels of analysis. Here, however, the concept suffers from the relative extremity of their positions. For instance, values identified at the individual level appear highly particularistic, suggesting that an almost random combination of demographic and attitudinal traits steer news selection and presentation. Values at the ideological level suffer from the

and Johansson (1986:137) have also observed a drop in more descriptive reporting styles in Sweden.

¹⁰ Djerf's (1989) review of research on mass media and decision-makers cites numerous US and Swedish studies.

¹¹ When presentation is examined, the main indicators tend to be fairly simple categorical breakdowns or dichotomous (pro/con) assessments.

opposite problem, i.e. that they are excessively rigid, conveying a sense that journalists are trapped in a hegemonic vice within which they are relatively powerless.

It would seem that none of these perspectives alone can adequately situate the journalist and the product of his or her work within a larger and more complex cultural context. However, if there is, as Cook (1996) and others observe, a consensual picture presented in the news - one reflecting shared notions of what Hallin (1989) refers to as the boundaries of "legitimate controversy" in journalism, it seems plausible to suggest that at least part of this consensual picture could stem from assumptions generated by shared cultural values within which professional values emerge.¹² The concept of culture has unfortunately tended to be most closely associated with the more rigid interpretation of critical studies. "Culture" is frequently equated with ideology, and "cultural influence" is equated with power, dominance and control. In his critique of the Glasgow group, however, Carey (1988) argues that this "transmission" view should be expanded and made less deterministic. He suggests that the media can be understood not only as an instrument of power and control, but also as a dynamic force involved in the creation, modification and transformation of shared culture, which he refers to as a "ritual" view.

A more multi-dimensional and holistic approach to the concept of culture can be found in the anthropological literature. In his discussion of politics and culture, Clifford Geertz (1973) describes culture as "webs of significance" or "maps of meaning". Politics, he argues, should be seen within the context of these larger structures of meaning, which are deeper and more lasting than the "events of politics". Such maps of meaning provide the basic stock of common sense assumptions, not necessarily shared equally by every member of society, but constituting the frame of reference within which one's views and behavior are shaped. Values which define and uphold cultural identity are not rigid, but they do have a legitimizing effect on the power relations that support them (Geertz, 1983). To the degree that cultural values are shared,

¹² Hallin (1989) identifies three concentric spheres of journalistic discourse. At the core is the sphere of consensus in which similar views or beliefs are reflected - i.e. "capitalism is good". At the perimeter is the sphere of deviance, in which journalists do not tread due to the taboo nature of the beliefs occupying this area - i.e. "communism is good". In between these spheres lies the sphere of legitimate controversy, where competing views can be presented.

considered valid, and reinforced by existing institutional arrangements, for example, they would be expected to "successfully" resist challenges by those who question their legitimacy.

In this sense, culture might explain how the different levels of analysis coexist. It can soften the ideological thesis, for example, yet add dimension to our understanding of how news organizations produce "acceptable" stories and further, how this might privilege certain political ideas and voices. Culture might help us appreciate the importance of understanding how and why reporting which might be considered "fair" by journalists in one setting can be seen as "distorted" in another.

Culture and core values - a constructionist view

A common conceptual thread running through much of the more recent literature reflecting the levels of analysis discussed above is the notion of news as a social construct, whereby "constructions employed by each link in the production chain inhibit other interpretations" (Molotch & Lester, 1974:110). In this view, the media serve as a primary arena in which a process known as the "negotiation of meaning" among societal actors takes place (Carey, 1988). In this process, different definition of problems are voiced, along with different solutions. This "struggle for the ownership of definitions of problems and solutions" constitutes the core of the negotiation process in which meanings are contested and constructed (Gusfield, 1981).

The political power implications of the predominance of one person or group's "causal story" - what is happening and why (Stone, 1989) - over another's is clear. For instance, defining higher unemployment as a "temporary" but normal "dip" in the business cycle carries quite different political and policy ramifications than defining it as a "recession". Similarly, defining strikers as "dissatisfied" versus "exploited" workers carries different meanings and implications for the perceptions and policies surrounding labor relations in society. The strategically critical role of the media in this negotiation process is also clear. Headlines and stories favoring one interpretation or definition over another cannot help but legitimize and thus promote the victory of a particular definition or set of definitions.

Much of the social construction literature on media tends to reflect the critical or ideological perspective. For example, Stuart Hall (1982:59-61) sees the media as playing the dual roles of: 1) reproducing the definitions and boundaries of those in power, whom he calls the "primary definers", and; 2) transforming those definitions into the media version, or what he calls the "public idiom" based on the media's notions of the language of its target audience. In carrying out the second role, journalists apply existing narrative conventions to construct realities that conform to conventional "maps of meanings". And, as much research has shown, the effect of these constructed narratives is to situate social groups - be they strikers, peace demonstrators, homosexuals, or feminists, to mention just a few - into authoritatively stereotyped categories which either help or hinder their ability to exert power.¹³

The participation of journalists in the "negotiation of meaning" has also been viewed through a somewhat less manipulative lens, however. According to Bird and Dardenne (1988), for example, "news values" can be seen as culturally specific story-telling codes which, along with internal (i.e. organizational or professional) norms and routines and the larger external context, cause journalists to speak "in one narrative voice" when covering international and domestic issues. These story-telling codes, furthermore, tend to gravitate toward centrist values in society - part of a tactical process in the overall "strategic ritual" of "objective" reporting (Tuchman, 1972, 1978; Ognianova & Endersby, 1996). In this view, journalists are not reduced to the instrumentalist function characteristic of the critical studies view, nor are they outside of culture, as they tend to be in the professional norms literature. Instead, they are "very much a part of culture, but with a particular kind of privileged status within it...part of a continual dialectical process, part of the common cultural framework" (Bird & Dardenne, 1988:84). Echoing Geertz, Bird and Dardene note that the prevailing maps of meaning within journalism which perceive news values or judgments to be "natural" or "common sense" are themselves cultural constructs.

In this view, the narrative voice or patterned stereotypes employed by journalists are informed by culture. The news is a story about reality, not in the sense of what reality "is", but rather what

¹³ Strikers (Hall et al., 1978; Rada, 1977; Douglas, 1992); peace demonstrators and other protesters (Gitlin, 1980, Halloran et.al., 1970); feminists (Tuchman, 1978), drug users (Young, 1981); homosexuals (Pearce, 1981); blacks (Hartmann & Husband, 1971); social movement activists (Olien, Donohue & Tichenor, 1984).

reality “means”. And while the content of media does not necessarily impose or force meanings on its audience¹⁴, it nonetheless constructs a framework familiar to the broad spectrum of society which signifies the standard boundaries of acceptability and deviance. As journalists chronicle what is “newsworthy”, they assure their audience of a continued order while simultaneously demarcating the parameters of what is “normal”. The story or narrative brings the newsworthy to life and makes it seem “real”. In exercising their power of definition through chronicling and story-telling, however, journalists are likely to report only what is understandable to them “and to interpret it in the context of their own cultural familiarity” (Douglas, 1992:255).

Core values in Sweden and the United States

What this discussion suggests, then, is the possibility that the narratives constructed by media are informed not only by professional norms, but by the shared culture within which these and other norms emerge. Basic “common sense” notions about what is “right” and “wrong” which have become prominent over the course of a society’s history can be seen as key elements of this shared culture. The political culture of a nation-state, for example, can be seen in terms of the beliefs and values surrounding relationships of power and authority within the constructed institutional and symbolic “nation”. At the national level, core political values shape political mythology and clarify, in a political sense, “what is good about us” as distinct from others, and what is worth fighting for. The libertarian notion of individual freedom in the US could perhaps be seen as a core political value. The US perspective on freedom does not seem to coincide with that in Sweden, however. There, the freedom of the individual is more closely intertwined with, if not dependent upon, the collective rights of all citizens to social and economic security. A political actor seeking power in either setting is likely to invoke rhetoric consistent with core definitions realizing the depth of the chord it is likely to strike in the general population.

This study asks whether deeper political cultural value orientations intervene in journalistic coverage of policy reform issues representing a challenge to existing structural and value hierarchies in society. It assumes a priori that among liberal democracies, Sweden and the US

¹⁴ Fiske (1987), for example, has demonstrated the pattern of “oppositional readings” by television viewers, particularly among those portrayed negatively in or generally ignored by the media.

differ significantly in the degree to which their political cultures are dominated by collectivist and individualist values, respectively, but it does not - nor is it possible to - seek to empirically determine specific degrees or definitions of freedom or security in either country. Rather, this study presumes merely that core political values orientations exist, and further, that they inform and are informed by idealizations of freedom, democracy and other legitimizing political concepts.

Considerable comparative research has suggested that individualist and collectivist values do manifest themselves in the ways considered here. Interestingly, this literature can also be organized according to the levels of analysis discussed in reference to media bias. Thus, at the individual behavioral level, Verba (1987) finds that political elites in Sweden have a broader and more output-oriented notion of equality than elites in the US. At the organizational level, literature on the professional journalistic norms suggests a greater emphasis on social responsibility and professional ethics in Sweden relative to the US.¹⁵ At the institutional and policy level, Sweden's more inclusive and consensus-oriented policy environment in general, and its universal health care program in particular, contrast quite markedly with counterparts in the US.¹⁶ Manifestations of individualist and collectivist value orientations at the system level include political mythology and dominant rhetoric, where in the US, for example, the "rugged individualist" is heralded in political, economic and social life.¹⁷

The degree to which such values penetrate society can be observed in the common use of political language. For instance, in Sweden, ordinary people typically use the word "samhället" - which means "society" - in situations where ordinary Americans would tend to use the word

¹⁵ For the US, see Graber (1997). For Sweden, see Hadenius & Weibull (1995). This will be discussed further in Chapters Two and Three.

¹⁶ See, for example, Weir & Skocpol (1988), March & Olsson (1989), Heclo (1974), Kelman (1981). General policy and health care settings will be compared in Chapter Four.

¹⁷ The political mythology of a country tends to be associated with its critical periods of nation-building. For instance, many American myths stem from period of the revolutionary war, the pioneers and the taming of the wild west - i.e. Davy Crockett, Paul Bunyon, Jesse James. Similarly, many Swedish myths emerge from the major nation-building period that took place during industrialization and the rise of mass democracy - the idealizations of 19th century folk movements featuring "ordinary" and often less privileged figures (i.e. Gösta Berling, Nils Holgersson).

“government”.¹⁸ A greater tendency to equate government *with* society, rather than as something apart from it, would seem likely to constitute a more nourishing soil for notions of collective rights and responsibilities in the public discourse.

The “fact” that Swedish and US societal institutions, whether media, political or other, express or reinforce underlying collectivist or individualist core values may not be a revelation in and of itself, but the ways in which news coverage mediates the process of value change is little understood and would appear to warrant study. Existing content analysis and behavioral research suggests that there *is* some evidence of cultural expression in the form and content of the “journalistic narrative”. Some of this apparent evidence can be found in the constructionist research on media content and effects. In attempting to identify more interpretive patterns of journalistic coverage, the concepts of media frames and schemas have been employed in much of the research.¹⁹ One could say that frames and schemas differ in the sense that frames resemble *categories*, whereas schemas resemble a *process*, or what’s going on inside the categories. Both, however, are similar in the sense that they seek to describe the basic narrative logic of the article or story as a whole. Behavioral studies suggest that media framing and schemas exert significant influence on public perceptions and beliefs (Cappella & Jamieson, 1997). Thus, in his discussions of priming effects, Iyengar (1996, 1991), finds that episodic frames encourage people to assign responsibility for the solutions to social problems to individuals, while thematic frames foster the assignment of such responsibility to government.²⁰ Similarly, Patterson (1994) finds that US journalists tend to “see” and report in terms of a “game” schema, focusing on competing actors, rather than in terms of a “governing” schema, focusing on substantive policy issues.

¹⁸ The literal term for “government” - *regeringen* - generally refers to the current party or coalition in office. Government writ large, including public administration, tends to be referred to as “society” - *samhället*. This observation is general, but it has been informally confirmed by Swedish scholars consulted on the matter.

¹⁹ Although there is no single, unified definition of the term “frame”, Entman (1993:52) offers a representative definition: “...problem definition, causal interpretation, moral evaluation and/or treatment recommendation.” The concept of “schema” emerges from the field of psychology and pertain to cognitive processes. In applying this concept to media coverage of American politics, Patterson (1993:56) describes schemas as “a mental framework the individual constructs from past experience that helps make sense of a new situation”.

²⁰ Iyengar (1996:59) repeatedly identifies a bias in US news content, whose “systematic reliance on episodic as opposed to thematic depictions of political life elicits individualistic attributions of responsibility for national problems” such as poverty and terrorism.

These findings would seem to manifest relatively individualist values in the US in the sense that the journalistic narrative focuses on “individuals-in-conflict”, a focus which would seem, in turn, to encourage strategy over substance, “winning and losing” over issue problem solving.

Thematic frames and “governing schemas seem to manifest more collectivist values in the sense that the narrative focuses on “groups-in-cooperation”, a focus which would seem to encourage more in-depth and inclusive narratives. While these research instruments can be used and interpreted in many ways, what is suggested here is that the above distinction might serve as *one* manifestation of cultural values.

As noted above, the findings suggest that the more individualist frames or schemas dominate news coverage in the US. Interestingly, comparable research in Sweden suggests that the more collectivist frames and schemas are prominent there. For example, in his study of print and broadcast coverage of the 1994 EU referendum in Sweden, Kent Asp (1996b) finds that “issue” coverage is more prominent than “person” coverage.

By situating the journalistic “narrative logic” within the context of larger cultural assumptions, a comparative study of health care reform coverage might be able to reveal whether “intrinsically” collectivist assumptions characterize the telling of the Swedish health care reform story, and likewise, whether individualist assumptions underpin the telling of the American story. Such a cultural approach would seem justified because, although it is often assumed that “culture” influences news content and mediates change, this notion is seldom studied systematically. Culture tends to be relegated to anecdotal or parenthetical remarks about “a larger” external frame of reference which seems to play “some part” in the construction of news. The small amount of research that has been conducted in this area admits to a marginal understanding of culture as well: “We tend to assume that the news media in different cultures have different aims and emphases, but we are not very clear on what these might be” (Bird & Dardenne, 1988:76).

Purpose and approach of this study

The overriding task of this study, then, is to identify the presence of a journalistic “narrative logic” which distinguishes itself as being more or less individualist or collectivist in its telling of

the health care reform story in the US and Sweden. Recognizing such attributes may make it possible to judge whether or not core political values intervene in the telling of the “reform story”. It may make it possible to judge, for example, whether media coverage follows or opposes news sources who advocate change to existing core value arrangements. Identifying a pattern or logic of cultural bias in reform coverage could shed light on how values are reinforced or re-negotiated through mainstream media content, both in terms of how competing values get into the narrative as well as how they are presented within it.

The issue of health care reform seems a suitable policy choice for such a study not only because of the breadth, depth and symbolic weight of this policy arena in any liberal democracy, but also because health care systems in liberal democracies can quite easily be characterized in terms of degrees of individualism and collectivism. That is, it seems reasonable to state that a system could be considered more individualist the more it seems to favor the private sector over the public sector and the more it seems to reflect a priority on individual versus collective rights and responsibilities.

More interesting for the purposes of this study is the fact that the health care reform proposals in both countries contained key elements that challenged core value orientations. Thus, in the US, proposals for universal health care challenged notions of individual and private sector responsibility, striking at the core of individualistic notions about limited government. In Sweden, proposals for increased market solutions or privatization challenged deeply-rooted assumptions about collective and public sector responsibility.

Because such reforms were largely defeated in both cases, it might be tempting to conclude that core values more or less “automatically” restored themselves, or that the “will of the people” had in some way spoken and asserted itself. However, in the US at least, the public is largely dependent on the media for its political information, and health care is no exception.

Furthermore, the relationship between the media and political actors is critical in many ways. In a passive sense, policy makers often base decisions on their perceptions of public opinion, much of which they derive from media accounts. In a more active sense, political actors strive to project a favorable image by managing, as much as possible, their media image.

Thus, it seems quite clear that the mass media was a pivotal arena within which the US policy debate took place. While it is not immediately clear that the media played as critical a role in Sweden (see Chapter Four), the news media certainly did constitute *one* of the critical arenas in this country as well. It served both as a primary information source for the public as well as a primary channel through which opinion leaders would attempt to garner support for their reform position. Furthermore, because the media in both countries rest on legitimizing standards of journalistic objectivity, it is important to be able to examine the way this standard operates in practice. Examining the journalistic treatment of competing values can provide insight into the ways in which the media engage with the currents of value change in society.

This study hopes to add dimension to existing literature on the manifestations and explanations of journalistic bias, particularly the literature which emphasizes the importance of journalistic norms as an explanatory factor. By raising the possibility of a nationally distinct cultural filter, professional norms can be seen as part of a greater whole without minimizing or compromising their intrinsic importance. It may help explain both national-level differences among the norms themselves as well as national-level patterns of story-telling which reflect different core value orientations. It may also contribute to the discussion of whether journalists are controlled or led by sources. "Value opposition", for example, might serve as an indicator of journalistic independence from sources.

It is also hoped that this study can address three apparent gaps in the literature. First, very little research has been done in the potentially rich area of comparative political communication. As mentioned earlier, most studies are limited to one country, primarily the US or Great Britain, each reflecting quite different research traditions.²¹ As indicated by the work of Patterson (1992, 1998) and the growing body of research on comparative journalistic norms in European

²¹ Much of the American work tends to reflect an individual or rational actor approach to journalistic bias - i.e. professionals working within constraints - while much of the British research reflects a more mass society view, such as the work of the Glasgow Media Group. See Carey (1988:13-36) for a comparative overview of mass media research.

countries, however, recent comparative studies appear very promising, and it is hoped that this study can contribute to such efforts.²²

The second research area this study hopes to address is the relationship between media and public policy processes. Regardless of the country in question, the lion's share of research on media coverage continues to focus on elections and campaigns. Much of the remainder examines the ways in which particular social issues in general, and social groups in particular, are treated in the media. Very little attention has been paid to the behavior of the media during a longer term policy reform debate. Given the volume of both media and public policy literature, this lack of connecting tissue in the research seems somewhat curious.

Finally, it is hoped that the adoption of a comparative perspective will help broaden the study of political culture, a concept which, in the media bias literature at any rate, is generally restricted by a focus on rather rigid notions of ideological control. In the present study, political culture will be viewed as a shifting terrain, not a fixed property. And while the terrain is shifting, it is believed that its parameters can nonetheless be identified and its behavior followed in an attempt to gain insight into the media's role in changing or preserving core political values (and their policy manifestations) in western liberal democracies.

²² This research will be discussed in Chapter Three .

CHAPTER TWO

The Cultural Filter

Introduction

In *Deciding What's News*, Herbert Gans writes that “one of the most important enduring news values is the preservation of the freedom of the individual against the encroachments of nation and society” (1979:50). The quote appears in Gans’ discussion of values in the news. In this statement, Gans identifies individualism as an *enduring value* of American journalism. The concept of an enduring value is seen by Gans as an overt form of bias generally recognized and accepted by journalists, part of what he calls “value exclusion”, or overt attempts to uphold professional norms of fairness or objectivity. Gans also discusses the influence of cultural values in more subtle ways. He calls this “value inclusion”, or the unconscious opinions and reality judgments conveyed in the news.

If individualism is, as Gans says, an enduring value of American journalism, then American journalists would carry a certain awareness of themselves as purveyors of an individualistic American culture. In performing this cultural role, they might consider a potential story to be important or newsworthy if it appears to herald or threaten “American individualism”, and they are likely to tell this story in a way that restores or protects the validity of this core value. Individualism is likely to be manifested in terms of reality judgments or unconscious opinions expressed in the news as well, feeding into a journalist’s sense of newsworthiness and fairness, cueing him/her to recognize and tell a good story.

This chapter lays out the theoretical and analytical framework of this study. It first hypothesizes a funnel of influence, a cultural filter, through which core and competing values enter the news and produce coverage that reinforces or privileges the former at the expense of the latter. Turning next to the questions of why competing values are allowed through the newsgate and how they are reported, the chapter looks at the ways cultural norms might inform the key journalistic

concepts of newsworthiness and fairness. Finally, these factors are discussed in relation to the design of the content analysis and outline of study.

Core value orientations and the news

If journalists *do* carry core cultural values into their work, how do they approach and cover issues relating to value strain? How do competing values get into the news, and how are they treated in the text? Is it possible to observe some form of cultural bias in each country's coverage of policy reform? Identifying such a bias would make it possible to judge whether or not core political values intervened in the telling of each reform story. Figure 2.1 provides an illustration of the ways this cultural filter might operate. Beginning with a "total" spectrum of individualist-collectivist values on the left-hand side, the diagram depicts a funnel of influence informing the news coverage of value-challenging issues, manifested in this case in the redefinition of health care policy.¹

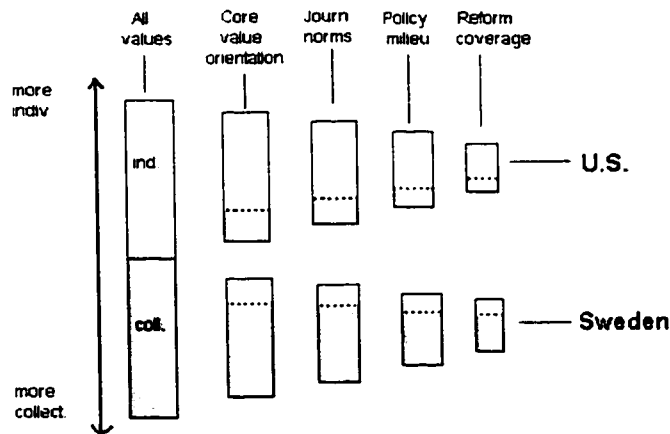


Figure 2.1: Core values and reform coverage in Sweden and the U.S.: the cultural filter dynamic

¹ This is a simplified model designed to illustrate the general pattern of influence. The value ranges are non-overlapping to reflect the a priori assumption that Sweden and the US are distinctively collectivist and individualist *relative to each other*.

At the mouth of each funnel is the core value orientation existing at the national level. This orientation is not static or predetermined. Rather, it is the result of negotiation among all potential values (represented in the figure as "all values"). This negotiation nonetheless results in a recognizably narrower range of values around which there is a high degree of agreement about what is and what is not appropriate or desirable in society, similar to what Hallin (1989) refers to as the spheres of "legitimate controversy" and "consensus" in society.² Because values are inherently relative, notions of "normal" imply notions of "deviance" as well. In other words, judgments about whether something is too individualistic or not are going to be based on what one considers to be normal and desirable degrees of individualism.

As discussed in Chapter One, the core political value orientation of a country manifests itself in the institutional structures and decision-making processes of a country, which are themselves the result of the negotiation of competing values over time. These institutional arrangements both reinforce and are reinforced by certain cultural norms and beliefs. The prominence of individualism or collectivism, for example, could be seen in the actual distribution of private versus public sector authority as well as in the beliefs about that distribution. Challenges to this distribution could be seen in calls for sweeping institutional or policy reform.

Movement of the core value orientation up or down the value spectrum would reflect shifts in the balance of values - i.e. competing values having gained or lost influence relative to core values. What the diagram suggests is that the opportunity for competing values (i.e. calls for reform) to make their way into the news in their attempt to alter the existing balance is limited because the processes of newsgathering and reporting are themselves influenced by the larger cultural framework. For instance, journalists reporting on calls for increased privatization in Sweden and universal coverage in the US will be operating under different assumptions about the rights and responsibilities of individuals and groups in society. This, it is argued, is likely to feed into their understandings of "newsworthy" stories and "fair" coverage.

² Hallin (1989) discusses these concepts in terms of the journalistic discourse itself, examining coverage of the Vietnam War, but they seem suitable to describe the larger context within which the journalistic discourse appears as well.

Thus, after passing through the filter of core value orientations, core and competing values enter the realm of journalistic norms, where Gans' (1979) notions of value inclusion and value exclusion come into play. Whether in celebrating the classic American rugged individualist (the rags-to-riches entrepreneur story) or using particular language to describe social phenomena ("the welfare mess"), core values can manifest themselves in the way journalists gather and report the news.³

This echoes Tuchman's (1978) observation that journalistic notions of objectivity are shaped by larger cultural assumptions about where the boundary between neutrality and distortion lies. In her discussion of news filming standards, for example, she identifies the primacy of "talking distance", considered more appropriate for new formats than "touching distance". These boundaries, however, are based on deeper value assumptions, thus what might be considered objective distance in one country, for example, might be seen as touching distance in another. In his comparative study of journalistic norms in five western liberal democracies, Patterson (1998) contrasts the deeper, more analytical interpretation of objectivity among German journalists with the more balance-oriented view held by US journalists.⁴ Whatever the country's profile, its elements are likely to be culturally informed in the sense that definitions and interpretations of objective reporting are themselves cultural constructs.

As journalists go about reporting what is "newsworthy" and "fair", they engage in the practice of indexing, or pegging their coverage to the range of elite opinion most proximate to the story.⁵ This takes them into the next filter depicted in Figure 2.1, bringing them into contact with sources and the policy arena. The policy setting serves as a basic frame of reference for sources

³ Cappella & Jamieson (1997:143) observe that, while it is not unusual for journalists to use the term "welfare mess" in the news text, there appears to be no such thing as a "defense mess". Their discussion concerns the relative status of different policy sectors within the US, but the term also seems to contain a comparative cultural dimension in the sense that, while it is not unusual for journalists to use the term "welfare mess" in the US news text, it is not likely, nor would it be considered normal, for them to use it in the Swedish text. Such a term reflects an unconscious opinion accepting a negative connotation of "welfare" which contrasts with normative Swedish assumptions.

⁴ The five countries are Britain, Germany, Italy, Sweden and the United States (Patterson, 1992, 1998).

⁵ Bennett's (1990) notion of indexing was initially applied to the legislative arena, particularly the US Congress, where he observed that US coverage of the Nicaraguan War was indexed to the range of opinion in Congress. The concept applies to any institutional power base, however, as subsequent studies have demonstrated (Althaus et al., 1995; Cook, 1994; Zaller, 1994). In general, the process can be conceived in terms of inter-related webs of issue-specific elites, including but not limited to the legislative arena.

and journalists alike. For the journalist, existing policy arrangements are part of the story's point of departure and are thus likely to be seen, at the very least, as "normal". Depending on existing policy arrangements at the time, the distribution of source influence could be heavily tilted against calls for fundamental change. In other words, the standard indexing source pool is likely to contain a ready and steady flow of nay-sayers.

To the degree that existing health care arrangements reflect the prominence of core values (i.e. private versus public control), then, oppositional values will face an uphill battle. For example, an awareness of common assumptions can encourage actors, both advocates and opponents of change, to invoke core value rhetoric - i.e. "universal coverage increases choice", "universal coverage threatens freedom" - as a means to gain entry to and receive serious treatment in the news.

The funnel leads to the focus of this study, the content of news itself. In each country, the health care reform story reflects both journalistic gatekeeping decisions to include certain sources/ideas (selection) as well as treatment decisions to present them in a certain way (presentation). These functions, in turn, reflect the application of journalistic standards of newsworthiness (in the case of selection) and fairness (in the case of presentation). For these reasons, the analysis will focus on the degree to which culture appears to manifest itself in the *selection* and *presentation* of oppositional values in the health care reform story. How do competing values enter the news, what keeps them in the news, and how are they portrayed in the text? In carrying out their professional norms of reporting, do journalists perform a kind of "culture work", monitoring the range of discourse to prevent major shifts in value orientations, such as those associated with the redefinition of health care policy?

The cultural filter dynamic

One way to observe the possible culture work of journalists is to examine their professional output (i.e. news text) and observe the way they craft the news narrative. How do competing values get into the news, and how are they treated relative to core values? These questions address two primary journalistic processes - the selection and presentation of news. Both seem to capture some of the cultural filter dynamic, as each is associated with the central tenets of professional journalism in both countries - newsworthiness and fairness.⁶ Thus, journalists in both countries apply a standard of fairness in their reporting of what they consider newsworthy stories. To the extent it can be shown that the definitions and applications of these standards differ in ways consistent with core value orientations, the presence of a cultural filter would be suggested. As journalists go about applying what they see as their professional standards of newsworthiness and fairness, how do they treat oppositional values? What brings competing values into the news, and how does fair treatment manifest itself in US and Swedish coverage?

Selection: getting past the gate

In order to get past the gate, competing values must satisfy the criteria of "newsworthiness". Under what conditions do they accomplish this? The path to the newsgate appears to be twofold. On the one hand, competing values can enter through an unexpected event, where circumstances permit unusual sources an opportunity to express alternative definitions and solutions to the situation. The other path is through the voice of a person or group already situated within the standard range of indexed opinion.

Entry into the news through an unexpected and dramatic event such as a tragic accident or sudden social upheaval put the spotlight, temporarily at least, on less typical actors in the news. Molotch and Lester (1974) found, for instance, that accidents disrupted standard reporting routines and provided a brief opening for normally marginalized voices. In some cases, a visual image associated with the event can become a "news icon", capturing or condensing a particular

⁶ As the discussion in Chapter Three will illustrate, the criteria of newsworthiness and fairness are central to professional legitimacy in Sweden and the US. The chapter will also outline the criteria themselves.

explanation into a powerful symbolic package that can subsequently be taken to higher levels of authority and/or other issue areas. In Lawrence's (1996) study of the Rodney King beating, the facticity and power of the video tape rendered it a news icon which condensed the larger issue of police brutality - and the alternative solutions associated with it - into a meaningful symbol that enabled it to live beyond the moment.

The limitation facing competing values entering the news as news icons or in some other way associated with unexpected crisis coverage is that the window is not open very wide, nor is it open very long. The other path to the news provides a greater opportunity for competing values to gain influence. This is the path of normal politics most closely followed by the news, such as election campaigns and legislative debates. Becoming part of a journalistic "continuing saga" or news narrative keeps the competing value on the issue agenda for a longer, more predictable period of time and increases its chances of positioning itself.⁷

Apart from unexpected events or crises, the daily ritual of news reporting is closely tied to the predictable events and rhythms of political life, typified by high level election campaigns and legislative debates. Furthermore, as Bennett (1990) and others have demonstrated, while carrying out their reporting duties, journalists tend to index their coverage according to a fairly restricted range of elite or authoritative opinion (Zaller, 1994; Althaus et al., 1995). Similar observations have been made in terms of the Swedish press, though research suggests that Swedish coverage leans more heavily toward administrative and implementation processes than does US coverage, which leans more heavily toward legislative decision-making.⁸ In both countries, then, competing values can gain entry to the news via the standard practices of indexing, i.e. a view expressed by an authoritative source within the power structures associated with routine coverage.

In the US, for instance, coverage of national and foreign policy news is heavily indexed according to sources in the established beats of the White House, Congress and relevant

⁷ Cook (1996:474) observes that journalists gravitate toward continuing sagas because of the story-telling imperative and its coupling with the organizational need to "crank out news on a regular basis".

executive agencies. Thus, if a competing value becomes the *high profile campaign issue* (i.e. health care reform) of a *presidential candidate* (i.e. Clinton), and if that candidate *beats the incumbent*, then the *ensuing legislative debate* (i.e. in Congress) over the new president's reform proposal becomes a big story. *Will he be able to deliver* the reform upon which he was in no small part elected? In entering the news in this way, the competing value becomes part of a longer-term news narrative.

The path taken in Sweden is similar, though in this case the narrative extends into the implementation process. Here, a *long-debated policy reform* (house doctor) advocated by an *opposition party* (Liberals) becomes part of the new government platform after *winning the election* and entering into a *coalition government* (bourgeois). When the ensuing legislative debate results in *passage of the reform*, nation-wide *implementation* becomes the next focus of the story. *Will the house doctor reform deliver* what it promised?

In addition to being sufficiently newsworthy, an issue must compete with organizational and production constraints. Generally speaking, the relevant factors here are the availability of resources (time, money, personnel, equipment) and consequent efficiency considerations. The more limited such resources are, the more likely coverage will be driven by economic efficiency considerations. This also favors a competing value entering the news in the form of a high profile policy reform proposal and legislative debate, because such stories are relatively easy to cover, with predictable processes, story scripts and supply of sources.

Presentation: entering the news narrative

Once competing values enter the news, they become part of the story script or news narrative, which will cast the voice or voices expressing the competing value in the role of protagonist or antagonist and generally set the stage upon which the drama plays out.⁹ By configuring the actors, their characters, the stage and the plot line, journalists play a critical role in the

⁹ Hadenius & Weibull (1995:252) note that the traditional source groups in Sweden are elected politicians, bureaucrats and spokespersons of formal organizations. Nohrstedt (1994:136-138) observes the centrality of administrative/implementation reporting in Sweden, particularly at the local level.

negotiation of meaning that will take place in the story. The question then becomes, how are competing values written into the script? Are they cast as a threat to core values or as part of the solution to a problem? Does their character change over time? If so, how and when?

Much of the research on journalistic narratives is limited to single countries, particularly the US, thus the presence of a larger cultural filter are difficult to observe. Cook (1996:476) observes that the basic US saga will “focus on whether the authoritative source will be able to succeed in ongoing progress according to the terms initially suggested by that source”. Would this be the typical Swedish saga as well? Unfortunately, no comparable observation exists in the Swedish case, but it is possible that the overall logic of the Swedish story could differ in ways that would suggest the influence of culture. For instance, the Swedish saga might contain a greater emphasis on cooperation and a lesser emphasis on competition than the US saga. Whether or not the logic reflect cultural differences, the influence of cultural values is likely to be more clearly observed in the content of the story - who gets cast in what roles, how the different characters and situations are presented, etc. For instance, is conciliatory behavior portrayed as flip-flopping or as cooperation? Is the hero a rugged individualist or a socially responsible citizen? And what is the moral of the story? Does the moral praise individual freedom, or does it perhaps reproach individual excess or greed?

In presenting competing values in the narrative, journalists will either integrate the value into the realm of legitimate controversy or possibly consensus, or they will cast it back into the realm of deviance. Whatever the outcome, the process is the same, namely journalists crafting the narratives that become the central frame of reference for the larger public debate. The likelihood of cultural influence is reasonable because, in applying journalistic standards of “fairness”, competing values are likely to be marginalized to the degree that they are perceived as radical or extreme. The greater the burden of proof or scrutiny a narrative places on the competing value, or the more it repairs it to conform to existing norms, the greater the evidence of a cultural filter in which news coverage protects the current core value orientation against excessive movement or change. Within this narrative discourse, furthermore, strongly consensual rhetoric is likely to

⁹ Cook (1996) notes that all news stories possess the basic characteristics of narrative: protagonist, antagonist, conflict, movement and resolution.

be favored as a means to keep the story moving. This is likely to privilege political actors invoking such rhetoric to appear in the narrative and be treated seriously.¹⁰

Identifying culture in the text

Because it studies the story itself, the method of content analysis is well suited to a search for a cultural filter in the telling of the health care reform story. It makes it possible to consider whether the manifestation of “fair” reporting (i.e. news text) appears distinctively more collectivist in Sweden and individualist in the US.

The approach taken in this study is to examine the journalistic selection and treatment of competing values on three levels of analysis: the overall narrative, the individual story and statements within the text. Each level seems to offer possible insight into one or both of these processes, and taken together, they provide a more textured picture of the coverage as a whole.

At the broadest level, the overall narrative of the story provides information about both selection and presentation. In terms of selection, the larger narrative surrounding the beginning, middle and end of the story provides cues as to when and why competing values enter the news as well as what keeps them moving within it - the overall “dramaturgy of the headlines”.¹¹ In terms of presentation, story elements such as the moral, the problem, the archetypal heroes and villains, etc. may reflect individualist or collectivist assumptions. For instance, are the heroes in the health care story those who struggle for individual freedom or those who struggle for equal care?

Within the larger narrative, the processes of selection and presentation may also manifest themselves in the framing of individual stories. Cappella & Jamieson (1996:38-57) observe, for instance, that framing consists of two levels - who/what is selected for inclusion in the frame (i.e. sources, ideas, opinions, settings) and how they are treated or presented in the picture. It seems reasonable to argue, for example, that a more collectivist frame would be one that includes and emphasizes theme of security while simultaneously excluding or marginalizing the theme of

¹⁰ This applies to actor on both sides of the issue - i.e. reform advocates can stress the freedom and choice of the proposed system, and reform opponents can claim that the new system threatens freedom and choice.

freedom. Similarly, a more collectivist picture might contain a plot in which the hero comes to the aid of an underdog or victim.

The most specific way to observe journalistic decisions about the selection and presentation of core and competing values is to track the actual "value discourse" in the text - i.e. the units of text expressing individualist versus collectivist views. Are there distinct country patterns in terms of the relative weight of individual versus collective statements in the text? Do these patterns appear stronger than differences within countries, such as those between newspapers, between journalist and actor voices in the text, and between different time periods?

Because this study attempts to isolate the value patterns of journalists in relation to *but apart from* political actors (news sources), the text in each article will be measured not only according to its value orientation, but also to whether it is spoken in the actor (quote, paraphrase) or journalist (description, analysis) "voice". Article text consisting of quotations or paraphrases reflects a journalistic decision to give the actor a more direct voice. Similarly, text that is more descriptive and analytical is closer to the direct voice of the journalist. This approach makes it possible to more clearly observe journalistic decisions about the selection and presentation of core and competing values over the course of each policy debate. For instance, do value patterns expressed in the journalist "voice" resemble those of actors, or do they deviate in some way? If there is a deviation, what is it and how does it behave over time?

The cultural filter hypothesis would predict that news coverage is likely to exhibit protective tendencies toward the core value when reporting on an issue that contains a value component challenging the existing order. As Cook (1996:478) and others have observed, even in the context of indexing practices there is room for the journalist to "craft the final product". Thus, descriptive or analytical text (i.e. reality judgments) can be viewed as the portion of the text reflecting the maximum amount of journalistic discretion, allowing the journalist to position himself relative to actors. At each level of analysis, the greater the degree to which Swedish and American journalists craft stories reinforcing core values at the expense of competing values, the greater the evidence a cultural filter.

¹¹ This term is taken from Eide & Hernes (1989).

Questions of this study

The overall aim of this study is to determine whether or not it is possible to identify a larger cultural filter informing the coverage of value strain, exemplified here in the basic redefinition of health care policy. The literature has pointed to numerous explanatory forces in news coverage, primarily those associated with the constraints on journalists imposed by professional or organizational norms, but it acknowledges a lack of understanding of what motivates the sphere of journalistic discretion in gathering and reporting the story:

"Indexing thus has considerable power as an explanation for newsmaking, but it also has its limits...(w)e must recognize that for reporters, indexing is one means to an end, which is crafting the stories that will be prominently displayed in the news..." (Cook, 1996:478)

Cook's observation prompts the basic question of this study, i.e. whether or not the cultural filter could serve as a possible explanatory factor in news reporting, visible not only in the discretion of journalists, but in the more "constrained" areas as well. Thus, to the extent that professional and institutional norms are themselves informed by the larger core value orientation, the more power the core value would seem to have against a challenging value attempting be heard in the news. By considering each of the filters displayed in Figure 2.1 - journalistic norms, policy environment, news coverage - the results of the content analysis can be interpreted against the backdrop of institutional factors which may or may not favor core over competing values as they move into and through the news narrative.

With this discussion in mind, the questions that organize this study are as follows:

1. What institutional contextual factors might privilege the position of core values in the newsgathering and reporting process?
 - a. Are the norms and ideals of Swedish journalism more collectivist than those of American counterparts? Does their organizational structure suggest the victory of more collectivist ideas than is the case in the US? (Chapter 3)

- b. Do existing health care arrangements in Sweden reflect the prominence of collectivist ideas, and if so, how consensual do these ideas seem to be? What is the distribution of value orientation within the potential source pool? Is one source group better positioned to be heard than another? (Chapter 4)
- 2. In carrying out their professional duties of fair reporting, what patterned distinctions can be observed in the news content which suggests the presence of core value bias in each country? (Method, Chapter 5)
 - a. How does the overall narrative logic reflect core values? Does the continuing saga of health care reform cast the competing value as threat, as savior, or as something in between? Why does it remain in the narrative, and how does its treatment change over time? (Chapter 6)
 - b. Are individual stories framed in distinctively collectivist or individualist ways? For example, do articles tend to feature themes related to health care security, or is there a tendency for health care coverage to contain a preponderance of themes related to freedom? (Chapter 7)
 - c. Does the text reveal patterns of value expression among actors and journalists that suggest country differences consistent with cultural filter expectations? Do Swedish and/or US journalists exhibit "value opposition" vis-a-vis actors, and if so, what form does it take and when does it occur? (Chapter 8)

The answers to these questions will be addressed in a final discussion (Chapter 9). Returning to Gans' (1979) notion that cultural values find their way in to the news story, the chapter will consider whether it can be said that individualist and/or collectivist values manifest themselves and intervene in the two countries' telling of the health care reform story. The patterns identified in the study will be summarized in terms of the possible mediating role played by journalists in the coverage of health care reform. Particular attention will be paid to their treatment of competing values in the news discourse in order to determine whether core values were privileged at the expense of challenging values, thus perhaps contributing to the failure of reform in both countries. It is hoped that the results of the study can provide insight into two primary research questions. First and foremost, it is believed that an understanding of the role of core cultural values can account for part of the realm of journalistic discretion, identifying perhaps a

certain cultural “space” within the storytelling imperative of each country. In addition, the findings might be able to illustrate the ways in which cultural values influence more overt institutional and professional constraints on news production, including standard indexing practices. In both instances, the dynamic identified in this study will provide information about how new or oppositional values get into the news and how they are treated in the larger news narrative.

CHAPTER THREE

Media Environment

Introduction

This chapter asks how the journalistic filter of organizational and professional norms in each country might reflect and reinforce core value orientations in the telling of the health care reform story. First, do these norms appear to reflect core value orientations, and second, how might they influence the selection and presentation of competing values in reform coverage?

On the surface, the professional norms of Swedish and American journalists display interesting similarities and appear somewhat “culture blind”. Beneath the surface, however, institutional and ethical differences suggest the relative weight of “individual freedom” in the US and “collective responsibility” in Sweden. Such differences are likely to affect journalistic views about fairness, newsworthiness and professional rights and responsibilities more generally. For example, coverage of labor unions in Sweden could be influenced by the strong degree to which journalists themselves are unionized and the relative consensual legitimacy of collective bargaining. Similarly, coverage of government regulation in the US could be affected by the strong professional emphasis on first amendment rights and laissez faire journalism.

Professional similarities

At first glance, journalists in Sweden and the US bear strong resemblances. Both professions rely on a validating standard of objective or fair reporting, and both see themselves as independent watchdogs. They also judge newsworthiness in similar ways and see themselves similarly in relation to the general public.

Objectivity norm

In Sweden, the ideal of objectivity is a central component of professional legitimacy and has been the subject of intense public debate and study (Melin-Higgins, 1996:31). It first received attention in the 1960's, when debates over the role of the media intensified against the backdrop of the breakdown of the party press system and the rise of television. A series of studies and investigations were conducted into the partisanship of the broadcast media, which, if detected, would have violated the agreement between Swedish Radio and the state stipulating that Swedish Radio was to convey "truthful (*saklig*) and non-partisan news".¹ A formal discussion surrounding the concept of objectivity began at this time. As part of a royal commission study appointed by the government, political scientist Jörgen Westerståhl (1969) identified four components of objectivity: truth, relevance, balance, and neutral presentation. The last of these - neutral presentation - included the avoidance of value-laden terminology.² Following the release of the commission report in 1975, the elements of "good journalistic practice" outlined in the formal Rules of the Game (see below) became "correctness" and "all-sidedness".³

The principle of objectivity is a central legitimizing element in contemporary American journalism as well, but in contrast to Sweden, the concept has received little formal or official attention either within or outside the profession. No commissions or task forces have been appointed to concretize the concept or incorporate it into a more formal code of conduct as is the case in Sweden, for instance. The only codification of objectivity occurred with the introduction of fairness rulings or the "Fairness Doctrine" by the Federal Communications Commission (FCC), but this only applies to broadcast, and the doctrine was vociferously fought by the National Association of Broadcasters (NAB) and other industry groups, leading to its formal abandonment in the 1980's. Still, American journalists generally believe that, given the freedom to pursue their jobs, subjective values can be stripped away and a reasonably "objective" or

¹ See Weibull & Hadenius (1995:298-300). The debate itself was triggered by criticism of Swedish Radio by the leader of the Right party (now Moderate Party), accusing them of negative radio and television coverage resulting in the party's poor election performance.

² Among the recommendations offered in regard to minimizing value-laden coverage is the avoidance of using the subject's "propaganda vocabulary" (1969: 54).

³ Originally they were "truthfulness" and "nonpartisanship". "Correctness" was added in 1953 (Nohrstedt & Ekström, 1994).

unbiased presentation can be achieved.⁴ The notion itself achieved prominence early in the 20th century. It was primarily a marketing strategy adopted by the new prestige press to appeal to a more upscale audience. Since that time, objectivity has come to be linked to notions of a free and independent press.

Critical monitors

Swedish and US journalists share a number of role perceptions. Both place importance on the independent watchdog role of the media and associate high quality reporting with notions of independence and objectivity (Hultén, 1993; Bennett, 1996). Similarly, both feel constrained by newsgathering routines and feel that sources exert too much influence on news content.

Swedish research on journalistic professional identity has often applied the concept of reporter “types”, which can be viewed according to their relative emphasis on active versus passive role perceptions.⁵ Melin-Higgins (1996) finds that most journalists see themselves either as “bloodhounds” (critical monitors) or “pedagogues” (stimulating the public), both of which are active journalist types roughly corresponding to Thuren’s (1988) “knight in shining armor”, while very few label themselves as either a “neutral reporter” (mirror view) or “normative” (mouthpiece), both of which are passive types roughly corresponding to Thuren’s “artisan”. This critical monitor or pedagogue perception is much in the spirit of the Anglo-Saxon “anti-role” of journalism as a third (or fourth) estate. Indeed, Swedish scholars claim that this anti-role is stronger in Sweden than it is in the US.⁶

Journalists in the US link notions of objectivity with a strong belief in the media as critical watchdog of government, and they are “fiercely protective” of their professional independence (Graber, 1997:12). When asked whether their “ideal” notions about relations with information sources corresponds to their notions of what “actually” tends to be the case, American journalists

⁴ This is based mainly on Bennett (1996:141-166).

⁵ The basic inventory includes the “knight in shining armor”, the “devil’s advocate”, the “hard-hitting journalist”, the “artisan”, the “bloodhound” and the “pedagogue”. The first three types can be found in Thuren (1988). The second two are the focus of Melin-Higgins (1996).

⁶ Weibull & Hadenius (1995:293) state: “In its Swedish form, (the anti-role) appears even more pronounced than the original American form. See also Asp (1986:132).

believe that “reality” does not measure up, and that organizational constraints limit their ability to pursue what they rank as the ideal roles of news journalism: 1) getting information to the public quickly; 2) investigating government claims, and; 3) analyzing complex problems (Weaver & Wilhoit, 1986). The “ideal-reality” gap is present among Swedish journalists as well, who believe that their ideal of watchdog and critical monitor is met in reality by manipulative sources.⁷ Melin-Higgins (1996) finds that Swedish journalists believe that organizational constraints and manipulative sources lead to coverage more geared toward sensation and less toward substantive information. Reflecting a shared value on journalistic independence, Swedish and American journalists believe that, while they should be free to interpret and criticize sources, they are instead manipulated by them.

Self-perception of partisanship

When asked to situate themselves on a left-right spectrum, Patterson (1992) finds that both Swedish and US journalists displayed centrist tendencies but tended to situate themselves slightly to the left of the general public.⁸ Patterson’s five-nation study suggests that this is common among democracies more generally.⁹ In Sweden, furthermore, the value of professional independence appears manifested in the tendency among journalists to identify with smaller political parties.¹⁰

⁷ The study also asks news sources the same set of questions (i.e. in terms of their relations with the media). Not surprisingly, sources believe their ideal of journalists as a neutral channel is contradicted by the perceived reality of critical journalists (Melin-Higgins, 1996).

⁸ Swedish journalists place themselves a bit to the left of center (4.0 on a 10 point scale). In so doing, they situate themselves more to the left than do either MPs (4.7) or the public (4.8). In the US, journalists place themselves just to the left of center as well: 3.3 on a 7 point scale (Patterson, 1992).

⁹ In all countries studied, journalists situated themselves somewhat to the left of center (Patterson, 1992).

¹⁰ They are disproportionately over-represented among supporters of the Left Party, the Green Party, and the Folk (Liberal) Party. Asp (1996a) finds in 1994, 20% of journalists sympathized with the Left Party, while only 7% of the population as a whole did so. Similarly, 18% of the journalist corps sympathized with the Folk or Liberal Party, compared to only 8% of Swedes in general. The pattern is repeated with regard to support for the Green Party, receiving support by 14% of journalists but only 5% of the population as a whole. Asp also points out that the demographic profile of journalists also corresponds to that of other sympathizers of these parties - younger, educated urbanites.

Newsworthiness Criteria

Conceptualizations of newsworthiness in both countries center around the notions of immediacy and impact. In the Swedish literature, Galtung and Ostgaard (1978) list Swedish news criteria under three categories - identification, sensation, and time factor. This resembles the criteria mentioned in regard to the US - namely impact, conflict, familiarity, proximity and timeliness - with conflict, proximity and timeliness being the primary axes around which notions of newsworthiness revolve (Graber, 1997).

Professional Differences

Despite the appearance of these similarities on the surface, the journalistic settings of the two countries display differences that suggest the relative influence of collectivist values in Sweden and individualist values in the US. Each of the norms mentioned above can be interpreted through the context of their larger cultural setting. For instance, the political spectrum used by journalists to gauge their political position is itself a construct whose boundaries are defined according to different assumptions about what is "left" and what is "right".¹¹

Institutional framework of print journalism

Differing implications of the meaning of objectivity and independent watchdog, for example, can be identified by examining the formal standards, codes, and other institutional features of the journalistic landscape. Here, the Swedish setting displays much stronger collectivist tendencies than does its US counterpart.

¹¹ In other words, the scales themselves reflect each political value context. Thus, hypothetically speaking, on a 7 point scale moving from "left" to "right", a "4.0" on the Swedish scale (center) is more likely to approximate a "2.0" than a "4.0" on the US scale (left).

In Sweden, legislation pertaining to freedom of the press does not deal directly with issues of content.¹² The formal rules which do pertain to editorial content are called the “ethical rules”, and have been established voluntarily within the industry over the course of this century. Thus, as Weibull and Hadenius (1995:30) observe, while “the Swedish media tradition has its foundation in a freedom perspective on the media’s role, .. (t)his view has been modified through various types of rules which underscore that the mass media also have a social responsibility”.

Three types of ethical rules guide the practice of journalism in Sweden: 1) *publicity rules*, which set the standards of “good journalism” or journalistic practice; 2) *professional rules*, which outline the behavior of the “honorable” journalist, and; 3) rules separating editorial content from *advertising*, which stipulate, for example, that advertisers should not be allowed to “purchase copy”. Together, these rules are published under the title “Rules of the Game for the Press, Radio, and TV”, and they continue to exert considerable influence over the profession.¹³

Oldest and most central are the *publicity rules*, which were introduced in 1916 with the establishment of the Press Opinion Board, (POn).¹⁴ This body was jointly formed by three professional associations - the Publicists Club (PK), the Swedish Journalist Union (SJF), and the Publisher’s Association (TU). The impetus for its establishment was a scandal involving a private letter published without first consulting sender or receiver. It was decided that the profession needed an impartial “honor court” to guide “good journalistic practice” and address grievances, claims or violations of such practice. The board consisted of representatives of the three professional organizations, along with appointees selected by the Justice Ombudsman and the Swedish Association of Lawyers.

¹² Legislation addresses the rights to establish and distribute newspapers. Freedom of the press, or the “freedom to publish” (“tryckfriheten”), dates back to 1766, when the first legislation was passed, and 1809, when “genuine” freedom was codified in the Constitution. The current Swedish legislation, which dates from 1949, lists five main points: 1) the right of establishment; 2) censorship ban; 3) anonymity and informant protection; 4) legal proceeding (rättsförfarande); 5) and the “offentlighetsprincip” or “principle of officialdom” whereby information should be made available to the public (Weibull & Hadenius, 1995).

¹³ Weibull & Hadenius (1995) observe that the rules have been subject to greater questioning since the late 1980’s. For the most part, however, the existence or validity of the rules is not the target of criticism, but rather the relationship between the ombudsman (PO) and the ethics board (POn).

¹⁴ Despite the odd appearance of this acronym in English, “POn” is the correct Swedish spelling. Publicity rules also apply to radio and television. The oversight body for broadcast is the Radio Board, or “ROn” (Börjesson, 1991).

For the first 40 years of its existence, the POn interpreted “good journalistic practice” on a case-by-case basis, but during the 1960’s, the need for clearer guidelines became more overt, and the “rules of the game” were established, with the POn as oversight board. In 1969, a Press Ombudsman (PO) was introduced and charged with identifying, either through their own initiative or in response to a complaint, journalistic violations of the rules. If the board decides that a violation has occurred, they issue a “statements of blame” to be published in the offending publication, which must in turn pay an “expedition” or penalty fee. Currently, the board handles an average of 400 cases per year, 20% of which result in a “statement of blame.”

In 1965, the Swedish Journalists Union (SJF) decided at their annual congress to create a formal professional code which would “give the individual journalist definite norms and guidelines in the exercise of their profession”.¹⁵ These guidelines, or 13 rules, were completed in 1968, and in 1974 the Professional Ethics Board (YEN) was set up to oversee adherence to the rules. Since 1974, the professional rules have constituted “Part II” of the “rules of the game” and are still in effect today. In general, they address relations between journalists and sources. As shown in Appendix A, which lists the 13 rules, five pertain to journalistic integrity, seven address the gathering of material, and one addresses publication deadlines.

The rules addressing “editorial advertising” are handled by the Text Ad Committee. These rules stipulate that editorial copy shall be “clearly separate” from advertisements and are intended to prevent advertisers from “purchasing editorial copy”. Also, ads must not try to “mask” as editorial copy.

Another set of formal professional guidelines is provided by the 1975 report on the functions of the press resulting from the royal commission appointed in 1969 (SOU 1975:78). It specifies four roles of the press: 1) monitoring the activities of influential members of society; 2) informing citizens and politicians about what is necessary to take a stand on social issues; 3)

¹⁵ Löfgren (1991:127) does not specify why the professional decided to establish these rules other than to say that “(a)s the media system developed, the demand for some type of journalistic work rules increased both within and outside the profession”. This suggests, perhaps, a reasonable “consensus”, at least in the

commenting, either independently or as a spokesperson for an organized interest, on occurrences in society, and; 4) promoting communication within and between political, labor and other interest groups. These objectives were supported by the TU, SJF, and Swedish Radio. While they are not demands, they have served as a basis for Swedish media policy, including press subsidies designed to preserve diversity in the market, since the mid-1970's.

Another structural feature of the Swedish media landscape is the prominence of the party press system. For much of this century, Swedish journalism has been dominated by the view that the press is a natural component or extension of a political party. Over time, the party press system has become diluted by the Anglo-Saxon model of the media as a separate estate or critical monitor of government.¹⁶ In many ways, however, the party press system remains well preserved. In the early 1990's, for instance, the lion's share of daily Swedish newspapers, even those claiming to be independent, could be grouped according to four major spheres - social democratic, center, liberal and moderate. Weibull & Hadenius (1995:122) observe that "the traditional party press system is perhaps becoming weaker, but what remains is a political press with more or less clear ties to political groupings in Swedish society." They further observe that the strength of party affiliation is likely to remain stable for the foreseeable future.

In part, the persistence of the spirit of the party press is the result of a (thus far) continued consensus surrounding the importance of press diversity and citizen choice as necessary preconditions for functioning democracy. Since the 1940's, numerous government studies have examined the press market against the backdrop of ownership concentration. Thus, over the years, various forms of direct and indirect assistance have been implemented in order to maintain diversity in the press, the primary mechanism being efforts to prevent bankruptcy among existing papers.¹⁷

sense that conflict does not seem to characterize the literature's account of the rules (see Weibull, 1991; Börjesson, 1991; Nohrstedt & Ekstrom, 1994).

¹⁶ Weibull and Hadenius (1995) explain that the party press could function as long as more than one party had a "voice" in each community. In the 1950's and 1960's, however, several newspapers closed, leaving many towns with only one paper and making it less tenable to take a stand for a particular party.

¹⁷ Press supports are administered by the Press Support Board, which consists of three upper level administrators and representatives from each political party currently represented in Parliament. Direct support consists of subsidies paid directly to the newspaper company. Indirect support includes measures such as exemption from value added taxation, favorable postal fees or other efforts to facilitate the

The bulk of these supports have been extended to papers associated with the Social Democratic and Center parties.¹⁸ This is due to the imbalance in the market whereby only 25% of all newspapers are associated with these parties despite their share of voter support. Much of this imbalance stems from the comparative advantage enjoyed by the Folk (liberal) and Moderate (conservative) party papers, which were first to arrive on the scene in the 1800's and have been able to expand production and gain market share at the expense of local competitors.¹⁹ Press support has been the subject of intense debate over the years, with opposition stemming primarily from the Moderate (conservative) and Folk (liberal) parties. In general, however, the view that local newspaper monopolies do not serve the interests of democracy has held sway. Furthermore, press supports continue to be extended to all qualifying publications, regardless of political orientation.

Seen as a whole, the institutional landscape of the Swedish media contains a fairly substantial set of generally agreed upon standards reflecting a commitment to media diversity. Journalistic professionals nationwide both formed and enforced codified rules of conduct, and media policy has been directed mainly at providing or protecting voice diversity. The "rules of the game" and the stated functions of the press outlined by the royal commission report of 1974 remain uncontroversial, although there is continued debate as to how best achieve these goals. While it is true that market-dominated journalism appears to be on the rise in Sweden, it is also true that the existing balance favors the public service model over the market model far more than is the case in the US.

Compared to their Swedish counterparts, "journalists in the United States have some major problems in coming to grips with their ethics" (Goodwin, 1983:4). To be sure, American journalists operate within a less formalized professional landscape than their Swedish

operations of the daily press. For an extensive account of Swedish and American press history, see Borden (1995).

¹⁸ In 1991, the Social Democratic press received 55 percent of the direct operational support ("driftstöd") and the Center Party press received 15 percent (Weibull & Hadenius, 1995:88).

¹⁹ Liberal and conservative papers were the first to appear in 19th century Sweden and thus had a head start in the market. It should also be mentioned, however, that the liberal party played an instrumental role in the rise of social democracy in Sweden, thus the ideological gap between the liberals and social democrats was not nearly as great as the gap between the social democrats and conservatives at the time.

counterparts. Formal rules and adjudicatory bodies do not demarcate and enforce standard practices or objectives in the US as they do in Sweden.

The lack of formal rules and enforcement bodies in the US media landscape is very much a reflection of the weight carried by the first formal rule established - press freedom as guaranteed in the First Amendment of the Constitution. With the ratification of the First Amendment in 1791, the press became "the only private enterprise in America that is granted a privileged status by the Constitution" (Graber, 1997:59). In keeping the press from government - "Congress shall make no law.." - the First Amendment has long served as an effective foundation of resistance to any form of legislative control.

Because the First Amendment is extremely vague in its wording, however, and because there are no supplemental legal documents formally clarifying the concept of press freedom, its boundaries tend to be hammered out in the courtroom rather than in Congress. In this arena, "press rights" tend to win out over other kinds of rights (i.e. an individual's right to privacy), as the persuasive power of the First Amendment results in few cases in which courts impose prior restraint on publication. The courts do appear to prioritize the right to a fair trial, however, often imposing gag rules on trial participants which forbid them to communicate with the media during the trial period. These gag rules are highly flexible, however, and there is no overarching law or rule governing media relations during a trial. Yet another ill defined legal parameter are shield laws intended to protect journalists from forced testimony, thereby enhancing their credibility vis-a-vis news sources.²⁰

The press is also privileged in the sense that they are not required to provide rebuttal rights. Editors can decide to permit rebuttals, but they are not obligated to do so. In general, media professionals apply the norms of self-censorship when considering whether to publish potentially harmful stories. Their decisions are generally motivated by a fear of economic recrimination in one form or another, such as the fear of getting a lawsuit or losing advertiser support. These market-driven considerations appear to exist in the place of a political institutional framework.

²⁰ Shield laws do exist, but only at the state level, and not all states have shield laws.

Regarding the presence of adjudicatory bodies or avenues of grievance to ensure “good journalistic practice”, a National News Council was established in 1973, but it was dissolved in 1983 after being unable to gather momentum as a vehicle for arbitrating media ethics. The council was strongly opposed by many news organizations, most vocally the New York Times and the Associated Press, who argued that the council impinged on their First Amendment freedoms. Some states have instituted media councils, which hear and investigate complaints about media output, but the press has strongly opposed them and considers them a threat to their editorial independence (Graber, 1997:386).²¹ Several individual newspapers have set up ombudsman facilities as a way for readers to voice complaints, and there have been calls for a more formal ombudsman system.²² Thus, while there are a few scattered landmarks, the institutional map of journalistic accountability in the US is rather sparse.

A similar landscape characterizes journalistic codes of ethics. Following a template created in 1923 with the code adopted by the American Society of Newspaper Editors (ASNE), nearly all existing codes are strictly voluntary. There is no overarching national code generally accepted by the media profession as there is in Sweden. Most codes exist at the professional association level, at the enterprise level, or at the state or local level. Furthermore, industry codes appear to be primarily defensive. When the NAB established a Code Authority to enforce their code of ethics in 1960, for example, their action was motivated by a desire/need to forestall FCC enforcement of fairness provisions in broadcast programming. The Code Authority dissolved in 1983, two years before the Reagan-era FCC ruled that the fairness doctrine violated the First Amendment.²³ Trade unions oppose any codes which are not worked out through collective bargaining. Further, they argue that any existing code should be advisory, not compulsory. Codes with teeth, which tend to exist only at the newspaper level, are opposed by employee groups. The Newspaper Guild, an AFL-CIO union representing editorial and other newspaper employees, is particularly vocal in this regard.

²¹ The only surviving state council since 1987 is Minnesota, interestingly a state with a large Swedish immigrant population.

²² See, for example, Isaacs (1986).

²³ See Krasnow, Longley & Terry (1982).

Codes of conduct in US journalism are thus highly fragmented and decentralized. The only federal legal provision pertaining to the practice of journalism is the Freedom of Information Act of 1966. In keeping with the spirit of the First Amendment, the Act was intended to open up government documents for public (i.e. media) inspection. It was amended in 1974 after the Watergate scandal, and again in 1986, in an attempt to favor media access by lowering fees for media and raising them for private individuals or organizations.²⁴

In his examination of the history of press policy in Sweden and the US, Borden (1995) identifies what can be seen as individualist and collectivist manifestations in each country's policy response to the increased concentration of newspaper ownership. Thus, while Sweden adopted direct press subsidies in an effort to preserve ownership diversity, the US decided on a system of voluntary joint operating agreements.²⁵ Borden (1995:236) notes that Congress refused to even consider a suggestion for grants made at a hearing in 1970. The reason was fear that such a suggestion would spark talk of "government interference".

Another manifestation of core value orientations is the suggestion that there is a greater emphasis on journalistic *ethics* in Sweden, whereas in the US the watchdog and critical monitor roles appear closely connected to journalistic *freedom*. Swedish journalists appear to value the integrity and legitimacy conferred by the ethical rules, reflecting a view that would seem to regard journalism as a formal "profession". American journalists, by contrast, consistently resist rules and especially oversight or enforcement capabilities, arguing that journalism is a "craft" not subject to formal codes or standards (Goodwin, 1982:50-52). Furthermore, American journalists believe that they should not need to consider the broader impacts of their coverage on either sources or society in general (Graber, 1997:109).

²⁴ Apparently organized crime and other (non-media) groups had been taking advantage of the Act to further their own interests, and were deemed to be misusing or abusing the privilege (Graber, 1997:68-75).

²⁵ The US joint operating agreements were intended to prevent bankruptcy by allowing competing newspapers in the same location to pool their production costs. Anti-trust considerations were not taken very seriously, however, so these arrangements tended to foster mergers and acquisitions rather than more viably competitive markets and editorial diversity. The policy "effects" appear consistent with the core value orientations as well. Borden (1995:236) concludes that the Swedish reforms served the public interest by protecting and fostering diversity, while the US reforms tended to have the opposite effect.

The institutional setting of Swedish journalism appears to reflect a strong emphasis on responsibilities of the press as well as rights, and on the rights of those written about as well. The US setting, particularly in its tendency to claim First Amendment rights and define boundaries in the courtroom, appears to reflect a large emphasis on rights of the press at the relative expense of press responsibility or the rights of other members of the public.²⁶

Professional values

These institutional differences are further reflected in the professional values of journalists. Thus, although both Swedish and American journalists place a high priority on professional independence and see themselves as active reporters and critical monitors, Swedish journalists possess a professional ethic that seems to contain a greater acknowledgment of journalistic responsibility, while the US ethic seems to reflect a stronger emphasis on journalistic freedom. In contrast to their American counterparts, Swedish journalists embrace a relatively cohesive set of professional ideals codified in formalized “rules of the game”, and their general perception of “good journalistic practice” reflects an awareness of the consequences of media exposure.²⁷

In their studies of the degree to which journalists believe in the “rules of the game”, Börjesson (1991) finds a broad consensus supporting their existence and the need to respect them. Some difference exists in regard to the degrees to which the various rules should apply, but the ideals themselves - the pursuit of correctness, relevance, non-partisanship, and justifiable consideration of the individual’s personal integrity - are not questioned. Similar evidence is observed by Löfgren (1991), who finds that journalists rank or prioritize the rules in a similar fashion, placing

²⁶ This is not to say that there are *no* Swedish journalists who would prefer to see the rules disappear, nor that there are *no* American journalists who would prefer to see a national code of journalistic conduct complete with adjudicatory bodies and real enforcement capabilities. However, the tendencies are strong and deeply embedded for Swedish journalists to gravitate toward the discussion and systematic evaluation of rules governing professional behavior. Such tendencies are largely absent from the US setting.

²⁷ It should also be recalled that the formal rules apply to journalists and other professionals working in the print and broadcast media.

those relating to “integrity” above the others. One of the main aspects of the personal integrity value is the practice of protecting the anonymity of crime victims and suspects.²⁸

The existence, weight and legitimacy of Sweden’s ethical rules illustrate the relative prominence of “social responsibility” over “libertarian” press ethics.²⁹ According to Nohrstedt & Ekström (1994:11), social responsibility rose to prominence in Sweden as a result of three changes: 1) the introduction of universal suffrage in 1909 and the rise of mass parties; 2) the increased concentration of media ownership and; 3) the issue of limited frequency space brought on by the introduction of radio. Together, these factors contributed to “the idea that the media’s rights should be met with certain responsibilities”.³⁰

Although social responsibility as a journalistic ideal carries weight in the US, American journalistic ideals exhibit stronger elements of the libertarian ethic than their Swedish counterparts.³¹ Bennett (1996:11) observes, for example, that objectivity in the US has tended to be invoked as a defense against formal controls or as a justification for extensive privileges. He further observes that the free press is epitomized by market-driven news, limited government intervention, and maximum journalistic autonomy. Goodwin (1983:10) notes that the dominant American interpretation of objectivity has been to “just report what important people say and do”, without regard for explanation, context, or “compassion”. He cites the main components of the objectivity ideal as being “accuracy” and “fairness”. Accuracy manifests itself in a focus on “just the facts”, while fairness embraces the notions of balance and impartiality and manifests

²⁸ Dating back to the origins of the publicity rules and its concern with crime reporting and the personal consequences of press exposure, “the Swedish press ethic has sprung from the notion that it is reasonable to show consideration for an individual’s privacy in news reporting” (Weibull & Hadenius, 1995:316).

²⁹ “Social responsibility” and “libertarian” journalism are labels applied to media systems in western liberal democracies by both American and Swedish scholars. Weibull & Hadenius (1995) discuss social responsibility and libertarian “ideologies”, while Graber (1997) describes them as “philosophies”. Graber (1997:20) differentiates between them as follows: “When journalists...subscribe to the libertarian philosophy, they feel free to report whatever they wish as long as public tastes are satisfied. By contrast, when social responsibility philosophies prevail, newspeople expect to contribute to the betterment of society, spurring media audiences to behave in socially responsible ways”.

³⁰ The authors do not specify whose idea this was, or whether anyone was opposed to it. However, a likely source of opposition is large newspaper owners, whose market share was being questioned and who were likely to embrace the more bourgeois parties.

³¹ Borden would seem to agree. In his discussion of the concepts of social responsibility and libertarianism, he concludes that, while Sweden and the US each display elements of both, that Sweden possesses more traits in line with the principles of social responsibility than does the US (1995:31-33).

itself in a “both sides” approach to reporting. Bennett suggests that the both sides approach to fairness encourages a bifurcation of complex, multi-sided issues into polarized camps.

This feeds into another distinctive aspect of American journalistic objectivity or fairness, namely the assumption of an adversarial role, which journalists believe is a key aspect of their watchdog role. While the Swedish “anti-role” is directed at power elites in general, including those outside government, this role is seen in the US primarily as monitoring the excesses and misbehaviors of the executive, legislative and judicial branches (Graber, 1997:22-23).

Goodwin (1983) notes that the aggressive and now somewhat mythic adversarialism displayed by journalists toward President Nixon during the Watergate affair was cheered by journalists, who considered such aggression as necessary to filling their watchdog role. Throwing “hard balls” at high level government officials appears to be one of most cherished plays among American journalists. Goodwin also notes that the main target of journalistic adversarialism, both in theory and practice, are government officials. He cites several organizational codes, including this one from CBS News, which echoes this anti-government voice:

“We... must fulfill the vital watchdog role of the press, particularly in the administration of justice. Consequently, where there are public policy reasons to do so, we can pursue every lead and report it - so long as it relates directly to a story or exposé about the administration or miscarriage of justice and improper action or inaction of officials”. (Goodwin, 1983:262, emphasis in original)

This definition of watchdog seems to differ from the Swedish ideal, which, despite its “anti-role” label, appears to apply a broader definition of abuse and power than the American ideal.

Nohrstedt and Ekström (1994) note that the Swedish “ideal” of watchdog journalism is contradicted by subservience to elite constructions of the abuse and misuse of power. In a somewhat similar vein, Börjesson (1991) finds that journalists identify a gap between their “ideal” of reporting stories which contain “consequences for people’s everyday lives” and the belief that their “reality” is dominated by news values favoring “sensation, drama, the unexpected, and an orientation toward elites”. Compared to their American counterparts, Swedish conceptualizations of ideal reporting and professional roles appear to reflect a broader

emphasis on providing citizens with useful information and on targeting abuses of power both within and beyond government.

Linked to the structural and normative emphasis on press freedom and its watchdog role, another characteristic journalistic norm in the US is the confidence of the profession itself. Holmes (1986:13) observes that “(journalists’) power over the political agenda causes American reporters to hold themselves in extremely high esteem”. As an indicator of this, she points to the nearly exclusive reliance on editorial columnists (as opposed to experts in the relevant fields) to explain events, regarding the opinions of editorial columnists as sufficient. Perhaps not surprisingly, then, a professional norm increasingly characteristic of US journalism is cynicism or the view that political officials have something to “hide”.³²

Cynicism does not appear to characterize Swedish journalism, although scholars have observed an increased degree of “critical” reporting since the advent of a more market-oriented system (Westerståhl & Johansson, 1986). In contrast to the US, however, Swedish journalists associate notions of media power with a sense of responsibility to the public good. Weibull (1991:180), for instance, finds that because of their awareness of their influence in society, journalists are highly self-critical in regard to their handling of ethical issues.

The emphasis in Sweden relative to the US of voice diversity and press responsibility is visible in the findings of Patterson’s (1992) comparative study. In an intriguing “irony of the free press” consistent with the observations made here, Patterson finds that American journalists see themselves as the most “free” in the conduct of their work, but they also display the greatest uniformity (i.e. least diversity) in their newsgathering practices.³³ Thus, in the absence of formal rules, there is nonetheless a strong uniformity among American journalists surrounding ideals of journalistic freedom which suggests the presence of deeper homogenizing values.

³² Patterson (1994) notes that this is connected to the use of game schemas which encourage a focus on the strategic motivation of political actors as opposed to the substance of their statements.

³³ Newsgathering practices include choices about which sources to use, how to approach a story, etc.

Further Considerations

In addition to the considerations raised by the examination of formal institutions and values associated with journalism in each country, the similarities mentioned also seem more shallow when larger contextual features are taken into account. For example, regarding the political self-perceptions of journalists, the boundaries of left and right in Sweden are not identical to those in the US, where the political left is considerably further to the right in Sweden - even the "far right" Moderate Party acknowledges the validity of strong unions and universal rights to education and health care, for example. Furthermore, with the Swedish spectrum, not only do journalists situate themselves to the left of the general public and MPs, but all three groups situate themselves to the left of center (Asp, 1986, 1997).

The different contexts within which concepts such as "objectivity" and "critical reporting" are defined should also be considered when interpreting research findings. For example, Patterson's (1998) discussion of the similarities between Sweden and the US in terms of critical journalism is in fact based on single country data in which degrees of critical journalism are measured over time within each country. Thus, while there a decrease in public trust in social institutions in Sweden, the starting point is among the highest in the world, and much higher than the US, where public distrust of government is part of the national heritage.³⁴

In his discussion of critical journalism in Sweden, Patterson (1998) relies on the observations of Westerståhl and Johansson (1986), who note that journalism has become more critical of power-holders and more controversy-oriented. Again, considerations of context and degree are not taken into account, yet it seems reasonable to argue that "critical", "controversy-oriented" news is perceived and manifested differently in the two countries. The targets of journalistic questioning cited by Westerståhl and Johansson (1986), for example, are the "motives, methods and effectiveness" of government officials. While "motives" seems to resemble the strategic, actor-based orientation found in the US, "methods and effectiveness" suggest a more overt

³⁴ The Swedish research also finds high levels of trust in basic public institutions. In Nilsson's (1997) study of opinion on public sector services, all categories received more favorable than unfavorable ratings, and while there was a drop in generally support for the public sector in 1990, the trend quickly returned to

connection to issues of policy-making and policy results, the latter of which is generally not the focus of critical reporting in the US.

Notions of “scandal” or controversy are also likely to be different. One example might illustrate this. In 1995, a young and very high level Social Democrat named Mona Sahlin was heading for the leadership of the party and possible prime minister status when a “scandal” erupted around the discovery that she had charged approximately \$200 of private expenses (i.e. car rental) to her professional credit card. This effectively destroyed her credibility and caused her to retire from politics, at least for the time being. What might seem strange from an American perspective is the fact that such a small amount of money could cause such a stir. A more recent parallel is the Monica Lewinsky “scandal” in the US. While Swedish audiences were fascinated by the story, they were more fascinated with the American public and the American media, wondering how Bill Clinton’s romantic life could (or should) cause such a stir.

Finally, information on things such as voter turnout should also be interpreted with the larger context. For example, “high” turnout in the US appears to be anything over 50%, while a turnout of 80% in Sweden is considered a “catastrophe” and becomes the subject of intense debate.³⁵

Implications

This review of journalistic environments in Sweden and the US has shown that, although the two countries share certain overt traits, the deeper contexts which inform notions such as objectivity, watchdog journalism and newsworthiness appear to differ quite substantially in terms of their core value orientations. The professional setting within which notions of fairness operate is characterized in Sweden by a range of collective rules and organizations to enforce those rules, while such features are noticeably absent from the US landscape. Similarly, Swedish journalists display an overwhelming consensus in their respect for these rules and bodies, while American journalists appear united in their opposition to enforceable standards. Furthermore, the

previous levels through 1996 (the time of the survey). Weibull & Holmberg (1997) also find high levels of support for schools, health care and the police.

³⁵ The 80% turnout in the 1998 national election was declared a catastrophe by party leaders and the media alike (based on author’s presence in Sweden during and after the election).

interpretations of fair reporting, newsworthiness and the watchdog role appear to reflect a stronger sense of responsibility to the public in Sweden which stands in contrast to the more confrontational “both sides” approach to objectivity and emphasis on press freedom in the US.

How might these differences affect competing values in the news? One possibility is that new or challenging values might have a better chance of getting into the news in Sweden in light of the stronger emphasis placed on voice diversity. This would allow a wider range of sources into the narrative, and perhaps there would be a wider variety of narratives as well. Also, the priority placed on protecting the personal integrity of those reported on is likely to favor more substantive or serious treatment of issues and less personalized coverage, providing a better opportunity for new ideas to be given a stronger voice in news content than is likely to be the case in the US, where strategic frames encourage a focus on individual actors.

Another possibility is that the more strategic orientation in the US is likely to result in clear “winners” and “losers”, and if the competing value is associated with the personal defeat of the loser, it is likely to be cast further outside the news orbit than might be the case in Sweden, where a stronger issue-orientation combined with integrity and diversity principles seems more likely to carry new ideas further along the narrative and to associate them less exclusively with personal crusades.

Generally speaking, then, the more core value orientations appear to be favored in the assumptions guiding the practice of reporting, the more likely this is to favor such assumptions as journalists decide which story to tell and how to tell it. Furthermore, in covering the issue of health care reform, journalists not only interact with their professional norms and values, but with the norms and values surrounding the policy arena and existing institutional frameworks as well. Such frameworks and values may influence coverage in terms of the relative strength and distribution of potential source groups as well as the rhetoric sources might invoke to be heard in the news, for example. The institutional features and views surrounding them will be addressed both in terms of policy processes as a whole and health care policy and reform mores specifically in the following chapter

CHAPTER FOUR

Policy Environment

Introduction

In the previous chapter it was shown that cultural values appear to manifest themselves in the normative structures and processes of professional journalism, with the Swedish setting displaying a stronger degree of collective responsibility than its US counterpart. The present chapter asks whether the institutional arena of health care also seems to reflect a bias toward individualist or collectivist values. It will first examine the general policy environment of each country. Following this, the health care system and the reform proposal will be reviewed, enabling the reform to be presented within its larger policy and institutional context. The chapter will conclude with a summary discussion of the policy environments and the ways in which these arrangements might privilege the access of certain actors (news sources) or rhetoric (ideas) into the news discourse on health care reform.

Policy environments in Sweden and the US

Health care has been referred to as a “boundary issue” of the welfare state in the sense that it defines the parameters of state involvement in the provision of health care to its citizens (Derthick, 1979). As such, the institutional design of health care serves as a manifestation of the negotiation of those parameters over the course of a nation’s history. Further, the structural arrangements surrounding health care organization are themselves connected to the larger policy-making environment within which the arrangements are hammered out and implemented. Institutional configurations that shape the policy-making process are thus manifestations of the negotiation of political meaning.

Considerable comparative research on institutional design highlights the importance of underlying values in explaining institutional and policy systems. This is particularly true if one accepts the assumption that “the polity is a community of rules, norms, and institutions” rather than solely rational actors responding to environmental constraints (March & Olsen, 1989:171).

Viewing political institutions as part of a larger “community”, March & Olsson compare constitutional reform debates in Sweden and the US. In broad terms, they find a preponderance of “integrative” traits in the Swedish environment and a preponderance of “aggregative” traits in the US setting. “Integrative” implies communal in its values, prioritizing the general welfare and order based on *reason*, while “aggregative” implies contractual values, prioritizing individual welfare, with order based on exchange. The status of the bureaucrat serves as an indicator of each type. Thus, in the former environment, the bureaucracy is an institution characterized by professional integrity and ethical duty, while in the latter, the bureaucrat is an individual with his own agenda (“spoils system”).

Once certain decision-making structures are in place, they tend to privilege certain forms of political interaction, rigidifying the ways in which policy decisions are made and rewarding those whose values are most consistent with such structural configurations (Immergut, 1992). Thus, the relationship between political values, political institutions and policy processes is not unilateral but interactive. To the extent that they reinforce each other, the obstacles to change (value/structure) are more difficult to overcome.

The United States and Sweden provide interesting points of contrast in terms of policy-making environments and the values which interact with them. The general characteristics or labels attached to each system seem to reflect “individualist-collectivist” properties: Sweden’s “consensus” politics based on inclusive centralized deliberation, versus the US’s “fragmented” and confrontational politics based on multiple checks and balances.

A primary example of a “collective” structural arrangement in Sweden is the royal commission system. In Sweden, longer-term policy-making largely takes place within the realm of state-appointed commissions. These bodies consist of: a range of issue-specific “experts”; representatives of all political parties currently seated in parliament, and; representatives of major stakeholder groups, usually including the major employer and employee federations. Commission investigations can take several years to complete, but they tend as a matter of form to be inclusive and to seek policy goals based on consensus.¹ After preparing an initial report,

¹ Weir & Skocpol (1985). It should be mentioned, however, that “perfect” consensus never really exists, at least not in the sense of the archetypal model associated with the work of Childs (1935) and Heckscher

the commission solicits formal responses ("remiss") from numerous organized interest groups. "Remiss" comments are factored into the final draft and included in the final report submitted to government and then to Parliament. In this way, the investigative commissions and the "remiss" process provide an insulated arena in which actors can arbitrate and seek out compromises before the issue is brought to the legislative arena (Immergut, 1992:179-225). As Immergut observes, because of their inclusive nature, they tend to privilege larger membership organizations. Thus, political parties and the large labor market organizations have traditionally been particularly central in most commission studies.² This system is both reinforced by and reinforces the relatively high degree of corporatist interest representation in Sweden, a primary indicator being the fact that employers exert power as unions rather than as individual entities as in the case in the US. Relative to the US, commission reports tend to be a *fait accompli* once submitted to parliament, thus only marginal opportunities exist for the type of legislative lobbying characteristic of the US.³

In Sweden, influence in the policy-making process takes place during the long-term developmental stages of the commission investigation. In the United States, by contrast, political negotiation tends to be situated in the legislative and, increasingly, in the judicial arenas. The US Constitution was founded on the principle of checks and balances, thus each of the three branches are able to exert an effective check such that no individual branch will be able to assume "excessive" power. The federal system further enhances checks and balances, i.e. between different levels of government. Thus, the US has both horizontal (levels of government) and vertical (branch) checks, the effects of which both slow down the pace of change and heighten the potential for conflict (Johnson, 1990:53). This structural configuration encourages the fragmentation of policy-making and discourages the formation of consensus by privileging

(1948). This model applies less today, as more "American-style" or competitive lobbying has entered the Swedish political arena. Commissions are marked by greater conflict than in the past. For instance, in his study of commissions from 1955-1989, Johansson (1992:258) finds that "as a mechanism for consensus building among political parties and main interest organizations, the commissions have become considerably weaker".

² Johansson (1992:245). Smaller groups may have the opportunity to express their point of view in the "remiss" process, but they are not as likely to have a seat at the negotiating table, thus their input is less effective.

³ Another structural feature inhibiting the type of interest group lobbying found in the US is the electoral system itself. Because Swedish MPs are elected according to proportional representation, they represent their party as opposed to a geographic district. Thus they do not have the same kind of "personal" constituency as a US congressman.

smaller groups or individuals with greater political capital (Lindblom, 1977; Schattschneider, 1970). James Madison's successful call to counter the "tyranny of the majority" when hammering out the Constitution in 1789 has resulted in a legislative and judicial system which appears to vigorously promote "individual liberty" against "collective welfare". Such a system provides structural incentives and rewards for those who are more able to exert leverage on congressmen who sit on key committees, for example.

The table below present the features of each country's policy environment which seem consistent with the core values examined here. In general, the institutional and policy-making frameworks of the US and Sweden appear to promote and reinforce "individual freedom" and "collective security", respectively. Individuals and minorities (smaller groups) have greater maneuvering space in the American system, while more inclusive representative groups and majorities have greater maneuvering space in the Swedish system. Structurally speaking, Sweden's unicameral legislature, multi-party system and proportional representation encourage national-level collective bargaining based on more partisan affiliation, while the US's bicameral legislature and single member district system nourish special interest lobbying based on more regional affiliation.⁴

⁴ See, for example, Weir & Skocpol (1985).

Table 4.1: Swedish and US policy system traits

	<u>Sweden</u>	<u>US</u>
<u>Structure</u>	more inclusive	more competitive
	• proportional representation • multi-party system • greater party strength	• separation of powers • checks and balances • two-party system • single member districts
<u>Process</u>	“consensus” politics	“lobby” politics
	• comprehensive planning • long-term planning	• fragmented decision channels • incremental policy outcomes

The numerous “entry points” in the American system foster preventive and incrementalist approaches to policy-making. This is an environment in which decision-makers “muddle through” the labyrinth of influence, both in the policy-making and implementation stages.⁵ The Swedish system, by contrast, consists of structures and processes which foster longer term, more inclusive collective bargaining at decision-making stages. This “consensus” model is illustrated through the network of state commissions and (relatively inclusive) corporate interest representatives. These channels make it possible for large affected groups to evaluate, negotiate and recommend formal, long-term policy goals. Consensus structures would thus seem better equipped to absorb and digest larger-scale reform.

In their study of institutional change, March and Olsen (1989) note that one possible explanation for the relative success of comprehensive and long-term planning in Sweden lies in its institutionalization of institutional change itself. Thus, in Sweden, institutional reform is its own (continuous) policy arena, with formal rules and administrative bodies to address issues of structural or other institutional change. Such a system, they note, has a larger absorption

⁵ Lindblom (1977, 1990) argues that incrementalism is the most rational approach within the US policy environment, which he appears to take as a given. Thus, his focus is on problem-solving within existing parameters - not the need or ability to change those parameters.

capacity for larger-scale and longer-term reform, since large objective can be divided into smaller, bite-sized components that can be more easily digested by the political system.⁶

Another explanation for the relatively greater absorption capacity of the Swedish policy environment is the nature of its “input/output” features. In his comparison of policy structures, Kitschelt (1986) labels the American system as being “open input/open output”, referring to the ability of actors to influence policy both as it is being decided (input) and during implementation (output). In an “open output” system, there are ample opportunities for actors to bring about policy retreat or rollback once it has been decided. These opportunities exist both in the legislative and the judicial arena and can seriously impair or even destroy a policy’s implementation. The Swedish policy-making system is described by Kitschelt as “open input/closed output”, meaning that while actors have the opportunity to influence policy in the deliberative phases, these opportunities are largely closed during implementation. This structure, because of its more consensus-building features, combines with a “closed” output structure to favor larger-scale, more inclusive and longer-term policy-making.⁷

Thus, the primary “collectivist” features of the Swedish policy environment are its relatively inclusive and long-term nature. Structural configurations favor the interests of the majority at the expense of the minority, particularly the privileged minority, and there is considerable emphasis on both political and economic equity, both at the input and output stages of policy-making.⁸ This more comprehensive approach to policy is assisted by the fact that policy agreement tends to be widely established prior to the legislative debate, reducing the likelihood of a more

⁶ March & Olsen (1989) contrast this with the more ad hoc nature of institutional change in the US, which is based on successive rather than comprehensive reorganization.

⁷ One explanation for the relative stability of the Swedish policy system is the fact that there tends to be agreement on formal policy goals. Thus, once policy decisions are made, the core discussion is over and there is little likelihood of backlash or controversy surrounding the essence of the policy. Subsequent debate tends to reflect more pragmatic considerations surrounding the most effective means through which to attain agreed upon goals given shifting financial or other resource-related circumstances (Kitschelt, 1986).

⁸ This is not to say that Sweden is *totally* consensual and stable. The discussion is based on the assumption that the two countries differ in terms of the *relative prominence* of institutional traits, and further, that while such traits are not static, they nonetheless cluster in *consistently distinct* ways. Understanding these patterns can help us understand how the countries might respond to different kinds of “stimuli”, such as the health care reform proposals studied here.

confrontational backlash.⁹ Finally, the relative weakness of the judicial branch relative to the executive and legislative would itself seem to reflect majoritarian priorities, as this tends to be the most particularistic and overtly confrontational political arena. The relative lack of such channels also restricts the ability of individuals or smaller groups to influence policy.

American institutional configurations reflect and reinforce the prominence of individualist assumptions in the sense that they protect and in some ways privilege the interests of resource-rich minorities. At the same time, they discourage broad-based “idea coalitions”.¹⁰ The system was structured to prevent one group or branch of government from assuming too much power, thus considerable emphasis is placed on preventing major change - i.e. reforms that are too sweeping or comprehensive. For powerful stakeholder groups, another important arena is the courts, which also seems consistent with a more individualistic profile. The US configuration of interest representation and decision structures engenders a more confrontational, survival-of-the-fittest political environment containing few incentives for considerations of equity, either in terms of policy-making or policy outcomes.

In large measure, the health care systems and policy reforms of each country are products of (and perhaps typify) their larger policy setting. Swedish health care is distinctly more collectivist than its US counterpart, which displays clear individualist traits.

Health care policy in Sweden: Equal care for all

Due to the extent of public financing and service provision, Sweden is considered the most “socialized” health care system in Western Europe (Immergut, 1992). The foundations of this socialization, however, precede the developments of social democracy. Hospitals, for example, have been public institutions since the Reformation, and mutual aid or benevolent societies, with their medieval origins, were flourishing in the 1870’s. The public burden for health insurance

⁹ Relative to the US, the Swedish Parliament is less “fragmented” and “personalized” than its US counterpart: i.e. single chamber versus double chamber, multi-party proportional representation system versus two party single member district system.

¹⁰ As Bennett (1996c) has pointed out, the highly personalized nature of US politics, whereby congressmen eager for re-election tend to become the “representatives” of those contributing the most to election campaigns. Such a situation tends to fragment the issue agenda, rendering it difficult to arrive at broader issue and idea coalitions.

was taken on in 1891, with legislation to subsidize and supervise approved sickness benefit societies (Rosenthal, 1967).

The Health and Medical Services Act of 1983 stipulates that the policy goal of health care is “good care for everyone on equal terms” (Sahlin, 1994:42). Good quality and equitable health care is a basic right of citizenship, and one is entitled to receive the same quality of care regardless of age, economic circumstances, or geographic location.

The current system, which has been in place since the mid-1950's, consists of what is in effect a national health service, centrally regulated but regionally or locally financed and administered.¹¹ The regional authorities are the 26 County Councils or Landsting, 80% of whose expenditure is directed to health care, the rest divided among other policy arenas such as regional transportation and certain aspects of education.¹² Much of the financing of health care is derived from a Landsting income tax (70%). Another 19% comes from central government allocations based on population and medical research and training needs.¹³ According to the Health Act, the Landsting must “plan the development and organization of the health care system based on the aggregate need of the population”, and include in their planning all existing private practice, industrial physicians, and so forth.

General policy formation and oversight are carried out by the National Board of Health and Welfare (hereafter referred to as the Social Board¹⁴), whose administrative organ is the Ministry of Health and Welfare (hereafter referred to as Social Department¹⁵). The primary financing, administration and provision of health care rests with the Landsting, who are, in turn, collectively represented by the Federation of County Councils (hereafter referred to as LTF¹⁶) in negotiations over salaries and working conditions of health care personnel. The Landsting is headed by

¹¹ The tradition of local self-government is stronger than in most other countries (Håkansson & Nordling, 1997:194).

¹² There are a total of 23 County Councils plus 3 large municipalities - Göteborg, Malmö, and the island of Gotland.

¹³ In 1992, 14% of the total costs for health care were provided by patients and providers in the form of out-of-pocket purchases of medicine, therapeutic products and doctors' fees (budgetary information from Bruce & Jönsson, 1996).

¹⁴ “Social Board” is the more literal translation of the Swedish term, “Socialstyrelse”.

¹⁵ “Social Department” is the more literal translation of the Swedish term, “Socialdepartement”.

¹⁶ “LTF” is the acronym of the Swedish term, “Landstingsförbund”.

elected representatives to the executive committee, which meets on a monthly basis. In recent years, municipal governments have also assumed a role in health care provision, most notably with passage of the Ädel Reform in 1989, whereby long-term elder care passed from Landsting to municipal jurisdiction. (Håkansson & Nordling, 1997:193).

Over the course of its history, however, the jurisdiction of the Landsting has increased considerably. They were originally created in the 1860's as part of either (or both) liberal efforts to decrease the power of the monarchy (Immergut, 1992) or efforts to operate public hospitals (Håkansson & Nordling, 1997). According to Immergut, the Landsting were set up as regional legislatures to offset the power of the provincial governor, who was appointed by the king. Whatever their motivation, their purpose was to manage hospital care throughout the country.

In the 1960's, the Landsting assumed responsibility for all outpatient services (including psychiatric care), and in 1969, a flat seven crown fee was established, the so-called Seven Crown Reform.¹⁷ This replaced the fee-for-service and insurance reimbursement, and with passage of this reform, the LTF entered into centralized negotiations with provider groups.¹⁸ This reform greatly enhanced the authority of the Landsting and severely restricted the maneuvering space of private practitioners. Physicians could no longer receive fees directly from patients. Instead, they received a commensurate salary increase from the Landsting.

Private practice has traditionally been very limited in Sweden, but it has always existed. Much of the "public" character of Swedish health care is due to its traditionally hospital-based nature, concentrating medical knowledge and resources among publicly-financed and operated facilities. Over the years, doctors working at public hospitals have, to varying degrees, been able to supplement their incomes with private practice conducted either in the hospital or at private offices, and there have been a handful of private inpatient clinics in the larger cities over the years. Fees for private care varied, but the patient received a flat 75% reimbursement from national insurance. With the regionalization and subsequent expansion of outpatient clinics at public hospitals during the 1950's and 1960's in general, and with the Seven Crowns Reform in

¹⁷ At the time (1969), seven crowns amounted to about \$1.60.

¹⁸ With the introduction of the Seven Crowns reform, negotiations over wages and working conditions took place between the LTF and the national associations of the various provider groups, including doctors, nurses, and other personnel organizations (Immergut, 1992:213).

particular, private practice outside the hospital environment became eclipsed.¹⁹ By the early 1980's, only 5.7% of all Swedish doctors were engaged in full-time private practice, as compared to 15% in 1964.

Mid-century restructuring and expansion of health care also generated the need for more physicians. Here, the Swedish Medical Association (LF) enjoyed occasional but limited success in preventing a surplus of doctors in the medical market. During the 1970's and 1980's, the size of the physician corps increased substantially, from one doctor per 770 inhabitants in 1970 to one doctor per 333 inhabitants in 1995 (Håkansson & Nordling, 1997:199).

Thus, the bulk of health care expenditure has been concentrated on the hospitals, both in terms of in-patient care and out-patient clinics.²⁰ The hospital-centered character of the Swedish system is also manifested in the emphasis on specialists as opposed to general practitioners. In the mid-1980's, 56% of the physician corps were specialists, all operating out of hospitals (Bruce & Jönsson, 1996:185).

Beginning in the late 1970's, however, a combination of electoral swings and the ebbing of economic growth enjoyed since the end of WWII set the stage for policy change in the 1980's. "The Right Wave", as it is called, began to roll in, bringing with it calls for increased privatization and cost-saving in the public sector.²¹

In the first break with Social Democratic rule since the 1930's, the bourgeois victory of 1976 brought with it a power struggle between private practitioners and the Landsting. During this period, some of the restrictions on part-time private practice were lifted. Upon resuming power in 1982, however, the Social Democrats restored restrictions on private practice. That same year,

¹⁹ Still, private practice had never been a widespread phenomenon. It was concentrated in the cities and, with the passage of successive reforms, among older physicians and senior physicians at public hospitals (Immergut, 1992:215-222)

²⁰ In 1975, 71% of health care expenditure went to hospitals and hospital-based clinics or "care centers" (vårdcentraler). This is a relatively high percentage, as the comparable figures for Switzerland (45%) and France (38%) illustrate (Bruce & Jönsson, 1996:74).

²¹ For a discussion of the "right wave" in Swedish politics, see Boreus (1994). Regarding privatization during this period, Nilsson (1993) explains that it tended to take the form of privatizing the production, not the financing, of services. The main exception to this is Telia, the reincarnation of state-owned or operated Televerket, which became privately financed but which remains publicly run.

doctors went on strike to protest limitations to part-time private practice, and by 1983 the extent of part-time private practice nearly tripled relative to 1981. Full-time private practice continued to drop, however, from 800 practitioners in 1975 to 600 in 1984.

The 1986 “Dagmar Reform” further strengthened the position of the Landsting in health care matters. As part of the general pattern of decentralization and rationalization taking place in the public sector during this period, the Landsting was given oversight authority in matters of health care provision, a responsibility formerly resting with the Social Board. While the latter maintained ultimate oversight powers, greater responsibility was delegated to the regional bodies. The Dagmar reform also aimed to improve health care equity. For instance, in order to counter “over-consumption” of the system, particularly in the better-funded areas such as cities, and to more evenly distribute health care resources, government subsidies to hospitals were re-evaluated and changed to reflect population rather than the number of visits. Conservative forces struck back, however, when in 1990 the central government imposed a freeze on Landsting taxes (Bruce & Jönsson, 1996).

The tax freeze forced serious budget cuts in the Landsting and presented them with the challenge of maintaining quality care with less money. During the late 1980’s, several cost-saving Landsting served as initial “laboratories” for structural reform, exploring approaches to separating the purchaser (currently Landsting) from the provider (currently mainly Landsting) by introducing controlled competition among providers.²² These market models, literally referred to as “buy-sell” models (“köp-sälj”), were adopted by 12 of the 26 Landsting over the course of the next several years.

These market models responded to three main issues: 1) increased fiscal stress, particularly since the 1990 tax freeze; 2) a general decline in the efficiency of health care delivery, due in part to changing technological and demographic trends, and more specifically; 3) increasing waiting periods for certain forms of non-emergency surgery.²³ Generally speaking, market models were characterized by a system in which providers contracted with the Landsting to provide certain types of services based on performance requirements, with payment based either on per-patient

²² “Providers” would include the health districts and hospitals of each Landsting.

²³ From Bruce & Jönsson (1996:88).

treatment or aggregate performance. Providers were carefully monitored to ensure effectiveness and quality of service, and contract renewal was based on successful performance.

This “market”, then, was not based on price competition, but rather on performance or outcomes. The reforms remained heavily Landsting-dominated, and for the most part represented a continuation of the traditional “grant finance culture” (Bruce and Jönsson, 1996). The main policy objectives of the market models - to encourage cost efficiency, maintain quality and promote patient choice - did not contradict the overall policy objectives of health care.

“Choice” in this context refers to choice of house doctor - being able to choose a regular doctor as opposed to seeing a different one each visit. “Choice” also pertains to waiting lists - i.e. being able to receive (non-emergency) treatment at another facility if the waiting period reaches three months. This “care guarantee” was provided by the Landsting. It was first introduced in different Landsting in 1989, and a nationally-subsidized guarantee went into effect in January 1992. Thus, choice appears connected to quality and security.²⁴ Further, the Landsting and central government supported the idea of increased patient choice of doctor. Equally important was the notion that such choice be applied equally to all citizens - a universal right.

“Choice”, however, had another, more politically divisive, dimension. From the physician’s perspective, the reform represented an issue of professional autonomy, since “choice” also meant the freedom of doctors to establish a separate practice either within or outside the nexus of hospitals and care clinics. This implied a break from the “team” perspective associated with the care clinics and hospitals more generally.

²⁴ See “Hälso- och sjukvårdsreform...”, (1994).

The Swedish “house doctor” reform

It is against this backdrop that the “house doctor” or “husläkare” reform came into being. The personnel structure at district clinics tended to feature a limited physician staff and a large number of district nurses, who performed many screening and diagnostic functions. The desire among certain physicians to detach themselves from this system implied, among other things, a weakening of the position of district nurses and a possible breakdown of the district clinic structure. The house doctor system applied only to general practitioners, however. The threat of “breakdown” intensified when specialists also began calling for so-called “free establishment” rights. Such a change would imply a dramatic departure from the hospital-based system and seriously undermine the capacity for resource distribution and planning coordination by health care authorities, mainly the Landsting.

The house doctor proposal was first introduced in Parliament in 1974 by the Folk (Liberal) Party. Since then, this party has remained the primary force behind the issue, joining forces with others, most often Conservatives, to build parliamentary support. In 1979, during the brief interlude in which the Folk Party held the seat of government²⁵, the party submitted a proposition to introduce a national house doctor system, but it was voted down by a massive majority. The arena then shifted to the Landsting, where in the 1980’s efforts were made to introduce elements of a house doctor system, at least in the sense of providing greater continuity in the doctor/patient relationship. In those Landsting which introduced variants of market models, different degrees of house doctor systems were also established, with different degrees of establishment autonomy. Based on the perceived success of these programs, the LTF decided at its 1991 Congress to work toward the establishment of a house doctor system in every Landsting.

It should be noted, however, that the house doctor were intended to complement, not replace, the district doctors at care centers. Their numbers were determined and monitored by Landsting assessments of need and resource distribution, for instance. They were, thus, more an extension of the existing system. Indeed, there was really nothing “private” about their practice, since they

²⁵ The 1976-79 period witnessed the formation of two bourgeois coalition governments: the Fälldin (Center Party) government, from 1976-78, and the Ullsten (Liberal) government, from 1978-79 (Hadenius, 1990).

were paid by the Landsting, other than the physical separation from the hospital and the more managerial role given to the physician in office administration.

Tapping into the rising tide of dissatisfaction with health care - increased cost, inefficiency, and the continued problem of waiting lists - the opposition bourgeois parties continued to press for a national house doctor system and establishment rights for specialists. In November and December 1990, Folk Party representatives called for increased rights for specialists to establish their own practices and for the establishment of a national right for all citizens to have their own house doctor, but this motion was voted down. In June 1991, the Center Party motioned to support house doctors and increase competition in health care. These, too, were rejected. A successful measure enacted that year, on the other hand, was the "care guarantee" entitling all citizens to a maximum waiting period of three months for certain (i.e. non-emergency) types of surgery.

When the bourgeois parties returned to government in September 1991, their government declaration called for a national house doctor system and establishment rights for specialists. In addition, they appointed a commission (called HSU-2000) and issued the directive to examine alternative models for financing and providing health care in the next century.²⁶ These models consisted of: 1) a national insurance system (in effect eliminating the Landsting); 2) a Landsting-based system, and; 3) a system situating most responsibility at the municipal level. While differing in terms of which level of government would assume responsibility for financing and providing services, all were premised on tax-financed universal care. Still, the inclusion of a model which in effect eliminated the Landsting was considered highly controversial.

In March 1993, the coalition government headed by the Conservative Party submitted a formal proposition for a house doctor system and free establishment rights. On May 27, Parliament approved the national house doctor law entitling every citizen to their own house doctor, but establishment rights were also approved only in principle, subject to further consideration and delayed implementation. Thus the first step toward what might become universal establishment rights for physicians had been taken. The 1993 legislation stated that a national house doctor

²⁶ HSU stands for *Hälso- och sjukvårdsutredning*, or Committee on the Financing and Organization of Health Care.

system will go into effect by the new year (January 1, 1994) and that it must be fully established by January 1, 1995. This meant that those Landsting not currently featuring a house doctor system (about 12) needed to prepare for the transition.

By the end of 1993, opposition Social Democrats, together with the Left Party and swing voting New Democracy, were arguing for changes to the house doctor law. The implementation process had proven difficult and occasionally flawed. For instance, in order to apply for permission to become a house doctor, a physician needed to acquire a minimum of 2,000 patients on his or her "list". This listing process was highly problematic, often resulting in "passive listing" (whereby patients who had not listed "actively" were assigned to house doctors whose lists were not filled), and in basic supply and demand inequities whereby several established doctors' lists generated surpluses that had to be dumped onto other lists, to the great dissatisfaction of the "dumped" patients. Other coordination problems stemmed from the increased mobility of doctors under the new system - either moving to another Landsting or moving to another district within the Landsting. Doctors taking maternity and paternity leave also generated problems, as did the extensive vacation periods enjoyed by most Swedes during the summer months.²⁷

The winter months were chilly for health care policy. Mounting political polarization over "step two" of the reform - establishment rights for specialists - led to the highly unusual display of non-cooperation by Social Democratic and Left part delegates who walked off the HSU-2000 commission in protest of the narrow passage of the bill in December 1993. Upon leaving the commission, the Social Democrats declared that if they are voted back into government in September 1994, one of their first acts would be to revoke the house doctor law.

The election campaign came and went without much mention of health care, but the Social Democrats did win in September. In April 1994, Social Democratic party leader Ingvar Carlsson submitted a parliamentary motion calling for "a return to the ability of health care authorities to guarantee just (fair) care based on need, by repealing the house doctor law". Despite opposing motions from the Liberal and Moderate parties, the national system was disbanded in June 1995.

²⁷ These examples are taken from the *Dagens Nyheter* and *Expressen* articles in this database.

As a result, the house doctor issue was relocated back to the Landsting level, where the system could be continued, modified or abandoned. The issue of establishment rights for specialists was effectively buried, and the HSU-2000 commission received new directives: to evaluate the current Landsting-based system and seek ways to improve quality, efficiency, equity and patient choice within the existing institutional framework.

Thus, the existing system "absorbed" a higher prioritization of individual patient rights without compromising the established objective of health care policy by ensuring that such rights were universally applied and enforced. A certain degree of physician "freedom" was also absorbed, though not as much as some physicians would have preferred.

Health care in the US: Freedom in the consumer market

As a percentage of GDP, the United States spends considerably more on health care than other liberal democracies. Despite higher expenditures, however, the doctor/patient ratio and other public health indicators such as infant mortality and life expectancy are poorer in the US than in other countries.²⁸

The system, basically characteristic of the post-WWII period, features increasingly commercially-driven insurance coverage linked primarily to employment.²⁹ Publicly-financed health care constituted 42% of health care spending in 1994, three fourths of which was federal spending, the remainder spent by state and local governments. The main government programs are Medicare, aimed at the elderly and disabled, and Medicaid, aimed at low income individuals.

²⁸ In the US, health care spending as percent of GDP rose from 9.2% in 1980 to 12% in 1990 and 15% in 1994. Comparable figures for Sweden are 9.4%, 8.6% and 7.5%, for the respective years (Bruce & Jönsson, 1996). In 1990, for example, infant mortality was 25 (per million inhabitants) versus 13 in Sweden (World Bank, 1990). For a discussion of the US's comparatively poor showing in terms of public health outcomes, see Schieber et al., (1993).

²⁹ In his historical account of the US health care system, Ginzberg (1994) notes that both the for-profit insurance and employment orientations were in place by the late 1950's. They resulted from: 1) post-war economic growth and; 2) the situation during WWII, whereby labor unions, in lieu of wage freezes, were allowed to bargain for health care benefits further stimulated by employer tax breaks.

The private sector accounts for the majority of health care spending and service delivery, with private insurance companies acting as third party payment providers on behalf of their customers. Thus, although health care remains largely in the domain of the private sector, the public and private sectors have an “uneasy relationship stemming from a historical distrust of government” (Raffel & Raffel, 1997:265).

Approximately 15% of the population have no health insurance.³⁰ Many of these people are the so-called “working poor”, with incomes too high to qualify for Medicaid, yet too low to afford individual/family coverage, which is their only option since their employer does not provide coverage for them. Employer-provided insurance accounts for 88% of privately-insured health care, but this coverage tends to be closely linked to the period of employment, and in general, when that job ends, the coverage ends as well.³¹ Further, not all employers provide coverage for their employees. The likelihood of coverage is greater the larger the company and/or the more executive the job. The net result of this system is that many people, even those with long employment records, do not have insurance coverage.³²

Since the introduction of Medicare and Medicaid in the 1960's, the health care system has become further fragmented, as interest groups proliferate in more particularistic directions. For-profit hospitals, rural providers and urban hospitals have become separate interest groups, forming lobbies of their own (Ropes, 1991:10). Physicians also split into more groups. In addition, the passage of ERISA legislation in 1974 severely limited a state's ability to regulate private insurance markets.³³

Thus, insurance coverage in the US tends to be sporadic rather than continuous. Insurance companies, because they are private corporations, have the incentive to reduce costs and increase

³⁰ Aaron (1996:7) notes that the number of uninsured rose from 24 million in 1980 to 41 million in 1994, and that the proportion of Americans with private insurance dropped from 83% in 1980 to 70% in 1991.

³¹ This is most certainly the case in terms of job loss, but it is also frequent in the case of retirement - only high level executives continue to receive medical benefits after retirement.

³² Dougherty (1988:11) notes that the unemployed were four times as likely to be uninsured as the employed, but that the likelihood of not having coverage is also much greater among the self-employed, those employed part-time or on a temporary basis, and those working in smaller firms and/or for low wages.

³³ ERISA, or the Employee Retirement Income Security Act, was designed to protect employee retirement plans, but its larger effect has been to weaken the ability of state governments to regulate health benefit plans in large companies (Rich & White, 1996:21).

profits. They have little incentive to pay for the treatment of “expensive” patients, such as those suffering from terminal or serious illness, or elderly people whose likelihood of increased medical consumption is very high. The result is the tendency for insurance companies (both for-profit and non-profit) to engage in “cream-skimming” or accepting only the most profitable, i.e. healthy, customers.³⁴

Due to the market orientation of US health care and insurance, there are large discrepancies in both coverage and quality of care (Ropes, 1991). In essence, the more money a person has at their disposal, the better quality care one is likely to receive. The quality of Medicaid, for example, is not known to be particularly high, and it becomes more problematic as hospitals and other providers “cost-shift” - i.e. charge higher fees for private care in order to compensate for the flat rates they receive for emergency and in-patient Medicaid and Medicare treatment. This, of course, feeds the upward spiral of health care costs.³⁵

Taken together, these structural features have contributed to a relatively adversarial health care environment. “Consumers”, or patients strive to survive in a fairly hostile market, where insurance companies aim to increase their profit margins, and where providers try to lure the most profitable customers by offering the latest in high technology treatment. Bruce & Jönsson (1996) point out that “consumers” in this “market” are at a structural disadvantage, far removed from the actual costs and not able to make informed decisions. If a person is ill, he or she is even less equipped to “shop around”.³⁶

Recent efforts to rationalize and/or lower the costs of health care include the creation of provider networks - the HMO model - whereby patients belong to an HMO for a period of one year and

³⁴ Dougherty (1988:204) lists several examples.

³⁵ The flat rate structure provides incentives for hospitals and doctors to steer patients to outpatient clinics or to receive other types of treatment which are reimbursed on a fee-for-service basis rather than the flat rate. Upward pressures on health care costs have also stemmed from the rising costs and perceived necessity of malpractice insurance, which has driven up doctor’s fees (Bruce & Jönsson, 1996:87; Ginzberg, 1994:50-51).

³⁶ Bruce & Jönsson (1996:16) observe that when a person is ill, he or she is hardly in the best position to make calm, rational “consumer” decisions. A person in need of medical care is not structurally parallel to a person looking to hire, for example, a caterer. The preconditions are completely different - the person’s ability to *discern* the quality of competing services, the person’s *authority* to choose services, the person’s *budgetary* capacity to purchase the service, and perhaps above all, the sense of need or *urgency* surrounding the timing and delivery of the service. Similar thoughts are echoed by Ropes (1991:12-13).

pay an annual membership fee which covers most of their expenses depending on the contractual arrangements. HMO's are voluntary arrangements entered into by provider networks and insurance companies, and their intention is to bring down costs to patients, providers and insurance companies.³⁷ Similar principles guide competitive bidding among providers and insurance companies for contracts with large employers. Research has shown, however, that the bidding becomes considerably less competitive as time goes by - i.e. once a contract is acquired, it is likely to be renewed (Bruce & Jönsson, 1996; Light, 1997).

Despite the anxiety and uncertainty experienced by many ordinary citizens, calls for medical "justice" have not had much success on the legislative agenda. This does not mean, however, that attempts have not been made. Nearly every year since the New Deal was hammered out, proposals for a national insurance system have been submitted to Congress, but most never made it beyond committee. There are a number of explanations as to why this has been the case. Theodor Marmor (1994) notes that it reflects a combination of the ideological resemblance such a proposal bears to "socialized" medicine, a particularly charged concept during the Cold War, along with the entrenched interests of insurance companies and providers unwilling to relinquish their power and able to exert pressure on key (re-election-seeking) members of legislative committees. Raffel and Raffel (1997:283) note that opposition from the AMA was largely responsible for Congressional failure to adopt proposals during the 1930's and 1940's.

The absence of a strong executive administration in the area of health care further enhances the ability of insurance and provider groups to exert pressure on members of Congress, and most insiders appear to benefit from keeping the issue as removed from the public arena as possible.³⁸ Thus, as with policy-making in the US more generally, health care policy-making power rests largely within a fragmented decision-making arena in which powerful minorities are able to steer or prevent policy change.

³⁷ The HMO Act was passed in 1973 and required employers to offer HMOs as an alternative to regular health insurance. It was increasingly viewed as an obstacle to the development of HMOs, and its requirements were increasingly relaxed as a result of HMO and employer pressure. During the 1980's, PPOs, or Preferred Provider Organizations, were also created as a means to encourage discounted service provisions, but the line between PPOs and HMOs became increasingly blurred (Light, 1997:56-59).

US health care reform: The call for universal coverage

In the late 1980's, however, this equation began to shift. A Pennsylvania Democrat won a Senate bid in 1990 on the issue of universal health care, cracking open a window of political opportunity. By the 1992 Presidential campaign, with the Cold War officially over and after a 12 year run of WWII generation Republican presidents, the idea of universal health care seemed to make more political sense. It had a "fresh", "modern", "justice for all" ring to it that eased some of the uncertainties of life confronting so many Americans after the yuppie years of the 1980's.³⁸ The idea that all Americans had a "right" to health care resounded well. The idea that it was someone else's "responsibility" sounded quite appealing, too, although that side of the equation was not articulated much during (or after) the campaign.⁴⁰ Still, there was hope and optimism, and a presidential candidate who assigned some responsibility to the insurance industry. He was elected, not least because of the current "bandwagon" among large employers and insurance companies to support some form of "managed competition".⁴¹

Once in office, President Clinton appointed a task force to develop a proposal for health care policy. While somewhat akin to Swedish commission studies, American task forces and independent commissions are more short term and ad hoc in nature. In the case of health care, for instance, the President's task force did not include major stakeholder or social groups. It

³⁸ Marmor (1994) and others have noted that the major reforms passed since the New Deal - Medicare and Medicaid - were themselves watered down versions of national health insurance but were only possible because of the sizable Democratic majority in the House of Representatives.

³⁹ Several authors discuss the public opinion shifts in favor of health care reform in the early 1990's. Skocpol (1996:35-37), for example, notes that 1990 marked a 40 year all-time high in favor of universal health insurance, and that in 1991, 60% of Americans were worried that they would not be adequately covered in the future (Blendon & Benson, 1995:147). Prior to the 1992 campaign, health care ranked third among the issues people wanted to see addressed, and Democratic candidates were quick to notice that people associated with Democratic party as the likely party to carry out desired reforms.

⁴⁰ Yankelovich (1996:71) argues that the debate with the public, including the necessary information needed to make "the hard choices" was almost non-existent in the case of health care reform. Thus, he states, one can "see the defeat of the Clinton reform package in 1994 as reflecting a massive failure of public deliberation".

⁴¹ Skocpol (1996:65) notes that "play or pay" had already gathered momentum by the time the task force went to work. Key Democratic senators, the Pepper Commission (US Bipartisan Commission on Comprehensive Health Care) and the National Leadership Coalition for Health Care Reform representing employers and unions had endorsed "play or pay" in 1990.

consisted of a narrow range of government officials and academic policy experts - an executive commission in a much narrower sense of the term.⁴²

The task force focused its attention on crafting legislation that would get through Congress. As a result, the final product reflected the so-called "play or pay" approach - a middle ground between taxed-based "single payer" systems (such as Canada, or Sweden, for that matter) and incremental market-oriented reforms not seeking universal coverage or cost controls. Clinton's play or pay proposal aimed at universal coverage, but it contained substantial conciliations to large employers and insurance companies. Furthermore, because of the multitude of conflicting stakeholder interests in such a policy arena, there was considerable room for haggling (i.e. 100% coverage by 1995? 97% coverage by the year 2000?. etc.) Thus, many obstacles to legislative success were already in place when Clinton unveiled his plan to Congress in a nationally-televised speech on September 22, 1993.

Structural obstacles included the numerous House and Senate committees that tried to fashion their own versions of health care reform during the 1993-94 session. There were a total of nine committees working on the bill in the House of Representatives. In the Senate, control was even more thinly dispersed, since any member of the Senate is allowed to offer amendments to any bill. A total of five committees addressed the bill in its entirety: in the House, Ways and Means, Energy and Commerce, and Education and Labor; in the Senate, Finance and Labor and Human Relations.⁴³ Limited bipartisan efforts to reach agreement were ineffective. Indeed, even partisan agreement within the Democratically controlled Congress proved impossible. The chairman of the House Ways and Means Committee, D. Rostenkowski, who may have been the only person capable of negotiating an agreement in the House, was subjected to an opportunely timed scandal that ousted him from office just prior to the final stages of his committee's report.

⁴² Skocpol (1996:38) observes that the exclusive nature of the task force's composition merely amplified negativity toward the "confidentiality" or insularity of the deliberations. This differs from the Swedish commission system, whose inclusiveness and confidentiality features appear to generate a more "trustworthy" image or reputation (relative to the US, of course).

⁴³ The five House committees given sequential referral for smaller portions of the bill were the Veteran's Committee, the Judiciary Committee, the Post Office and Civil Service Committee, the Armed Forces Committee, and the Government Operations and Natural Resources Committee. In addition, the Rules Committee was responsible for molding the different versions into a single bill that could be submitted for full floor action (CQA, 1993:344).

Compounding the structural and political obstacles in Congress were the intensive and sophisticated strategies adopted by interest groups to ensure that they would not lose their stake in the health care arena. As the three House and two Senate committees drafted their proposals, over \$100 million was spent by various groups for advertising and strategic committee member campaigns, making health care reform “the most heavily lobbied legislative initiative in recent US history” (“Well-heeled..”, 1994:1).⁴⁴ Wilson (1996:123) notes that more money was spent on health care reform in 1993 than was spent during the entire 1992 presidential campaign, and that PACs associated with health care spent over \$2 million *per month* in 1994, mainly targeted to the campaigns of key congressmen sitting on the five committees most involved with health care legislation.

Perhaps the most vocal and aggressive interest group was the Health Insurance Association of America (HIAA), which had launched its “Harry and Louise” ad campaign on September 8, 1993 in an effort to mobilize opinion against the Clinton plan. By May 1994, the HIAA had spent \$14 million on its ad campaign. The “Harry and Louise” ads depicted a middle class couple discussing what appeared to be the ominous prospect of losing their ability to choose their preferred form of health care if Clinton’s reform was passed. The ads featured an 800 number to CHIC⁴⁵, the HIAA’s grass roots component, and every person calling the number received a letter with the message “Don’t let government take control of your health care” printed in bold capital red letters on the envelope (Laham, 1996:74).

The Harry and Louise “effect” - whatever it may have been - would thus have been in place just as the summer mid-term election campaigns got underway. Apparently, health care reform had become so “tainted” by that time that none of the candidates wanted to touch it other than to place some kind of blame on the other party.

The debate seemed genuinely vicious to the end. As deliberations continued over the summer in a deeply divided Congress, all that seemed certain was the impossibility of agreement on a single plan. This finally came to pass when, on September 27, 1994, the death knell on health care

⁴⁴ Wilson (1996) also observes that interest groups have become much more varied and fragmented in the past 30 years, making it both more difficult to secure agreement on policy proposals and making the penalties exacted on non-cooperative politicians more severe.

⁴⁵ The Coalition for Health Insurance Choices.

reform was rung as Congress decided not to approve any of the proposals, effectively shelving the issue for the foreseeable future.

Public opinion, which had helped to bring the issue to the table in the first place, had become divided, cynical and confused during the deliberation process (Jamieson & Cappella, 1996; Skocpol, 1996; Blendon & Benson, 1995). While Americans still favored some type of fundamental reform in order to increase health care security and lower costs, no public consensus emerged around any of the complex proposals being produced. Furthermore, public opinion began to lose the sense of urgency surrounding the need for fundamental change. Attempts by reform opponents to convince Americans that “there is no crisis” appeared successful, as was the “anti-big-government” message in convincing Americans that the Clinton plan might make things worse - more expensive, less quality, and less choice. Rather than seeing themselves as “Americans”, it seemed, public opinion increasingly drew the distinction between the “insured” and the “uninsured”. As those who sought to alleviate fears that there was a genuine “crisis” gained ground, “the potential threat of sacrifice on the part of the insured for the sake of the uninsured weakened the political support for the president’s proposal.” (Raffel & Raffel, 1997:283).

In actuality, the Clinton Plan *preserved* the private insurance market, whose largest representatives had initially supported the plan, standing to gain from rationalization relative to smaller firms. A similar pattern had been exhibited in the early stages by large employers, many of whom already provided insurance coverage to their employees and stood to benefit from a standardization in the industry.⁴⁶

The Achilles heel of the Clinton Plan, and indeed of all the modifications produced in congressional committees, was the issue of who was going to pay for a national insurance system. The Clinton Plan was based on the principle of employer “fees” (or “taxes”, depending on one’s definition) along with increased regulation of the insurance market to ensure more “fair” and continuous coverage and to control costs. Those who had the most to lose from the proposal were: 1) employers currently not covering their employees and; 2) insurance companies

threatened with taking on more “expensive” individuals and losing the ability to cost-shift to sustain profit margins. Both of these interest group categories were considerably better equipped to mobilize in the legislative and public (i.e. advertising) arenas than were those who stood to gain from the proposal - ordinary citizens in general, and the uninsured in particular.

Summary

On the surface, health care reform in Sweden and the US appear quite similar. The issue came onto the scene amidst steadily rising costs and increasing problems with quality and efficiency. This led to increased dissatisfaction which, in turn, could be translated into political opportunities for reformers and political leaders. Elections provided key junctures for “opening” the windows of reform, but within a year’s time, both countries’ reforms were effectively eliminated at the national level.

Below the surface, in the realms of policy content and institutional context, one begins to notice differences. In the US, health care reform aims to expand access to insurance coverage in a policy setting whose playing field favors resource-rich interest minorities. Perhaps because the patchwork of jurisdictional boundaries are so disputed, the US health care arena is highly confrontational, with uneasy relations between the public and private sector in determining where the boundaries should lie. Still, US health care is dominated by the private sector, and this reform was seen as a threat by some in whose interest it lies to maintain as large a share in the health care market for the private (and particularly for-profit) sector as possible.

In Sweden, the house doctor reform was, to begin with, not as sweeping as universal coverage in a privately-dominated health care system. It constituted more of a bite-size chunk, and it had emerged in the laboratories of the Landsting over the past several years, thus it was relatively established in many parts of the country, including the larger cities. The national organization of Landsting, the LTF, had voted in 1991 to work toward a national system. Once the government began formulating its proposal, it followed the standard procedures of soliciting and

⁴⁶ Skocpol (1996:36) discusses the “spirit” of health care reform sweeping Congress (two dozen bills in the 102nd Congress) and organized interests in the early 1990’s, noting that even the AMA had produced a plan for guaranteed universal coverage in 1990.

incorporating “remiss” responses from affected groups which spanned considerably wider segments of the population than did the interest groups participating in the US setting. The result of this process was a compromise in which the reform was divided into two steps, whereby step one applied to general practitioners only, while step two created establishment rights for specialists. The actual content of the reform was designed to co-exist with the existing Landsting-based system, and even the most extreme structural reform being considered by the HSU-2000 commission - the national insurance model - was firmly attached to the notion of universal, tax-financed coverage. The insurance model, however, did approach this boundary in other ways, mainly by permitting doctors to become more autonomous from the remainder of the delivery system.

Thus, although the extent of reform differs somewhat between the two countries, they are similar in the pattern of value strain manifested in each reform proposal. Clinton’s plan for universal insurance coverage represented the furthest the issues of collective rights and responsibilities had reached in the arena of health care. In the past, such rights and responsibilities garnered sufficient strength only in the cases of social security and Medicare. In both of these instances, age appeared to be a factor around which people could come to some agreement on universal benefits. “Truly” collective rights and responsibilities, applying to all citizens regardless of age, income, or other circumstances, remain an uncharted frontier. Even though the Clinton proposal fell far short of a national insurance scheme similar to those in most other liberal democracies - i.e. financed by taxes and applied equally to all - the reactions against it were framed as if it did represent such a shift, which in turn represented a threat to “freedom” and “democracy”, for private insurance companies and employers at any rate. Individualist values associated with the rights of private actors to conduct business without government interference, and with minimum accountability appeared to hold their ground. Stakeholders opposed to reform succeeded in characterizing the plan as “big government” and “rationing”, not only by criticizing the plan but by rejecting the notion that health care was in a state of “crisis”. In ratcheting public opposition to larger-scale reform, insurance groups and others focused on the theme of personal choice and the threat that the plan posed to the individual’s freedom to choose.

In a similar vein, the Swedish house doctor reform appeared to challenge the collectivist values surrounding equity and security as guaranteed in the health system. While the issue of “true”

privatization in the sense of privately financed care was never really a consideration, much of the opposition to the so-called "market models" and the house doctor reform were couched in terms of private gain at the expense of collective security and social equity. Here, stakeholders opposed to reform were able to focus on the negative aspects of increased professional autonomy for doctors - the loss of the "team" system - highlighting the social costs of profit-driven medical practice and the transformation of trusted physicians into selfish entrepreneurs.

Thus, as the issues were defined in the US case, considerations of "freedom" appeared to overpower those of "security", because "security" also implied "control". In Sweden, "security" seemed to weigh more heavily than "freedom", because "freedom" also implied "chaos". In the end, both countries managed to forestall the threat of increased "government control" or "anarcho-capitalism", as the case may be.

As this chapter has hopefully illustrated, the institutional configurations in each country appear to have promoted the outcomes in certain ways. In large measure, the general Swedish and US policy-making environments seem to manifest values consistent with core value orientations. Similarly, each country's health care environment appears to reflect core value assumptions as well. The US policy environment in general, and the health care arena in particular, contain a strong role for "private industry rights" - a feature largely absent from the Swedish landscape. Meanwhile, Swedish institutional configurations are more conducive to making and implementing longer-term and more comprehensive reforms. A stronger party system and higher level of large-scale interest representation are more conducive to consensus-oriented decision-making. This is further enhanced by relatively inclusive but publicly isolated deliberations conducted through executive commissions and the "remiss" process. By the time the major reform proposal was submitted to Parliament, there was considerable agreement which promised not to be seriously disputed. For all of these reasons, the legislative debate was far less contentious than was the case in the US.

Much of the activity surrounding the house doctor issue had taken place outside of Parliament, at the Landsting level, and it was not until the LTF agreed to work toward a national house doctor system that events began to unfold in Parliament. Thus, agreement had been largely reached in the administrative arena responsible for health care *prior to* the emergence of a national system.

In the US, competition and confrontation are built into and reinforced by the decision-making apparatus. Here, the primary decision arena for health care reform was Congress, where the issue was addressed by numerous committees claiming some stake in health care policy.

The executive task force formulating the Clinton plan bears little resemblance to its Swedish counterpart. It was exclusive, not inclusive, and highly public, not “private” (although technically the US task force is supposed to be a private deliberation). A power struggle between the executive and legislative arenas presented itself immediately, and there seemed to be little agreement between them.

Criticism of the secrecy of the task force set the stage for interest group mobilization to sway Congress both directly (campaign contributions) and indirectly (advertising campaigns, the battle for public opinion). Here, the fragmented committee structure, each containing “key” members, provided further incentives for stakeholder spending. Such an institutional arrangement favored the interest of private sector industries, who spent unprecedented amounts of money. Interest group spending was disproportionately greater among the larger-scale private industry groups - the HIAA being perhaps the most noteworthy. All of this legislative fragmentation, combined with the effects of a two-party, single member district electoral system, contributed to the personalization of policy issues (the Cooper Plan, the McDermott Plan, the Kennedy Plan, etc.). Advertising campaigns, particularly television ads, were highly confrontational, essentially using scare tactics to counter the scare tactics of the “opponent”. The industry ads were deliberate attempts to identify with relatively affluent middle class Americans (“Harry and Louise”) and frighten them into equating universal coverage with “government control” and loss of personal choice or freedom in determining one’s health care.

Threatened stakeholder groups thus conducted aggressive advertising campaigns to sway public opinion and influence key congressional committee members, the most key members having already benefited from the unprecedented levels of election campaign money from industry groups. The success of the stakeholder groups was thus encouraged by institutional configurations that favored the private sector and lobby politics. Indeed, US policy-making

configurations would appear to nearly preclude serious discussion of equity in terms of health care outcomes.

This chapter has highlighted the main features of the health care reform debates in Sweden and the US and presented these debates within the context of the larger policy environments within which they took place. The goal has been to illustrate some of the ways in which the institutional configurations surrounding health care, and the institutional configurations surrounding policy-making more generally reflect and reinforce dominant value assumptions in each system. This is intended to demonstrate the pervasiveness of such values, and the extent to which policies and institutions are imbedded within them. Serving as the operational frames of reference for political and other actors, such configurations become assumptions which are then employed or activated for the achievement of professional or policy objectives. Furthermore, this behavioral dynamic applies to all actors - including the media reporting on policy actors. The preponderance of "competitive" institutional values and structures in the US versus "cooperative" values and structures in Sweden would seem, for example, to both make the media more accessible to less privileged groups in society (i.e. the needy, the sick, etc.) and make the plight of these groups a more newsworthy story than would appear to be the case in the US.

CHAPTER FIVE

Conceptualization and Methodology

Introduction

This chapter outlines the conceptual and methodological considerations associated with the content analysis of Swedish and American newspapers, the results of which are presented in the following three chapters. The present chapter will first explore the definition and measurement of the core value concepts of “individualist” and “collectivist”. Conceptual factors are also considered in light of each country’s policy debate, which is divided into analytically relevant time periods. Following this, the database will be described, and the chapter will conclude with a discussion of the logic underlying the schemes adopted for the content analysis.

Individualist and collectivist: Definition and measurement

In this study, the concepts of “individualist” and “collectivist” values will be viewed not as polar opposites, but as relative points along a continuum extending beyond the boundaries of the two countries examined here. This study concerns individual and collective values associated with western liberal democracies, thus a certain degree of individual liberty and collective rights will be recognizable in both societies. One of the reasons behind the decision to compare Sweden and the US, however, is the general recognition of the relative differences between these countries in terms of the dominance of individual versus collective values at the societal, institutional and policy levels. Thus Sweden, as one of the most stable European welfare states, reflects the apparent victory of collective values associated with the equitable distribution of wealth and power over individual privilege, while the US is perhaps the most prominent example of a minimal state in the western world. While the value spectrum examined here does not attempt to encompass the “entire” range of individualist-collectivist values on the world stage, the relative similarities between the US and Sweden as western liberal democracies serve as a control within which to examine and compare the relative influence of these values in the arena of health care reform.

Seen within the context of two liberal democracies, then, distinctions along the individual-collective spectrum will be defined primarily in terms of the *relative distribution of rights and responsibilities between the individual (citizen) and society (government)*. Broadly speaking, individualism is seen as a prioritization of individual rights and individual responsibilities as a means to promoting the general welfare, while collectivism is seen as a prioritization of collective rights and collective responsibilities as a means to ensure the greatest good for the greatest number. In other words, the values can be identified in terms of *who has what rights* and *who has what responsibilities* in the resolution of social problems. The relationship has important implication both in terms of the individual's relationship to fellow members of society, but in terms of the relative power of the private (individual) and public (government) sectors in social problem-solving.

Both rights and responsibilities move along the individual-collective spectrum. For example, individual-level rights include the freedom of expression, while a collective-level right is the right to employment and a decent standard of living. A primary conceptual distinction employed in this study is the relative emphasis on *outcomes-oriented equal distribution*.

In general, the more collective-oriented rights and responsibilities contain elements of *outcomes* and an *equity*. Rights to education, health care, old age care, and employment contain a strong element of the equitable distribution of economic and sociopolitical resources in terms of results or system *output*. The notion that socio-economic or political gaps are unacceptable reflects a collectivist perspective. By contrast, "individual" rights and responsibilities emphasize equality at the *input* end of the equation - an equal opportunity to compete and excel. An "output imbalance" in terms of the distribution of socio-economic or political resources are seen as a result of competition and are therefore considered largely acceptable. Degrees of the "output equity" weight of a given right can thus serve as a useful gauge in identifying the core values examined here.

Closely related to these positions are views surrounding the *appropriate roles of the private and public sectors* in society. Because the two countries in this study are capitalist systems, each contains a primary role for the private sector. Because each country is a modern participatory

democracy, each assigns a primary provisional role for the public sector as well. The differences between the relative emphasis on the *extent* of the rights and responsibilities of these two sectors are quite clear, however. Sweden, whose basic foundation remains a welfare system, ascribes a much stronger role to government in protecting citizens from the vicissitudes of the market, while the US, whose basic foundation is more libertarian, is premised on the notion that government should be as non-intrusive as possible, both in the lives of citizens and in the operation of the market.

In operationalizing these notions for the study of health care reform, primary attention is given to who (individual/society; private/public sector) has what rights and what responsibilities in the provision of health care. The greater the emphasis placed on the merits of market solutions to the provision of care, the more individualist the interpretation. Similarly, the greater the emphasis placed on the responsibility of government to provide security of health care for the population, the more collectivist the interpretation.¹ In large measure, these distinctions rotate around the contrasting axes of freedom (to choose, to compete) and security (of care and quality). These axes are incorporated into the table below, which presents the “individual” and “collective” rights and responsibilities in health care.

Table 5.1: Operationalization of individualism and collectivism in health care policy

	<u>INDIVIDUAL FREEDOM</u>	<u>COLLECTIVE SECURITY</u>
CITIZENS	responsible for own care; freedom to choose	entitled to equal quality care
SOCIETY	“free” society with liberty for all and inequity as a tolerable consequence	“just” society with security for all
MARKET	good; fosters competition	bad; fosters inequity, insecurity
GOVERNMENT	bad; prevents competition, choice	good; fosters equity, security

One point worth noting is the distinction between the individual and the collective in terms of the *right to choose*. While overtly the right to choose appears to be inherently “individualist”, it takes on a more collectivist character when coupled with the notion of “universal choice”. The

¹ It should be noted that these preferences can be expressed in both positive *and* negative terms. Expressions of both praise and condemnation contain core value assumptions about how things ought to be.

universal guarantee of a right to choose becomes a collectivist right, particularly if government has the responsibility and authority to implement such a right, and particularly if this right is linked to health care outcomes, i.e. the distribution and quality of care. In general, when gauging the value orientation of a view expressing the importance of the right to choose, the greater the emphasis on equity, the more the weight shifts toward the collectivist end of the spectrum examined here.

Policy cycle breakdown

In order to examine the policy cycle in each country, key policy events have been identified and are presented in the following table. The events listed below are based on the discussion in Chapter Four. The debates have been divided into two time periods representing the “rise” and “fall” of each reform in its respective setting.

In the Swedish case, Period 1 extends from the electoral victory of the conservative (or “bourgeois”) coalition in September 1991 and runs through the parliamentary approval of a national house doctor system in April 1993. Period 2 extends from the passage of the reform and runs through the parliamentary vote in April 1995, in which the national system was abandoned. In this case, Period 1 represents a period of *deliberation* leading up to the passage of reform, while Period 2 represents a period of both continued deliberation as well as implementation of the 1993 law.

Table 5.2: Key health care policy events: Sweden and US

	SWEDEN		US	
PERIOD ONE ("rise")	September 1991	Bourgeois victory	(November 1990)	Wofford victory)
	May 1992	Govt (Social Dept) proposal sent out for remiss	November 1992	Clinton victory
	January 1993	(delayed) submission of govt proposal to parliament (Social Committee)	January 1993	task force appointed
	May 27, 1993	Parliament votes in favor of husläkare	September 22, 1993	Clinton unveils plan to Congress (<i>other plans already in progress</i>)
PERIOD TWO ("fall")	(December 1993)	(Parliament approves establishment rights, S walks off HSU 2000)	October 1993	Clinton plan addressed <i>in toto</i> by 5 committees
	January 1, 1994	Husläkare goes into effect	November 1993	"Harry and Louise" ads begin
	March 1994	doctor strikes	July 1994	Senate party leadership re-works committee drafts for full floor vote
	April 20, 1994	Parliament votes to disband husläkare	August 1994	Senate considers Mitchell Plan
	September 1994	Social Democratic victory	August 16, 1994	"Harry and "Louise" return
	April 6, 1995	Govt health care proposal to "return to normal" in health care (<i>more emphasis on primary care, more control over private practitioners</i>)	September 26, 1994	Congress votes to postpone consideration of health care reform indefinitely
			November 1994	Republicans sweep Congress in mid-term election, health care absent from campaign agendas

In the US case, Period 1 begins in September 1992 with Clinton's presidential victory and runs through the presentation of the Clinton Plan to Congress in September 1993. Period 2 extends from the time the plan reached Congress up to and including Congress' decision in September

1994 not to vote on the issue. In this case, both time periods reflect more equally deliberative phases, since no implementation took place. The focal point of deliberation differs, however, from the more squarely executive to the more squarely legislative in the US. Thus Period 1 represents the development and presentation of the Clinton Plan, while the Period 2 represents congressional response to the proposal.

Database description

This section presents the considerations guiding the selection of material and provides a description of the resulting database used in this study. Criteria guiding the selection of newspapers is the first task, followed by the criteria used to select specific articles or stories.

Selection of newspapers

The focus of this study is on the print media, for the simple and pragmatic reason that print is far easier to collect and manage in a comparative project such as this. In choosing which newspapers to examine, the following criteria were adopted: 1) national in scope; 2) standard-bearer; 3) elite and mass per country. The aim underlying these criteria is the desire to locate, as much as possible, the relative “center” of the media spectrum in each country and to examine journalistic behavior within this relatively central “space”. If country differences appear to exceed differences between types of papers in each country, the presence of a cultural filter is strengthened. Each of the criteria respond to considerations of political culture. First, because the values are assumed to exist at the national level, the newspaper should be national in scope. Second, because these values are assumed to be “core values”, the newspaper should be perceived as a “standard-bearer” within their own country as opposed to representing more extreme political leanings. Finally, because the cultural values of journalists themselves are being examined, both an “elite” and a “mass” paper is included for each country. This enables comparisons to be made within countries, between different types of newspapers, where journalistic norms and practices might differ.

The newspapers selected with these criteria in mind are: 1) *The New York Times*; 2) *USA Today*; 3) *Dagens Nyheter*, and; 4) *Expressen*. All four papers are national in their readership and content orientation, and each wears the label of a standard-bearing elite or mass publication in their respective country.² In the US, the *USA Today* constitutes the sole example of an a national “mass” newspaper in the US. It’s emphasis on colorful graphics has earned it the label “TV paper” or “MacPaper”. The selection of the *Times* as the representative “elite” paper was based on the paper’s widely-held image as a standard-bearer of the prestige press in the US coupled with the fact that it has the largest readership among national prestige papers.³ Turning to the Swedish setting, the choice of elite and mass papers followed similar logic. *Dagens Nyheter* was chosen over *Svenska Dagbladet* because of its larger readership and its relatively more centrist political face. These papers are considered the major national morning papers⁴, and both are privately-owned, commercially operated and politically “independent” papers. While both could be considered relatively “bourgeois” in the Swedish context, given their historical and present links with political parties on the right side of the spectrum, *Svenska Dagbladet* is generally viewed as more overtly right wing in its content.⁵ The two largest evening papers are *Expressen* and *Aftonbladet*. National readership for these two papers is about the same, but *Aftonbladet* continues to be quite closely associated with the Social Democratic Party despite its official independence, thus rendering the paper more overtly partisan in a leftward direction. As a result, *Expressen* and *DN* appear to be the most reasonable choices in the Swedish context, despite the traces of their links to the Liberal (Folk) Party.

Interestingly, however, the biases attributed to these papers make the comparisons more theoretically viable because they behave in similar ways. For instance, the US press in general, and the *Times* in particular, is widely seen as liberal in its leaning, which in the US context would slide it *to the left* of core values, while the selected Swedish papers examined are largely

² Both NYT and DN contain local or regional sections in addition to national and international news.

³ Other candidates, such as the *Wall Street Journal* or the *Washington Post*, seemed less suitable because they tend to address a smaller range of readers (i.e. business elite in NY, political elite in DC), as well as the fact that each is seen as leaning either to the right (*Journal*) or the left (*Post*) of the *Times*.

⁴ In Sweden, the press is divided into two main categories - morning press and evening press. Generally, morning papers are considered to be “serious news”, while the evening press is more tabloid-like in its appeal, although not tabloid in the UK or US sense of the term.

⁵ By right wing is meant bourgeois in general and Moderate Party in particular. Formerly called the Right Party, the Moderates occupy the most right wing position in the established Swedish party spectrum.

seen as liberal in the European sense (“bourgeois”), sliding it *to the right* of dominant core values in that setting. Because these papers are seen as leaning in a direction away from core values in their own setting, the presence of a cultural filter reflecting core individualist/collectivist values, if identified, would lend greater credence to the notion that journalists are “products” of their larger political cultural milieu; i.e. supposedly “liberal” American journalists displaying more individualistic bias in their coverage than supposedly “bourgeois” Swedish journalists.

Selection of articles

The main criteria guiding the selection of articles are: 1) time period; 2) newspaper section, and; 3) subject matter. Because the study aims to identify possible patterns of journalistic bias over the course of a policy reform debate, the time periods encompass the rise and fall of reform as discussed above. Searches have been conducted for the entire years in which key policy events took place: 1992-1994 in the US and 1992-1995 in Sweden.

As discussed in Chapter Four, the health care reform situation was more complex in Sweden, encompassing a variety of measures debated and/or adopted over a longer period of time. This is the primary motivation for limiting the Swedish study to one of the key issues within this larger and longer-term framework. Originally, the house doctor reform was proposed by Folk Party representatives in the 1970’s. During the 1980’s, the issue was regional in nature, residing largely at the Landsting level of government. A national system did not receive serious attention in Parliament until 1991, the year of the bourgeois electoral victory. As is the case in the US, the life span of the reform corresponds with executive and legislative control of traditionally oppositional parties; in the Swedish case the bourgeois parties headed by the Moderates. For these reasons, article searches were conducted for the mention of “house doctor”⁶ during the years in which the key events in this reform took place: 1991-1995.

The selection of articles was further limited to those appearing in the *news sections* of each paper. Editorials are thus not examined here. The reason for this is simply the view that because

⁶ The Swedish word for house doctor is “husläkare”. Searches were phrased to capture compound or other related words, i.e. “husäkarreform”, “husläkarförslag”, “husläkarkorps”.

the focus of this study is the journalistic coverage of health care reform, news articles make the most sense since they constitute the most “genuine” journalistic voice in the paper. Furthermore, while editorial pages are assumed to reflect a certain bias, news sections are supposed to be the most neutral or “objective” realm within the paper. Also excluded from the analysis are articles appearing in financial or local sections of the newspapers. Thus, the articles included in this sample appear in the national news section or their equivalents in each paper.⁷ This was motivated by the desire for the articles to reflect as general a “national news” journalism as possible, as opposed to being too noticeably influenced by the specialist considerations (i.e. finance or locality).

Because of the relative concentration and intensity of the US reform proposal relative to the Swedish house doctor reform, many more articles were retrieved from the US papers.⁸ To balance the data set and make the coding more manageable, two measures were adopted to systematically limit the US sample. First, in the case of the *Times*, only front page articles were taken for the entire period. Articles in this paper tended as a general rule to be much longer than those of all other papers, and the front pages articles were several times larger than their counterparts in *USA Today*. Thus, despite the smaller number of articles in the *Times*, the text itself exceeds the samples of all other papers.⁹ While all front page articles are also included within the *USA Today* sample, their overall length was much shorter than front page articles in the *Times*. Because of this, and in order to arrive at a US sample size that would approximate the Swedish data at the country and paper level, every sixth article from the inside pages of *USA Today* was coded as well. The Swedish data represent total populations. They constitute the universe of health care-related articles containing the word “house doctor” or derivatives thereof. Thus, even though the elite sample is much larger than the mass (99 vs. 37), both numbers reflect

⁷ The *DN* equivalent is “news” and “politics” sections. For *Expressen* it is the “news” section.

⁸ For both countries, the actual collection of articles took place with the assistance of computer search software - LEXIS/NEXIS in the US and PRESSTEXT in Sweden. In the US case, searches were conducted using key words such as “health care reform” (mentioned at least 5 times, in order to obtain articles that dealt primarily with health care) appearing in the designated times periods and paper sections. In Sweden, articles containing derivatives of the word “husläkare” issue were identified within a much larger pool of articles obtained by searching along the parameter of “health care policy” and “primary care policy” as key subjects.

⁹ In the data set for this study, the average *New York Times* article is about 1,700 words long, while *USA Today* articles tend to run about 650 words (based on extensive but informal observation of texts - more specific information on article length can be procured if necessary).

an entire population. The table below presents the total number of articles in the database according to country and type of paper.

Table 5.3: Number of articles in data set, by country and type of paper

	US	Sweden	<i>Total N</i>
Total N	129	136	265
per 1	54	51	105
per 2	75	85	160
Elite paper	43	99	142
per 1	20	41	61
per 2	23	58	81
Mass paper	86	37	123
per 1	34	10	44
per 2	52	27	79

While the total number of articles may at first appear somewhat small, it nonetheless reflects total populations or representative samples. Furthermore, the more narrative approach adopted in this study is well-suited to smaller sample sizes given its aim to achieve a deeper and more multi-dimensional read of the text.

Two additional points should be mentioned before proceeding to a discussion of the content analysis methodology. First, the analysis pertains to *text only*, not to photographs or graphics. The primary reason for this is the simple fact that the search software delivered articles in text format only, containing no graphic presentation, and was printed in a format designed for letter-sized paper. The articles thus did not appear as they would in the newspaper. Related to this, the actual size or column inches of each article is also not considered here. While some insights will be missed by not accounting for such factors, it is hoped that the more narrative methods adopted will yield insights more relevant to or consistent with the research questions at hand. Because the focus of this study is the journalistic treatment of health care reform, the analytical priority is the *content of the text*, particularly the way the issue is framed and described. In a comparative study such as this, the textual focus offers an opportunity to examine patterns of journalistic story-telling in greater depth.

Content analysis

The coding schemes employed in this study reflect a combination of qualitative and quantitative approaches. The first method, which is being called the *narrative description*, summarizes the main plot elements of each paper's "story". It presents the story as it unfolds over time, attempting to convey the sense in which it was told. The first quantitative approach is called the *frame analysis*. It seeks to identify larger patterns of story-telling and framing at the article level, and to consider the extent to which these patterns may or may not reflect a value bias. The second quantitative analysis, called the *value discourse*, attempts to identify statements of value bias within the article text as expressed through either the "journalist voice" or the "actor voice".

Narrative description

In order to arrive at a sense of the "health care story" told by each paper, the analysis begins with a thick description or narrative summary of the coverage as a whole. The narrative description tells the media story as it appears from beginning to end, identifying the main characters, plot lines and the moral of each paper's "story". Headlines - a journalistic narrative device lending itself to relatively simple and reliable comparison - will serve as a central organizing theme. As Eide and Hernes (1992) observe in their study of health care coverage in Norway, headlines organize the "dramaturgy" of the tale. They set the tone of the article by overtly highlighting the "newsworthy" aspects of a story and casting it in a certain light. The discussion will not rely exclusively on headlines, however. As will hopefully be illustrated in Chapter Six, the tone, style and substance of the article will be considered in the presentation as well.

Frame analysis

Based on the patterns of journalistic treatment observed in the narrative description, the first content analysis seeks to identify the larger *framing elements* applied to each “scene” (article) within the story. The questions are intended to gauge the extent to which each article reflects individualistic or collectivist frames according to the following criteria: 1) the inclusion of “security” versus “freedom” themes within the article; 2) the degree to which the article reflects a pedagogical reporting style in terms the prominence of formal documentation and research; 3) the degree to which a pedagogical style is manifested through the use of “strategy” versus “issue” frames, and; 4) the types of voices included in the article, including those reflecting more strategic or more pedagogical emphases.¹⁰

Value discourse approach

The *value discourse* analysis moves into the text itself, identifying as the unit of analysis the individual “value statement” appearing within each article.¹¹ A value statement is defined as a unit of text reflecting the values or assumptions associated with individualism and collectivism as operationalized above.¹² Appendix E provides examples of value statements coded in each value and voice category, explaining the justification in terms of the above discussion. While such an analysis is inherently interpretive, the table hopefully illustrates the logic of the coding scheme. According to inter-reliability checks conducted in Sweden and the US, the scheme appears to be consistent.¹³

¹⁰ Reliability tests were conducted with the assistance of an American doctoral candidate, fluent in Swedish, researching Swedish film narrative at the Scandinavian Department of the University of Washington. Coding 10 US articles and 10 Swedish articles according to the four indicators mentioned above, the results were: 1) US 90%, SW 90%; 2) US 80%, SW 95%; 3) US 80%, SW 90%; 4) US 73%, SW 78%. The relatively lower numbers in the “voice” category are addressed in Chapter Seven.

¹¹ As a general rule, the length of a value statement is one paragraph, although it can range from one sentence to two or three paragraphs, depending on the content. The primary criterion guiding the identification of a value statements is whether or not the text conveys a viewpoint about how health care should be. Merely naming or mentioning “universal health care”, for example, does not necessarily constitute a value statement unless there is a greater context of meaning, such as whether universal care is good, why or why not, etc. This context as a whole defines the type of value being expressed.

¹² The scale ranges, in increments of 0.5, from “1” to “3”, with “1” being the most individualist and “3” being the most collectivist measure. Thus, a total of 5 points appear on the scale - 1.0, 1.5, 2.0, 2.5, 3.0.

¹³ To check for inter-coder reliability, a Swedish political scientist at Göteborg University coded 15 Swedish articles. The resulting degrees of correspondence were: 1) identification of value statements, 95%;

Because this analysis attempts to identify the substantive value discourse taking place within the narrative, only the “value text” is coded. Thus, it is possible for an article to contain no value statements. Data is kept on the density of value statements per article, but only the value statements themselves are analyzed.¹⁴ Text addressing *strategic* considerations, for example, is not coded as a value statement unless it contains a substantive component. Thus, speculation over who is likely to “win” or “lose” legislative votes is not considered a substantive value statement in this analysis, unless of course the text in question contains a normative component about how health care “should be”.

Tracking the value statements can reveal not only which *values* are expressed, but whose *voices* express them. Using Kent Asp’s (1986) notion of journalist versus actor prominence in the text, this analysis also codes the text according to whether the voice of the actor is prominent (quotes and paraphrases), or whether the text reflects the voice of the journalist to a greater degree (descriptive text, analysis).

Profiling the value statements made by *actors* conforms generally with existing approaches to content analysis, which tend to focus on actor voices, i.e. who is heard, what is said, etc.. By identifying the *journalist* voice and comparing it to the actor voice within the text, however, new forms of observation become possible. By separating the journalistic and actor voices, it becomes possible to examine, for instance, patterns of journalistic treatment, such as whether the more “journalistic statements” contain greater or lesser degrees of core value bias than direct quotes and paraphrase statements. This, in turn, helps address the question of whether journalists exert a protective role over traditional core values, or whether they in fact promote or encourage

2) identification of voice, 98%; 3) assignment of exact value code, 73%, and 4) assignment of value code within 0.5 points, 92%. The same person also coded four US articles, two from each paper, and the compatibility here was stronger than that of the Swedish articles. The largest difference was in the relatively higher degree of correspondence between exact value assignments - 82% versus 73%. An American graduate student at the University of Washington also coded 10 US articles, with the following results: 1) 92%; 2) 95%; 3) 76%; 4) 89%.

¹⁴ An article level measure is maintained in order to view the value statements in relation to the number of articles and can be provided if necessary.

challenging values in their coverage of health care reform. The value discourse approach, then, should be particularly helpful in observing the journalistic role in the processes of value strain and value change more generally.

CHAPTER SIX

The Narrative of Health Care Reform

Introduction

In this initial step of the content analysis, the larger “story” told by each newspaper will be reviewed in order to understand the narrative of reform in each country. Once these stories have been presented, the discussion will consider the following questions: 1) how does the competing value enter the narrative, and how does it leave?; 2) how is it treated in the story, and how does its characterization change over time?; and finally 3) how does the overall narrative logic appear to reflect core values? These observations will then be addressed both in light of the journalistic and policy filters discussed in chapters Three and Four as well as in terms of how the larger narrative can inform the quantitative analysis conducted in the following two chapters.

News as narrative

As mentioned in the discussion of the cultural filter in Chapter Two, a narrative perspective on media content has gained increased attention in recent years. A particularly relevant example for this study is Eide and Hernes’ (1990) extensive examination of the coverage of health care issues in the Norwegian press throughout the 1980’s. The authors discuss several features of news narratives, summarizing their view of media dramaturgy as follows:

“Through their dramaturgy - the presentation of conflicts, heroes and villains, possibilities and realities - the media plays a central role in the daily depiction of the two images of the world - as it is and as it should be” (1989:174).

Narratives contain dramatic archetypes such as protagonists and antagonists, as well as central themes or morals. The typical plot is built on conflicts, presented through intensification to crisis, climax and denouement. In the case of health care, the authors (1989:13-19) identify five basic story lines:

- 1) "Patient dies in corridor" (overcrowded and understaffed hospitals)
- 2) "Given life back two times" (patient survives battle for life)
- 3) "Waiting for surgery" (for minor but often painful conditions)
- 4) "Fantastic success" (patient recoveries)
- 5) "Heart-broken" (i.e. patient evicted from hospital)

In certain ways, the above listing seems to reflect collectivist values. While they are focused on individuals, these individuals are patients - the underdogs who symbolize a collective "everyman" - not politicians. Also, the stories focus on system performance or output, on health care responsibility and accountability to citizens. "Victory" appears tied to (collective) patient rights to good quality care and service.

This raises the somewhat intriguing question of whether these primary plots would appear in the Swedish and US stories. While Eide and Hernes examine health care issues more generally rather than policy reform per se, the overall themes listed above might nonetheless appear in connection with the Swedish and US health care reform story. For instance, it would be interesting to see whether such themes appear at all in either country, and what patterns they display in each case. Assuming that these themes are more collectivist than individualist, and assuming that Sweden is more collectivist than the US, the prediction would be that such themes are more likely to appear in connection with Swedish rather than US reform coverage.

These questions will be included in the following analysis, which will draw assistance from the frequency tables (Appendix B) and headline chronologies (Appendix C & D) located in the appendix. The discussion will focus on the general plot line, the moral of the story and the portrayal of main characters and competing values.

The U.S. story: Clinton's battle for universal coverage

As indicated in Appendix B, *New York Times* and *USA Today* coverage of Clinton's health care reform begins in earnest after the January 1993 inauguration and appointment of a presidential task force. It continues at a steady pace in both papers until September 1995, when coverage experiences a precipitous fall. Peak periods in both papers are: 1) task force deliberations (March-June 1993); 2) submission of the plan to Congress (September 1993), and; 3) final

committee phases in both houses leading to full floor votes (May-September 1994). In large measure, the papers are very similar in their focus on the competitive or strategic aspects of health care reform - both appear to cover the issue very much as a campaign. The main difference between the stories told by the *New York Times* and *USA Today*, however, is the more personal tone of the latter, which often speaks in terms of "how this affects you, the average reader". Perhaps because of this personal tone, the content of *USA Today* headline and article text is more overtly editorial as well (i.e. direct cries or appeals for action).¹

The New York Times front page story

The first of the 43 front page stories dealing with health care reform in the *New York Times* (NYT) appears in connection with Clinton's 1992 victory and his plans to push his reform through Congress. Between November and January, the general tone of coverage is quite optimistic. Insurers call for universal coverage, policy experts discuss financing options, and the First Lady herself will head the task force. Journalistic treatment of Clinton, Hillary and other executive actors is largely supportive, with little interpretation or counter-point introduction. Even the initial "failure" of the transition team to forge a plan was described in fairly sympathetic terms: "Efforts by the Clinton team to develop a health care plan during the transition period were stymied by the complexity of the issue" (1/25/93).²

The sense that capable, trustworthy people are on the job and that things are moving along shifts quite abruptly (and permanently) by the time the next article appears in March. The flurry of front page stories in March and April focus almost exclusively on the task force, which has taken on the character of a battlefield in which Clinton's initial "hero/victor" image quickly becomes more ambiguous. Compare, for instance, December 2, 1992:

"...the industry signals its willingness to accept sweeping changes, many of them similar to those proposed by President-elect Bill Clinton.

with March 30, 1993:

¹ This could also be an artifact of the different sample sets, since the NYT sample consists of front page stories only. Still, both samples consist only of articles appearing in the news sections, and do not include anything from the editorial page. Thus, a decision to place a direct appeal, or to issue one itself, in the news section reflects an important decision by the newspaper staff to present a particular view.

² Unless otherwise noted, underlined words in article excerpts are made by the author.

"... After long clamoring for access to President Clinton's health policy team, spokesmen for the elderly, doctors, dentists, chiropractors, hospital officers, insurance executives, and other groups today fired a fusillade of proposals to re-make the nation's health care system".

The White House is portrayed as rigid in its determination to hold task force deliberation "in secret", prompting focus on the lengthy judicial proceedings surrounding the legality of task force composition and procedure. The judicial actions were brought on by critics of the reform, mainly those who feel excluded from the deliberative process - doctors and industry (insurance, providers) representatives in particular. The portrayal of the task force as suspect or secretive, as unfairly shutting out important groups from the decision-making process, is further accentuated by the simultaneous focus on public opinion, which is said to exhibit unprecedented support for significant change (feature article 4/6/93). This seemingly collectivist interest in inclusive decision-making is largely shrouded by the presentation of these concerns within a highly accusatory and strategic context, however.

Overall, the NYT front page stories in this period contain considerable speculation and criticism of the evolving plan, by journalists and actors alike, as journalists seem to be trying to figure out what's going on "behind the scenes". Against this backdrop, reform and the prospects of change take on a more ominous character. This is reflected in an article highlighting the fear of a group of medical students, who worry that Clinton's reform will limit their career options ("Future doctors unsettled by health care changes", 4/9/93). The stories do not focus on patients at all, and once again, their primary attention to the general public occurs in relation to opinion polls.

When the health care story returns in late summer, the battle arena has shifted to Congress, where journalists cover the tactical maneuvers of legislative committee members up to the time of Clinton's nationally televised speech in September, when he is due to publicly deliver the plan to Congress.

Already a month and a half before his Congressional speech, however, the portrayal of Clinton as more of a "loser" is clear, as the following journalistic outline illustrates. It lists the first sentence in a series of paragraphs, showing how the journalistic text essentially contradicts and ping-pongs against the presentation of the administration's view:

(from 8/9/93, "Health care plan moves to center of political stage")

"Ira Magaziner, the White House domestic policy adviser who has led the effort on health, argued in an interview that...

"Still, with the health package now scheduled for public presentation in mid or late September, Mr. Magaziner's optimism is not universally shared....

"Most closely watched will be how Mr. Clinton comes down on the issue of financing and how to cover those not now insured....

"Still, the Administration officials are trying to dispel the idea that the health care plan will mean major new taxes.....

"Mr. Magaziner said....

"Still, the timetable for health care legislation has already slipped repeatedly..."

The higher risks associated with the plan are apparent in September, with articles characterizing public opinion as less supportive ("support amid skepticism") and portraying Clinton's plan for "sweeping change" as being fraught with risks in the Congressional setting. Following the delivery of his speech to Congress, a September 23 article ends with several quotes from Republicans, all emphasizing the possible threat of big government portended by the proposal, as the following excerpts illustrate:

(from 9/23/93, "Clinton's Health Plan: The Overview: Clinton asks for backing for sweeping change in the health care system")

".../(Gov. Campbell, SC) scoffed at the Administration's proposals, calling them 'a great social experiment'./.../(Sen. Connie Mack, FL) said 'and we want to do it right, with less government and more freedom'./.../Representative Nancy Johnson of Connecticut said Republicans 'oppose what amounts to national price-fixing'./..."

The strategic focus is apparent in this article. In examining health care advisor Ira Magaziner, for instance, the article portrays him as presenting an overwhelmingly complex proposal "that engages the egos and interests of the most powerful barons in Congress, some of whom consider Mr. Magaziner a naïf." The strategic or campaign focus is further visible in the following journalistic analysis appearing in the same article:

"As he described a plan that would be gradually phased in by the year 2000, his choice of words often recalled the themes that had worked in his campaign for the White House"...(such as "the courage to change")

Following the Congressional speech in September 1993, the proposal begins its journey through the labyrinth of congressional committees, and a front page article does not appear until June 1994. At this time, it has become the "health care debate", the title of a seven part series appearing between June and August 1994. Political maneuverings and strategic considerations seem to dominate the journalistic framing over this period. After largely bypassing the rumblings in the House during the winter and spring (i.e. no front page stories), a June article suggests that the issue is already a dead horse, since no one is embracing it on the mid-term campaign trail ("On the stump, not much talk of health care"). This, it would seem, bodes ill for Clinton's hopes of comprehensive reform. Already the press signals a deathknell. Coverage picks up in August, highlighting the individual plans advocated by key players and the inability of any single plan to carry enough votes. By this time, the issue has become so disaggregated and personalized as to lose its meaning. Each of the major combatants has his own plan - the Cooper plan, the Dole plan, the Mitchell plan, the Kennedy plan, the Moynihan plan - and those with larger political ambitions (notably Dole and Graham) are covered within the context of their bids for the presidency. Vociferous lobby groups maintain a strong presence, criticizing existing plans and vying for their piece of the reform pie ("Lobbyists are the loudest in the health care debate"). The main congressional stage continues to be the Senate Finance Committee, whose make-up is seen as the most similar to the Senate as a whole and the committee which has had the most difficulty agreeing on a bill.

The final article in the series, appearing August 29, 1994, a full month prior to the scheduled congressional vote, attempts to explain the apparent "collapse" of health care reform ("What went wrong? How the health care campaign collapsed/ a special report/..."). Not surprisingly, the critique focuses on faulty campaign strategy ("...for health care, time was a killer").

Reflecting the overwhelmingly strategic or game elements of coverage, most of the journalistic analysis addresses policy reform in terms of a competitive campaign, highlighting the critical importance of strategic issues such as timing and effective PR. The entire series focuses on the tactical considerations of political actors (primarily the most powerful or resource-rich) in highly

personalized and competitive terms (“Clinton’s allies on health concede...”; “Senate’s leader unveils his plan”).

Interestingly, this 14-page essay includes a role for the press its assessment of “what went wrong”. It reflects on “the complexity of legislating major change in an era of intense partisanship with a public that distrusts Washington as never before, a campaign technology applied to whipping around voters’ opinions, and news reports that emphasize conflict, not explanation” (Aug. 29, 1994, underline added). Coverage of media coverage, however, is more anecdotal than self-critical, focusing less on news coverage and more on televised ad campaigns such as “Harry and Louise”.

The strategic orientation of the NYT story overshadows more substantive themes, although when such themes appear, the issues of employer mandates and the extent of coverage are prominent. Even here, however, the substantive issue seems to form a backdrop in front of which to tell the “real” story of strategic intent and implications. For example, the issues mentioned above are buried beneath the strategic battle in the following journalistic assessments.

(extent of coverage) *“There were many mistakes and misjudgments that surrounded the campaign to achieve universal coverage. The Administration assumed that a 43 percent electoral plurality was a mandate for a tremendously complicated overhaul of a system as sensitive as health care”*

(employer mandates) *“First, the federation decided that the best way to fight the “employer mandate” was not to seek public sympathy for small business, but to play on public fears that jobs would be lost if employees had to absorb added insurance costs.”*

The first excerpt conveys a certain presumption of the part of the press as to what is “really” happening. The second portrays a political actor, in this case a small business lobby, in a highly strategic, war-like context. The issue does not appear to be how to improve health care, but rather whose plan, if any, has the best chance of winning. Furthermore, the coverage is highly personalized, equating each plan with its primary author (the Clinton Plan, the Cooper Plan, the Mitchell Plan, the Kennedy Plan, etc.).³

³ Regarding the attachment of personal names to the different plans, other choices exist but are not selected. The Clinton Plan could, for example, just as easily be called the “White House”, “Government”, “executive” or even “Presidential” or “President’s” plan.

The post-mortem theme continues up to the actual defeat of the bill on September 27, 1994. Two weeks earlier, a public opinion-based article is brought into focus, this time revealing disappointment in the gridlock, with negative implications for congressional incumbents in the upcoming mid-term election. Focus then shifts to the states, as they too, frustrated with the failure of the federal government to resolve the issue (“bickering”), assume the reigns themselves. Toward the end of the month the headlines move to Clinton, who is seen as a battle-weary loser, forced to give up the fight in order to save GATT legislation. Finally Clinton’s reform program is declared officially dead and with it much of Clinton’s presidential viability (“National health program, president’s greatest goal, declared dead in Congress”). The personalization of the plan seems to allow blame or responsibility to rest on the shoulders of each “loser” and make the issues they voiced appear more “dead”.

It is interesting that, despite the obvious personification of policy failure in Clinton himself, the language in this obituary is nonetheless decidedly more sympathetic to Clinton and kinder to reform than had previously been the case (i.e. “president’s greatest goal” and “national health program” versus “Clinton plan” and “health overhaul”, as it was labeled the previous month, 8/28/94). Despite the somewhat kind farewell, however, the issue drops off the front page, except to shift attention to state and private initiatives and, not surprisingly given the strategic nature of the coverage, to point out the absence of the issue from the mid-election campaign trail. It would thus appear to have ceased to be a national electoral or legislative “campaign”, and perhaps thus no longer newsworthy. The highly personalized campaign-style coverage is both a function of and exacerbated by the narrow range of “stages” upon which the narrative plays out, limited almost exclusively to the White House and Capitol Hill. To the extent that it widens, the story does not seem to venture beyond the Beltway.

The *USA Today* story

As illustrated in the figure in Appendix B, the first of the 93 articles in the *USA Today* (USA) sample appears in early 1993, as the presidential task force begins its work. It ends abruptly in

September 1994 following the failure of Congress to vote on the issue.⁴ The figure illustrates the pattern of coverage for the paper, differentiating between front page stories and the remaining articles. The chart reveals three peak periods of coverage: 1) April-May 1993 (task force); 2) September 1993 (Clinton's delivery of the plan to Congress) and; 3) June-August 1994 (final stages of congressional activity).

Initially, the USA story is fairly straightforward and process-oriented. As the task force gets underway, the tone in the headlines is deliberative, not confrontational, although conflict and criticism quickly become more prominent. The major voices at this time are, in approximate order of prominence, Clinton (and other White House officials), task force members, the AMA, democrats, big business and abortion activists. By the month of May, however, coverage has shifted to confrontation and criticism, especially concerning cost issues. Signs of resistance from business, better ideas from governors, advise to Clinton to "go slow on health care", and Hillary "mending fences" with doctors suggest that the track of reform is more jittery, less confident. It is at this point, in mid-May, that the first of 13 "editorial" articles appears - a proposal by the Tennessee governor to base the national system on the Tennessee model.

As a whole, the reform story has thus far focused on people worried about their health care security ("Depleting a life savings is a big fear") and the need to do something about it. However, whatever is done must not "clash with consumer priorities", i.e. must not cost more, and it should cost less ("Poll: health costs bitter pill"; "Health reform snag: money").

Coverage dips in the summer of 1993, much of it devoted to "editorial" pieces proclaiming the way things should be. Interestingly, all of these "editorial" articles are overtly in favor of large-scale reform and the need to provide greater health care security to all Americans, despite the pinch in the pocketbook. Some of these are written by outside sources, but others appear to be in-house. Headlines are phrased in the imperative form, emphasizing the weak ("Give the mentally ill the care they need") and recommending policy ("Managed competition the only way to go"). The calls to arms continues in August, as the paper explains that "people want health security" and warns policy-makers not to "hide" the costs of reform because the "public needs

⁴ See Appendix C & D for a chronological listing of headlines in each paper.

truth". The non-editorial articles during this period also reflect the fairly direct viewpoints of selected leaders, and as such they also have a strong editorial ring to them.

Coverage reaches its all-time peak in September 1993, as the press, the public, and political actors gear up for Clinton's now four-month-delayed presentation to Congress at the end of the month. The clearly dominant theme of this coverage is cost control. Only one substantive issue - abortion - appears in the headlines at this time. The paper provides a "hotline" for health reform questions. Reporting on the findings of the hotline, *USA* defines the public agenda: "Just a few of 1,287 questions: cuts, choice, cost among the concerns".

The first article appearing in September reflects an administration view, stressing the necessity of taxes to bring about reform and the economic and social costs of failing to do so. The administration's view is also central to the following piece, which outlines the three packages health alliances will be required to offer under the plan. An article about the persistence of the conflict-ridden abortion issue is next, followed by a more compromise-oriented piece outlining the areas of apparent convergence between the Clinton plan and various Republican plans currently being developed. This article notes that consensus is not easy, but that "shared ambitions can lead to useful compromise". It also stresses the helpful role that outcomes research can play in developing a cost-effective plan. A poll-based article appears next, summarizing the 1,287 questions put to *USA Today's* hot-line and providing a few answers as well. The hot-line article is followed by an editorial news piece, unauthored, on the eve of Clinton's address to Congress. This is an overt plea for universal care, choice, cost controls and quality supports. It seems to be following what it perceives as the public will, based largely on the previous hot-line article. The next day, an article describes the various lobby groups poising themselves to hang onto their "piece of the pie" (from headline). These are the AARP, the HIAA, the AMA, and the AHA, representing retired persons, the insurance industry, physicians, and hospitals, respectively. Thus there is, on the one hand, a proliferation of alternatives, and on the other hand, a focus on increasing public confusion, fear and mistrust of the plan. As the prospects for universal coverage legislation become more bleak, more desperate cries are heard to provide security ("Give children health security"; "many are hoping for a way out").

The tone continues to reflect a sense that “something should be done” to save more widespread health security. The headlines convey the sense of not giving up, but hoping for more (“Revision draws few business converts”; “...with lone Republican backer, bi-partisan promise”).

The final article of 1993 signifies a decreased need for reform, as “market forces” appear to be holding costs down. The article continues to stress the need for reform, but the sense of urgency so prominent in the earlier coverage is gone. Also, notions about who needs protection seem to have retracted from Americans in general (i.e. at least the working poor) to the more immediately at-risk populations of children and the elderly.

The notion of crisis re-emerges in January 1994, however, as an in-house article declares that “Any health reform must include everybody”.⁵ Attention moves first to Clinton’s State of the Union address threatening to veto any health care bill not containing universal coverage (“President draws line in the sand with veto”). At this point, however, the issue of universal coverage becomes increasingly side-lined. Signs of a weaker president appear in the article based on a Kaiser poll following the speech, which finds that fewer Americans consider health reform to be the nation’s biggest concern. Much of the coverage at this time is highly game-oriented, with Clinton’s “crusade” appearing to weaken against the rise of his opponents. Televised ad campaigns (both “Harry and Louise” and the HCRP ad⁶) are in focus, along with the tactics adopted by various actors, including the White House (or, as the headline reads, the “Clintons”). By April, there seems to be little optimism left, as “critics call year of (task force) work ‘waste of time’” and “sentiment runs against big overhaul”.

The paper seems to be looking for outside help in May, as few short (1-5 paragraph) editorial-style articles trumpet the success of universal care in other countries (“Canadian, Australian health systems work”) and criticize the lobbying frenzy in and around Congress (“Let health experts write /.../ benefits package”). It is interesting to note that this is the only time in which a comparative perspective appears in the sample, though it is brief, anecdotal and editorial rather than a serious examination.

⁵ The article has no author and is assumed to be in-house.

⁶ The Health Care Reform Project (HCRP) is a coalition supporting the Clinton plan.

In June 1994, the “battlefield” of reform is exposed, as those inside and outside Congress fight over what the goals should be and who should pay (“Health care battle widens on two fronts”). Another editorial voice is heard - “Don’t give up on health care for everyone” - while the battlefield becomes more chaotic (“Harry and Louise re-enter the fray”; “Chafee stakes out middle ground”). The “middle ground”, it appears, now consists of no employer mandate and no individual mandate as well as no universal coverage.

Signs that the public is losing interest and that Congress is hopelessly grid-locked appear in July. The coverage is increasingly strategic, such as the profile of Republicans looking to the ’94 and ’96 campaigns. More hostile language accompanies the essentially confrontational frames (“Reject this unfair tax”; “Health care spin doctors are in”). A sense of journalistic cynicism toward Clinton is apparent in the article about Clinton’s claim of “misrepresentation” by the media. While the article cites evidence supporting assertions of “pouncing on any shift” in policy plans, it closes by listing three contradictory Clinton quotes, which seems to exonerate the media.

As deliberations continue and party leaders prepare for floor debates in August 1994, coverage hits its second peak (see Chart 1). The month begins with the headline “Step back for Clinton offers step ahead for health care”, suggesting the continued sense of resignation over the prospects for the passage of substantial legislation. It ends, however, with a more doomsday tone, with “Health care lifeline - compromise/moderates gain as time gets short”. From this point on the “tragic death” image of health care reform become more prominent. Other story developments in August include the re-emergence of “Harry and Louise”, a layman’s guide to watching the congressional debate at home (“terms to remember”; “Senators to watch”; “the doctors in the House”). Beyond this, all articles are strategic or game oriented, speculating on possible legislative outcomes given currently known alignments (i.e. who is on which teams, and which team is likely to win). The prediction appears to be that comprehensive reform is unlikely (“Health care overhaul may fade”), and it is now a matter of working out incremental changes (“Health care in steps likely”). Within this strategic framework, however, a sense of sympathy for the “loser” (health care overhaul) exists alongside a sense that the battle may be lost but the war is not over (“Health bill dead for ’94/ Clinton vows fight not ended”).

Coverage remains high through September 27, when the bill actually dies in Congress. Reform's deathknell starts ringing loudly several weeks earlier, however. The "crusade" for large-scale reform is described as essentially over on September 9. The headline language throughout September is very "death"- and "battle"-oriented: "Crusade ends with a whimper" (9/9/94); "Health reform appears dead.." (9/20/94); "Health bill dead for '94: Clinton vows fight not ended" (9/27/94); "reformers refuse to give up fight" (9/28/94). In the last-mentioned article, Senator Mitchell comments that Medicare took 10 years to pass, so reform will come eventually. The "moral" of the story seems to be that a valiant struggle was undertaken at a brief moment of opportunity, but that it was not yet time for this effort to succeed. The "causes" of failure or loss are primarily strategic: *"The Clinton plan/ succumbed to its own complexity and /.../ the effective special interest campaigns against them."*

Once reform is declared dead, the story basically ends. Only one article appears in the sample after September 28, suggesting that approximately 6 articles appeared during this three month period. This is a precipitous drop from the period of July-September, during which an estimated 90 articles appeared.⁷ The article appearing in the sample offers a fairly overtly journalistic reminder to readers that "voters still want reform" (Nov. 17), hence the issue should not be forgotten or abandoned. The article issues a warning to the newly-elected Republican Congress to heed the results of an election night survey showing that while the public may want modest change and less government control, they want entitlement programs protected. The article begins:

"Voters in a Kaiser Family Foundation/Harvard School of Public Health/KRC Election Night survey say that their top four priorities for the new Congress were health care, crime, taxes and the deficit."...

and ends:

"Efforts to dramatically cut back on these programs runs the risk that the Republicans will become the minority party once again".

All in all, the USA narrative maintains a strong "individuals-in-battle" "win-lose" emphasis, but the "fight" is more collectivist than that presented in the NYT narrative. The themes addressed

are largely collectivist - the paper clearly declares that universal coverage is what “ought to be”, and when its chances are lost for the immediate future, it warns newly-elected Republicans not to abandon the issue if they want to be re-elected. Thus, a campaign style warning is issued as a means to continue the fight. Also, attention remains focused on Capitol Hill and the White House, as is the case in the NYT story, and these collectivist themes nonetheless become diluted within an overwhelmingly strategic narrative.

The Swedish story: Good health care for all

As illustrated in Appendix B, articles addressing the house doctor issue first appear in the spring of 1992 and peak in the winter of 1993/94, after which time the issue fades away. The two newspapers display the same pattern of coverage in terms of the larger peaks, which occur in autumn 1993 and March/April 1994, but *Dagens Nyheter* (DN) coverage is both more extensive and more consistent throughout the period than *Expressen* (EXP) coverage. The differences in the stories told by the two papers parallel those observed in the US case, where the story of the mass paper is more personal than that of the elite paper in that it reflects the perspective of “how this affects you, the average reader”. Beyond this, the stories of both Swedish mass papers are quite similar. Both narratives display a pronounced tendency to protect and defend the formal health care policy goal of “good care for all on equal terms”, guarding against an excessive market mentality and in general aiming to safeguard quality and equity in health care provision.

⁷ These estimates are based on the 1:6 ratio between the sample and total population for this paper (see Chapter Five).

The Dagens Nyheter story

The DN story begins in the late spring of 1992 and ends in April 1995. The highest concentrations among the 87 articles occur in August 1992 (conservative government sends proposal for "remiss" response), February-April 1993 (period prior to passage of reform in May) and autumn 1993 (implementation in progress, impending vote on establishment rights for private practitioners). The highest peak occurs in March 1994, when a doctor's strike takes place over a four week period. Following the strike, coverage remains quite low, hardly mentioning the September 1994 election (in the context of the house doctor system, at any rate) in which the Social Democrats return to government, and barely covering the passage of the parliamentary motion to revoke the law in April 1995.

The first appearance of the word "house doctor" in DN occurs in the spring of 1992. At this time, the new conservative government is drafting its reform proposition and sending it out for "remiss" responses from numerous interest organizations (see Chapter Four). The first article sounds an alarm, warning that a national house doctor system might "hurt the weak", such as children, the elderly, the chronically ill, etc. Right away, criticism of excessive market thinking in health care is expressed:

"The difference between health care and other markets is that the customer (the patient) is weak and needs support...Are we jeopardizing the goal of care on equal conditions for the whole population with more and more market economy at hospitals?', asks Orebro doctor Sven Larsson of the program committee in his review of the transition process in health care." (4/30/92).

Several articles feature language in which the weak are threatened ("hurt the weak"; "hurt the marginal"; "the weak risk worsened care" - all from headlines). The main voice behind these cries are district doctors, and the articles "let them speak" with little interruption. The following excerpts, from an article written August 22, 1992, exemplify the voice coming through in this article, which, like many others in the sample, present the voice quite directly, almost allowing the actor to hold the microphone:

"Today's primary care is built up for the weak. The house doctor system suits the healthy...It doesn't suit the elderly, families with children, not substance abusers and not the handicapped.../We have not chosen to become entrepreneurs. Furthermore, /the house doctor system/ implies that...power over health care will shift from elected representatives to corporations".

Over the course of the summer and fall of 1992, much of the coverage is based on the returning remiss responses, which the Social Ministry will incorporate into the proposal they will submit to Parliament's Social Committee in the fall. DN provides detailed reports on the remiss responses of the political parties, especially the Social Democrats (opposition), the Liberal Party (main architect of house doctor bill) and New Democracy (swing vote and renegade party). The paper also devotes considerable text to the responses of the National Insurance Board, the Landsting, and various professional and employee unions. In general, the main theme is a lack of consensus or agreement over the proposed system. Several voices - including personnel-related groups such as the nursing federation, municipal workers, the Landsting, and the association of retired persons - express "hesitation" and "worry" in their formal responses. The lone voice in favor of the reform - at least in terms of their remiss response - is the nation's largest doctors' association ("Läkarförbundet" or LF), which represents both district doctors and private practitioners.

The coverage during this period also casts doubt over the need for major change. A journalistic summary points out areas of general agreement over the plan, but also cites two areas of disagreement - establishment rights for specialists and salaried compensation (from the Landsting) for private practitioners.⁸ Many of the above-mentioned voices, in addition to those of various Landsting, warn that these changes would fundamentally transfer too much power to privately-driven providers. As one Kds politician, physician and main force behind the house doctor reform says:

"If the necessary resources are not covered through public means, then people will purchase the care they want to have, and we will end up with horribly inequitable care" (11/26/92)

⁸ These issues eventually become the central features of step two of the house doctor reform taken up the following year. Both concern the jurisdictional authority of the Landsting, which would be circumscribed if the reforms were passed in Parliament.

Alongside remiss coverage, the cost-cutting central insurance board observes that “cheating doctors” might be driving up costs by submitting false or trumped up insurance claims. In this sense, “cheating doctors” are depicted as the first potential “villains” in the story.

As remiss responses come in, the government re-works its proposal before submitting it to Parliament. The coverage in early 1993 generally reflects the legislative progress of the proposal, which is expected to receive a vote in the spring. The major theme emerging in the early months is the rising Social Democratic opposition on the Social Committee, which will submit the proposal along with party motions to the full chamber.⁹ District doctors voice the fear that “the goal of equitable care is being compromised”, referring to the national policy goal. The information chief at Kronoberg Landsting opposes establishment rights, saying that if the reform goes through, it “will be crassly about taking market shares”. Voices heard in the coverage of committee hearings held in March include the Social Board, the Landsting association (LTF), the municipal association (KF) and health care personnel unions. Meanwhile, an article based on a SIFO opinion study suggests that there is no sense of crisis and no strong preference for reform (“Few utilize right to choose care”).

In early spring, just prior to the scheduled parliamentary vote on the house doctor law, articles profiling the three structural models under consideration by the HSU 2000 committee appear.¹⁰ One article outlining each primary view, as explained by advocates of each, appear during the month of April. The most extreme “right” model is the insurance-based system, advocated primarily by the Moderate party but supported to varying degrees by the Liberals as well. In an article profiling the thinking behind this system, which would in effect eliminate the Landsting and replace it with coordinated regional insurance authorities, the journalist seems to be

⁹ Several articles address SAP resistance to the reform, who support the right of patients to choose a doctor and to have continuity, but who do not feel this should be obligatory. Their motion advocates an addendum to the existing law to include patient rights but to maintain Landsting control over the establishment rights of doctors. The government proposal changed its view on compensation, permitting this authority to rest with the Landsting.

¹⁰ This commission, called HSU-2000, was appointed by the (bourgeois) government to consider three structural options for the future of care: a municipality-based system; a Landsting-based system, and; an insurance-based system. The latter would be a publicly-funded system with essentially private operation. The insurance-based system is generally believed to be the ultimate objective of those steering the house doctor reform, which is seen as the first critical step toward such a system.

demarcating the boundaries of “safe” policy with the idea that market solutions should stop short of allowing health care to be driven by private insurance:

“Those advocating the insurance solution say it will be obligatory and that competition between different insurance providers will not be allowed. ‘/Competition/ would lead to some emphasizing mostly the young and healthy’. Lindblad wants to protect child and maternal care, home care and district nurse jobs, just like Bo Holmberg and the Social Democrats.”

In a similar vein, the workings of a possible “opt-out” feature for the hypothetical insurance system considered by the HSU-2000 commission is explained by an economic expert as follows:

“‘One cannot take out however much (money) one wants, for then we would have no solidaric financing of care. And one cannot be uninsured’”..

Coverage during this period also focuses on partisan developments in Parliament, particularly the pivotal New Democracy party (NyD), whose swing vote is crucial to passage (“House Doctor gets New Democracy support”). On May 27, 1993, the house doctor law is narrowly approved. The actual Riksdag vote does not receive direct coverage, but the next day, May 28, an article profiling an SAP promise to revoke the law if elected in the fall of 1994 appears (“Social Democrats want to reconsider house doctor”).

Once the law is passed and preparations get underway for its implementation across the country, coverage shifts to this process. By the autumn of 1993, two arenas of activity dominate coverage. In the various Landstings, efforts are underway to transition to a national house doctor system by new year, and in Parliament, the government is moving quickly to get its “part two” bill passed in December. This bill provides establishment rights to specialist private practitioners. The journalistic coverage during this rather stormy period seems to focus on criticism of the reform in terms of its effect on jobs and the quality and equity of care.

Numerous articles address a variety of snafus experienced along the road to a national house doctor system, and most warn of the negative consequences of universal establishment rights for private practitioners. Expressing frustration with and criticism of the house doctor listing process (see Chapter Four), a Kds politician (and doctor) is quoted as saying “Our elderly patients are not always asking for the freedom to choose between Dr. Andersson and Dr.

Bengtsson". Those voicing such views are the LTF, the KF, the SAP, VP, C. Kds, NyD and Mp parties, and numerous Landsting (Stockholm, Blekinge, Malmö).

Several of these voices speak in an article from TT, the wire service, written in October 1993. It is based on a journalistic telephone query into the degree of consensus among the nation's Landsting on the progress of the house doctor assignment or listing process. Entitled "Hesitation greets house doctor", the article illustrates widespread frustration with the reform. The article reports on criticism across the party spectrum, echoing an individualistic antipathy to being forced into compliance. For example, the article explains that:

"One provision of the law that has generated strong resistance from many directions is passive listing, 'forced listing'. A person who does not actively select a house doctor or actively demand to be taken out of the system is assigned a doctor by the Landsting before the end of 1995" (10/14/93).

Meanwhile, in Parliament, the government moves to get its new health care proposal to a full vote. The main feature of the new bill is the extension of establishment rights to private specialist practitioners. The bill is narrowly approved in Parliament in December, but this receives little coverage.¹¹ The only DN article appearing at this time addresses the SAP's desire to revoke the house doctor law entirely. Here, there is a certain collectivist ring to the presentation of why the SAP believes that the possible disruption caused by the cessation of implementation is outweighed by the larger importance of maintaining order in the system:

"He agrees that it could create confusion if the Social Democrats tear up the house doctor law right in the middle of its implementation, but emphasizes that it is more important to ensure that the different personnel categories at the care centers can continue to work together" (12/29/93)

Although the SAP delegate to the HSU-2000 commission walks out in protest shortly after the vote is passed in Parliament - a highly unusual occurrence in Swedish politics - this receives no direct coverage.

Taken together, coverage in the latter half of 1993 features a relatively concentrated presentation of heroes and villains. Underdog providers, particularly district doctors and district nurses, are

¹¹ At least, it received no coverage in articles containing the words "house doctor" or derivatives thereof.

sometimes portrayed heroically. In July, for example, we meet Viola, a district nurse in northern Sweden, a remotely populated region. We follow her as she makes her rounds, utilizing her newly-acquired privilege to write prescriptions for certain medications. It is a very sympathetic portrayal of a policy that “makes sense”. Her second patient visit begins:

“Tobias, 3 months, has an eye inflammation. It’s been sticky for 9 days now, one eye is stuck shut in the morning. Viola looks and confirms that he needs a little help. Out with the notepad and pen at the kitchen table. ‘I’m going to prescribe some drops’./.../And Yvonne Nielson, Tobias’ mother, thinks the service is fantastic. With no driver’s license and with Freda, almost 2, and Sara, 4, it is difficult to get to the clinic.”...

Private physicians are again seen as potentially villainous in articles about whether the names of doctors reprimanded by the Medical Board should be made public in order to provide people with more information in helping them select their house doctors.

The House Doctor Law formally goes into effect on January 1, 1994. Over the next few months, most of the policy activity takes place in the Riksdag, where the SAP and other parties draft motions to revoke the law. DN coverage during this time continues as before, focusing on problems associated with the selection or listing process in various Landsting. In Skåne, Sweden’s southernmost province, people are getting the wrong doctors, and in Kronoberg, young men are apparently not actively selecting doctors. Meanwhile, district doctors warn of higher visitation fees, and private specialists in Stockholm feel slighted by being forced to have higher visitation fees than house doctors due to higher operational costs. Finally, in discussing the SAP motion, Social Committee chair Bo Holmberg warns of excessive private care: “The Landsting must be the lord of their own manor. Otherwise, they won’t be able to maintain order in the economy”.

In March 1994, house doctors throughout the country initiate a series of strikes over the course of a four week period, protesting two issues - the imposition of a work schedule in which weekends are no longer considered overtime and the exclusion of private practitioners from the job protection law which obligates the Landsting to ensure sufficient employment security for private

practice house doctors.¹² The coverage displays approval for the schema system, writing an article entitled “Doctor conflict about work hours. Danish, Norwegian doctors have long since had ‘schema-based’ schedules around the clock - just like Swedish nurses”. Interestingly, the collectivist notion that Swedish doctors should be treated just like others is the same logic applied by the doctors themselves, who complain that the Landsting is singling them out by abandoning the principle of “competitive neutrality”. Specifically, the house doctors feel it is unfair that they “shall have a worse employment relationship and a different wage system than all other Landsting and municipal doctors”. Thus, house doctors argue that they should be treated like “everyone else” in terms of compensation and job security.

In addition to collectivist themes, this period also features an unusual amount of individualist rhetoric by bourgeois and Social Democrats alike. The lead critic of the house doctor system, SAP party leader Ingvar Carlsson, points out “that the SAP built up a functioning health care system in Sweden. The house doctor system, on the other hand, has merely caused unnecessary bureaucracy and less freedom of choice” (3/28/94). The bulk of individualistic rhetoric is expressed by bourgeois critics of the “traitorous” abstention by New Democracy on the motion to dismantle the system, thereby ensuring its passage. Following the revocation of the law in April 1994, a Moderate party spokesperson states that the decision “proves the opposition of the socialists to allowing people to choose their own doctors” (4/17/94). A few days later, Liberal party and Health Minister Bo Könberg suggests that the SAP, the VP, NyD “wish to cement today’s Landsting monopoly” (4/21/94).

By this time, the house doctor system has been largely discredited, and coverage reflects a normalizing tone in the aftermath of the vote to abandon it. The day of this vote, an article reports on a study conducted in the city of Gävleborg which shows that doctors are confused and unhappy with the system (“District doctors criticize reform”). One of them laments that “everything was great until this house doctor thing happened.” Following the vote, another article reports on the findings of an LTF study outlining the high costs of the reform (“More and more Landsting doubtful about house doctor”).

¹² This law is known as the LAS, or Landstingsanställds Arbetsskydd, which literally stands for “Landsting employee work protection”.

In typical fashion, the summer of 1994 passes without much coverage of the issue, despite the upcoming election in September and Bildt's "prediction" that it would be a big campaign issue. The coverage appearing at this time consists of overview articles largely critical of market solutions in health care. One of several comparative articles observes the tendency in other countries to concentrate reform efforts on limiting patient choice ("Swedish health care runs cross-current"). This article is based on another study, part of the HSU 2000 project, which concluded that an insurance-based system would have negative consequences for the equity, quality and cost of care. Here again, a normalizing and fairly collectivist right wing view is presented, this time by a delegate of the HSU 2000 commission. He describes the conclusions reached by the commission on the insurance model as follows: "It has been shown that insurance companies don't compete at all, but mostly try to get rid of patients who generate high costs for care".

In September 1994, the Social Democrats return to power, but no coverage of this appears in connection with the house doctor issue. A normalization denouement sets in, as the government prepares its new health care proposal increasing Landsting jurisdiction over private practitioners. An article in October reports on a study by Lidsköping University indicating that the market for private care had dried up due to improvements in public care ("Rise in private care broken: Shorter queues in public care the explanation"). In the first months of 1995, normalizing tones continue with articles focusing on the costs of private specialist care and a favorable depiction of the issue of "remisstväng" (referral requirement) and the need for the Landsting to steer patients away from hospitals toward primary care centers. One article addresses a "scandal" involving false test results by a private laboratory. Its main point is that the crisis could have been averted if personnel had reported it directly to the Social Board ("Error should have been reported: possibly to reveal Medanalys earlier, says Social Board Director"). Articles outlining the basic features of the government's proposal also appear, focusing on the new proposal, which promises to direct more money to primary care and increase the Landsting's jurisdiction over private medical practice.¹³ The journalistic voice summarizes the main features of the proposal with the following approving tone: "The goal of the government's proposition is to give the Landsting better control over the costs of health care".

¹³ For example, in deciding who can set up private practice, what types of practice can run privately, and how much compensation should be covered through Landsting insurance coffers.

Just prior to the parliamentary vote on the governments "return-to-normal" health care proposal in May 1995, a summary article outlines the main features of the final version of the government's proposal ("More money to primary care"), which includes both more money to primary care, as the headline suggests, and tougher conditions for private specialists. The article lists very matter-of-factly all restrictions on private specialists, emphasizing the preservation of all patients' rights to continuous care and doctor choice, and the appointment of a national commission to study privately provided care relative to Landsting resource bases and population needs. The positive features of the house doctor system - a patient's right to choose a doctor and receive continuous care - seem to have been successfully absorbed into the traditional Landsting system.

The *Expressen* story

The house doctor story begins and ends earlier in EXP than it does in DN. The 37 articles appearing in this paper span from January 1992 to June 1994 and contain two rather prominent peaks. As Chart 2 illustrates, the first takes place in November 1993, when implementation activity is at its height and the conservative government is hurrying to get its second part of the reform bill (establishment rights for specialists) through Parliament before the new year. The second peak occurs four months later, in March 1994, when two issues - a doctor's strike and shifting support in Parliament - bring house doctors into the news. With the outcome of these dramatic events, the issue appears resolved and house doctor coverage largely ends.

Returning to 1992, the year prior to the passage of the national house doctor law, Chart 2 shows that EXP contains very little coverage of the issue compared to DN. The articles that appear throughout the year call attention to problems in health care delivery and the threat to health care quality and security, particularly among more vulnerable populations (the sick, the elderly, children, the poor, the handicapped, etc.). It is within this general climate of crisis over deteriorating health care quality and efficiency that the house doctor reform enters the narrative as a possible solution, yet the proposal is associated with great trepidation and subjected to great scrutiny in the coverage. Most of the articles appearing at this time center on fears - by patients and practitioners - over the impending changes associated with the proposal. A headline in

February sounds an alarm (“We miss our angel”), expressing fear and sorrow over the impending loss of a pediatric clinic as it converts to a house doctor (GP) clinic. The “angel” is a district pediatric nurse, called “barnmorskor” or “mothers of children”. The article is a highly personalized account of the reassuring role played by these nurses. The first line reads: “For three years she has been our security and our safety net”.

Other articles at this time relay highly personal accounts of the misfortunes of patients not receiving proper care (“ER, here’s the patient you forgot”). The “villains” in this narrative are those perceived as blocking the provision of quality care (i.e. uncaring government, stingy Landsting, inefficient bureaucracy), while the heroes are those valiantly struggling to provide care to the sick and needy despite cutbacks. The house doctor system is generally portrayed as a potential villain in this scenario, portending greater damage to the system. This is a common view expressed by the patients and personnel highlighted in the stories. Most prevalent is the fear that the house doctor system will erode the existing safety net, causing hospital and clinic shut-downs. ER conditions are frequently the subject of *Expressen* articles at this time, for example (“Don’t close down ER!”). The “cooperative team” aspect of hospital and clinic staff is often featured heroically in the coverage (“We are happy together and it is contagious”), and to the extent that the house doctor system appears to break up these teams, it is seen as a threat not only to jobs but to public security as well (“The proposal is sick, think the doctors”).

A more normalizing tone appears in February 1993, as the passage of reform becomes more imminent. Here, the house doctor system is presented not as a threat, but as an acceptable reality. It explains that “By new year, 17 of Sweden’s 23 Landsting will have decided that they want house doctors. On Feb 25 the proposal will be handed to the Riksdag.” The headline conveys the sense that there is a large majority, almost a consensus, surrounding the house doctor system. It also conveys a certain sense that all is well and things are moving along properly.

After this point, house doctors do not appear in the news until May 1993. The day after the bill is passed in Parliament, on May 28, two articles punctuate the event. The message in each is clear - don’t forget the weak. One article is a cautiously warm celebration, a personal look at the bill’s success by one of its original proponents, who began working for a house doctor system in the 1970’s. The former MP and now pensioner warns her contemporaries to “watch over district

nurses”, and she is contemplative, not stridently victorious. The other article sounds another alarm. It tells the story of Åke, an old man who died at home alone because the waiting line at the emergency room was too long (“Åke had time to die before getting any help”). The first line reads:

“Sven-Erik Ståckbrand, 64, stands in despair at Arsta Care Center. His heart-diseased friend Åke Lindgren, 79, was turned away from the local emergency clinic: ‘Come back day after tomorrow.’”

EXP coverage continues to personalize various aspects of the new system, voicing a bit of an “alarm” criticizing the selection or listing process taking place. An article in June highlights the distasteful notion that doctors seem to be “competing”, engaging in self-marketing to attract patients to their lists. The article features several doctors “on the market”, complete with photos accompanied by name, age, education, specialties, residence, marital status, number of children, and most recent gross income. The article criticizes the “beauty pageant” nature of house doctor selection and the uncomfortable possibility that doctors are becoming PR agents. A critical tone is clearly apparent in the journalistic text (“The entire thing is about marketing”), but it also emphasizes the ethical guidelines and principles governing the process, in effect lessening the blow and providing assurance that the degree of marketing is not excessive. Thus, the Doctors Association, generally the group most openly supportive of the reform, reassures (“We are opposed to slick advertising. The presentation of doctors should take place in a dignified manner”). Doctors appear to be exonerated if they display proper “humility”. One physician caught in the embarrassing position of being “too popular” talks to the journalist:

“Christina herself would have preferred to avoid the attention, she says. Why just she received so many patients is something she would prefer not to discuss. Perhaps because she worked as a school doctor and at a pediatric center and became known to many. ‘Otherwise I don’t know. I like my job, patients, etc.,.....But I don’t want to boast’.” (6/23/93)

The criticism that the house doctor reform heralds freedom at the expense of security is clearly voiced by Lennart Rinder, a member of the oversight body, the Social Board, who criticizes health care politicians by saying that “they have allowed the establishment right of the doctor to go before the security of the patient” (11/29/93). Even those advocating the more “individualist” house doctor reform seem to invoke considerable “collectivism” in their pervasive

acknowledgment of the validity of collective responsibility, such as professional oversight. Thus, Health Minister Bo Könberg, (Liberal Party), responding to the criticism directed by Lennart Rinder, reassures that the system will not permit “bad doctors” to practice:

“‘The controls over doctors are greater than any other profession. Lennart Rinder himself is part of the process responsible for overseeing these controls. A doctor who is unfit (‘inappropriate’) will clearly be barred. The insurance boards, the ‘responsibility’ boards, and not least the public will have their eye on the house doctors and see that they behave themselves.’ he asserts.”(ibid)

“He fires his own wife” is the next headline, appearing against the backdrop of harsh downsizing taking place in Stockholm’s Landsting. The story concerns a Christian Democratic politician and Stockholm Landsting representative whose wife, a nurse’s aide, loses her position at the care center in Vallentuna, a town near Stockholm. Nurses aides are perhaps the most vulnerable employees, since the house doctor reform signals a redistribution of resources away from hospital care toward primary care.

Coverage picks up considerably in November 1993 and remains fairly high through June 1994. Two stories are quite normalizing, explaining the selection process in personalized ways (‘‘Daddy’ of reform chooses doctor’’), but for the most part, coverage deals with the numerous casualties and negative consequences of implementation in the various (but mainly Stockholm’s) Landsting. Articles echoing four related themes appear during this period: 1) the negative, human consequences of facility closures; 2) an increased distrust in reform; 3) an increased concern about medical ethics, and; 4) an increased sense that new system simply isn’t working.

The tragic consequences of hospital downsizing are highlighted in an ethnographic-description of the physical and social environment of an emergency room during its last hours of operation (‘‘Last drop at Sabbatsberg’’). This article focuses on interviews with sad, confused and angry personnel, who fear not only for themselves (losing their jobs), but for the population being served by the now-defunct clinic as well. EXP highlights increased public confusion and distrust toward the reform in its coverage of a Q&A session held by the Stockholm Landsting (‘‘What is this good for?’’) and in an article voicing the fears of pediatricians (‘‘The children will suffer’’). Professional ethics are the focus of a series of articles addressing the issue of whether or not the

names of reprimanded physicians should be made public to help people select their house doctors.¹⁴ Another story looks at “cheating doctors” who send out pre-filled selection forms to their current (geographically assigned) patients. The tone of these articles is cautiously moralistic, reinforcing an assumption that there should be no “bad doctors” out there.

Numerous articles surrounding the theme that the system isn’t working appear at this time as well. Examples include the view that the choice of doctors is not as real as one might think, since no complete list of practicing physicians exists in any Landsting. Also, two “victim” articles about poor conditions and long waits appear. First, the emergency room is revisited, where one finds doctors forced to violate fire safety codes and put patients in corridors (“Patients have to lie in corridors”). In this article, an elderly man situated on a bed in the corridor is interviewed, expressing personal exasperation but sympathy for the overworked personnel, and placing the blame on politicians. The next “poor performance” story criticizes overcrowded conditions, with the clearly critical tone in the headline “There are ‘only’ 11 patients too many in ward 75 today”. In January 1994, when the national system formally goes into effect, a story describes the exodus of house doctors from central Stockholm, forced to pull out because they could not accumulate enough names on their lists.

One of the problems bubbling throughout the transition or implementation process is the issue of doctor compensation and autonomy from the Landsting. These issues come to a head during the staggered doctor strikes held in March 1994. The articles covering the strike deal mainly with the theme of “how to get help if you are sick”, to quote one headline. Lists of the duration and location of specific strikes are provided, along with guidelines for obtaining help. The strike is framed as an unfortunate situation between doctors, who want greater job security and more money, and the Landstings, who want to fold overtime into regular salary and retain the right to assign and terminate doctors as regional needs dictate. Later that month, the New Democracy member of the parliamentary Social Committee, who constitutes a swing vote withdraws support for the existing reform, prompting harsh criticism from former coalition members, mainly the

¹⁴ The Medical Board is an authority that grants medical licenses and oversees the ethical operation of medical professionals. A reprimand is basically a warning, and does not necessitate punishment. The Board has the authority to revoke or suspend licenses.

Liberals and Conservatives. Moderate party leader and Prime Minister Carl Bildt's quoted reaction is:

"If a parliamentary majority actually votes against house doctors on April 20, then it will become a large and important campaign issue... Voters can decide whether we shall have freedom of choice in care or whether we shall return to a situation where the Landsting has a monopoly".

The strategic angle is paramount in this coverage, with articles examining New Democracy's tactics and the strategic implications of their defection on the possibility of revocation in April. Still, moralistic overtones are apparent in the criticism and speculation over New Democracy's actions. One colleague accuses the defecting member, who happens to be a physician, of being motivated by personal greed, since he believes the law as it now stands would entail a loss of income for his practice. The busy month of March ends with a "victim" story describing the misery of Gunnar, an elderly hospital patient banished to live in the laundry room "while 25 beds lie empty in the adjacent ward". From his laundry room bed, Gunnar laments: "This is terrible. I thought such things belonged to times past" (3/29/94).

April passes without direct coverage of the motion to disband. Alarms continue to ring, albeit at various volumes. Just prior to the parliamentary vote, an article reports on a somewhat bizarre snafu. Apparently, the Stockholm Landsting assigned house doctors to residents who had been dead for up to ten years!

The final EXP article featuring house doctors appears June 12, 1994. It is a final alarm or warning to protect and provide good care for the categorically weak in society. It tells the story of little Oskar, a 3 year old who was initially refused attention after falling down at his nearby daycare because his designated house doctor did not work at that clinic. The story ends with a Landsting official noting that the staff made a mistake in initially turning him away. Throughout this coverage, the journalistic voice appears to be safeguarding the notion that everyone, including the vulnerable, is entitled to quality care. In the case of Oskar, the right to convenient (proximate) care is presented as a component of this right, with officials confirming this view.

Competing values in the narrative

Having presented the story of each newspaper, they will now be examined according to the ways in which core values seem to be manifested in the narrative, particularly with regard to how competing values get into the news and how they are portrayed within it.

How does the competing value enter the news, and how does it leave?

The two countries display interesting similarities in the dynamic through which competing values enter and leave the news. In both countries, the competing value enters the newsgate in terms of its perceived ability to resolve a perceived crisis in health care associated with, among other things, escalating costs. Further, they start to exit the gate when the crisis perception disappears and the reforms are increasingly seen as “losers”.

In the US, the health care “crisis” opens a window for alternative ideas and solutions to solve the problem of “unacceptable” levels of insurance coverage, whereby even working people (the “working poor”) are not able to afford coverage. The “crisis” is further propelled into the news through more overt campaign considerations, namely the victory of a Pennsylvania senator who beat his incumbent on a universal coverage platform in 1990, and the adoption of the issue as a central component of president-elect Bill Clinton’s campaign. The issue remains in the news throughout the executive and legislative decision-making stages leading up to the final vote, although it becomes increasingly distilled over time (see below). Once the proposal is defeated, however, the issue drops out of site. In large measure, it begins to fade when opinion polls suggest that the issue is no longer considered a crisis and that they fear major reform, and when the issue appears absent from the mid-term campaign trail. Thus, the window in the US opens in connection with a president-elect trying to push through his major reform, and it closes when the congressional process has played itself out and the President is declared the “loser”.

The issue of universal coverage tends to enter the news in connection with strategic considerations such as the state of public opinion and its implications for various political actors to win votes. This is less pronounced in the mass paper, which presents universal coverage as a noble crusade up to the time at which public opinion polls suggest that the health care situation is

no longer considered to be in a state of crisis and the passage of reform seems remote. At this time, a normalizing denouement appears in the narrative, namely that market forces have improved conditions.

The path of competing values in Sweden resembles that of the US in numerous ways. The “crisis” in health care (i.e. long waits for non-emergency surgery) opens a window for consideration of more market-oriented solutions. Furthermore, the house doctor reform had long been advocated by the Liberal Party and increasingly embraced by the Moderate Party. When these parties won the election in 1991, the issue began to receive serious attention as the new government developed its proposal, and it continued to receive serious attention throughout the parliamentary committee phases and through its passage in May 1992. In this sequential regard, then, the Swedish and US stories are similar.

A few differences appear as well, however, perhaps the most significant being the addition of a major policy phase which becomes the focus of coverage in Sweden. Because the house doctor bill was approved, the main focus of subsequent coverage became the implementation of a nation-wide house doctor system, bypassing coverage of the executive and legislative processes regarding “step two” of the reform. Much of the implementation coverage concerns problems or snafus associated with transition and implementation, particularly those associated with the active and passive “listing” of patients to house doctors in various Landsting. These snafu stories focus on reduced choice, efficiency and the threat posed by the new system to health care quality and security.

An extra punch is delivered to the story when house doctors demand both increased freedom (autonomy) and security (job protection) in the new system and go on strike in March 1994. This seems to mark the end of the line for the system, and the issue largely disappears from the news after the Social Democratic victory in September 1994 and the passage of its proposal to reassert Landsting authority over physicians in May 1995. During this period, the coverage was increasingly normalizing. A striking Swedish parallel to the normalizing theme in the US of market forces “restoring” the health care crisis is a Swedish article (10/24/94) in the elite paper stating that the health care situation is no longer in a state of crisis because the public sector has restored itself.

Another difference appears in the timing of normalization, which occurs later in the Swedish narrative. Thus, while such tones are raised prior to the congressional defeat of the Clinton Plan, they appear mainly in the period following the Social Democratic victory in September 1994 and the immediate revocation of the system.¹⁵ This is interesting because it suggests that US journalists are signaling the outcome of the vote and possibly contributing to its demise, while Swedish journalists appear to write normalizing themes after a decision is reached in Parliament.¹⁶

The Swedish narrative also appears to pay more continuous attention to the competing value over time. Reporting tends to drop each summer, but for the remainder of the year, coverage follows the “seasons” of multiple entities - government, Parliament, Landsting, hospitals and care clinics - while US coverage limits itself mainly to events and processes in the White House and Congress, including the actions of powerful lobbies.¹⁷

In both countries, however, it is fairly clear that the competing value is permitted through the gate to the extent that it is perceived as a solution to a crisis, and when that perception is no longer prominent, the competing value heads out of the news and normalcy is restored.

How is the competing value treated in the narrative, and how does its characterization change over time?

As the above discussion suggests, the treatment of competing values follows similar paths - first portrayed as a possible “savior” to the health care crisis, then becoming increasingly scrutinized, and exiting more like a villain than a hero. In both cases, boundaries have been established, and although the balance favors the core value in each country, certain non-threatening elements of the competing value appear to be absorbed to varying degrees. Interestingly, one of the

¹⁵ Though the house doctor reform was not a campaign issue in the 1994 election, Social Democratic leader Ingvar Carlsson had stated earlier in the year, following the party’s walk-out of the HSU Commission, that the first act if elected to government would be to revoke the new law, which he did in October 1994 following the passage six months earlier of the motion to disband the system..

¹⁶ This primary decision in this regard is the April 1994 motion to disband the house doctor system, which the then-conservative government ignored, preferring to wait for the outcome of the September election.

¹⁷ The concentration on the D.C. “stage”, particularly the congressional arena, is also identified by Dorfman et al., (1996), Shear (1994) and Blendon (1995).

differences between the two countries is that the new value appears to be absorbed into the sphere of “legitimate controversy” in the US, while in Sweden the competing value seems to enter the sphere of “consensus”.

The issue of universal coverage in the US initially receives highly favorable treatment. It is portrayed as the logical thing to do given the broad spectrum of support which includes public opinion and industry groups. However, as criticism mounts by those who stand to lose out in one way or another if the reform goes through, and even before the proposal is submitted to Congress, the criticism itself becomes the focus of the story, placing an increased burden of proof on the idea of universal coverage, which is targeted for being inefficient, costly, limiting choice and smacking of big government. Health care security as a serious issue largely disappears from the elite paper even before the proposal is developed and submitted to Congress, switching rapidly to an emphasis on gradual approaches to maximum coverage and managed competition. Security issues retain their prominence in the mass paper, treated increasingly as a noble warrior struggling to survive the battle, though the warrior gets mortally wounded when the extent of coverage is no longer seen as a crisis issue.

Similarly, in Sweden, the house doctor reform is also portrayed initially as, if not a savior, at least a constructive and logical solution to the health care crisis. Unlike the US, however, the house doctor reform receives criticism from the start - the first articles address the fears of ordinary people and health care professionals about the perceived privatization of care. Thus the burden of proof is placed on the competing value from the start, and it is upheld over the course of the narrative, even when Parliament passes the house doctor law in May 1993. Once passed, the threatening element of the competing value remains heavily scrutinized until the house doctor system's relative demise.

As the narrative continues to test the house doctor system, it also seems to give it a fighting chance to prove itself. It gives favorable treatment to certain ideals associated with the system, namely the consumer considerations of choice and shorter waiting periods. Throughout the story, however, the house doctor system as a whole, and house doctors in particular, are treated as potential villains. Several articles in both papers pay serious attention to the issue of “cheating” or “reprimanded” house doctors, for example. Normalization of the competing value

occurs once the Landsting system re-asserts its authority over private practitioners, retaining the right to grant and terminate establishment and exert oversight. Some of the attributes of the house doctor system, however, are absorbed into the traditional Landsting-based system, such as the (universal) right to choose a doctor and receive continuous care.

This contrasts with the more dramatic change in the characterization of universal coverage, related to the change in characterization of Bill Clinton, who walks in a potential hero and walks out a bit of a villain, or at least a disgraced loser. The more collectivist aspects of the plan, such as health care security and universal coverage, fade quickly against the increased prominence in the coverage of the threats such a system poses, i.e. higher costs, less choice, lower quality care and bigger, more intrusive government.

Because the house doctor reform is given critical examination throughout the period, and because some of its elements are agreed upon by all political parties (including the Left), these elements could be woven into the Landsting model, thus "normalized" and brought into what would appear to be a consensual sphere. In the US, by contrast, the issue of universal coverage survives only in highly diluted form, although the relatively long-term prominence of the issue perhaps allows it to move from a sphere of "deviance" to one of "legitimate controversy".

How does the logic of the narrative appear to reflect core values?

In large measure, the stories of the two countries seem to reaffirm core values. The overall morals of the stories, for example, seem to evoke core value themes. Thus, while the Swedish moral appears to be "safeguard equal care for all", the US moral can be seen as either "reform failure due to strategic error" or "universal health insurance coverage, while a nice idea, is neither a necessity nor a right of citizenship". An interesting pattern within both countries, however, is the more personal connection to the public exhibited by the mass papers. Relative to elite papers, mass papers take on a more direct advocacy role, offering "how to" information and heralding the needs of the weak and less fortunate more than the elite papers.

Perhaps the most overtly collectivist or core value aspect of the Swedish narrative is the centrality it places on the seemingly sacred policy objectives of health care - good care for all citizens on equal terms. This phrase is used repeatedly both by actors (quotes, paraphrases) and journalists (description, analysis) alike. Much of the emphasis is on service provision and system performance, and the house doctor reform is seen as a possible means through which to improve service and quality in order to maintain the policy goals of security and equality. Consumer preferences such as lower cost and greater choice are thus not seen as goals, but as means to uphold collectivist goals. Another relatively collectivist feature of the Swedish story is its use of ordinary people to "tell" the story. Dramatic and sympathetic portrayals of the weak not receiving sufficiently high quality care, or of providers (doctors, nurses) providing care to those in need are frequent, particularly in the mass paper. Interestingly, some of the plot lines noted by Eide and Hernes appear in both Swedish papers, particularly "patient dies in corridor", waiting for surgery" and "heartbroken".

These story line are absent in both US papers, as are depictions of the "little guy" or underdogs in general. The narrative of the US mass paper does, however, contain interviews with a few "ordinary people", though not with in- or out-patients. For the most part, the public is presented through opinion polls, which largely provide the backdrop for strategic considerations associated with the formation and deliberation of the Clinton Plan. Indeed, the US narrative is much more focused on the political campaigns surrounding the reform than it is on the actual state of health care, how it "ought to be" or what is being done to narrow the ideal-reality gap, as is the case in Sweden. Generally speaking, the collectivist themes of equity and security appear to resonate throughout the Swedish story, while the US narrative appears individualist in its strong emphasis on individual freedom and high-profile power struggles. The apparent manifestations of core value orientations in the narratives of the two countries are summarized below.

Table 6.1: Core value manifestation of Swedish and US health care narrative

	<u>Sweden</u>	<u>US</u>
<u>Moral</u>	Collective responsibility health security for all must be protected	Individual freedom health freedom cannot be threatened
<u>Heroes</u>	Security providers those contributing to, and those fighting for, a just, equitable system	Freedom fighters those contributing to, and those fighting for, a more competitive market system
<u>Stages/settings</u>	Broad - administrative - legislative - providers	Narrow legislative
<u>Characters</u>	Inclusive - political elites - policy administrators - provider staff - patients	Exclusive - political elites - business elites

As the table illustrates, the more collectivist themes of equity and security echo quite loudly in the overall moral of the Swedish story, which seems to highlight the morality associated with protecting the dignity and entitlement of all citizens in regard to health care. The idea of "freedom" appears to be inextricably linked to security - i.e. an individual's right to choose a doctor is seen as a universal right which must be guaranteed. This is reflected in the widespread partisan support for the "care guarantee" ("vårdgaranti") passed prior to the house doctor reform (see Chapter Four). Similarly, portrayals of heroes and villains tend to be associated with the extent to which a person is behaving responsibly in providing these guarantees.

The clearest villains appear to be "cheating" or "reprimanded" doctors whose trustworthiness is cast in doubt, while heroic depictions seem to accompany health care administrators and personnel (including of course the "good" doctors) who struggle against the odds to provide care for the neediest patients. The Swedish story seems to encompass fairly a broad range of actors

and stages, ranging from the most powerful parliamentary and government leaders to the most vulnerable patients lying in hospital beds. The narrative contains a noticeably more "hands-on" element, paying a great deal of attention to the health care system in practice, both at the administrative and provider levels, as well as evaluating the performance of the system in terms of larger policy goals (i.e. equal care for all, care guarantee, etc.).

This story profile contrasts with the narrative elements of the US story, where the theme of freedom appears more closely connected to individual liberty than to collective security. The US narrative does not seem to dispute the virtue of health care security *per se*, but it does present the idea a luxury moreso than a right. Heroic and villainous behavior appears to be more connected to the degree to which an actor is perceived as preventing (hero) or bringing on (villain) "big government" and thus violating individual liberty. The front page story of *The New York Times*, for example, ends with an overtly heroic portrayal of intrepid entrepreneur Rick Scott, whose growing franchise of for-profit hospitals seems to symbolize the restoration of market forces. Furthermore, in direct contrast to the Swedish story, the US narrative takes place mainly within the Beltway, particularly Congress, and the characters in the story are noticeably more limited to powerful and wealthy elites. The story does not pay much if any attention to the practice or performance of the health care system itself, nor does it provide much if any room for the voices of patients or ordinary people. This is particularly striking in the *New York Times*, although this is likely to be an artifact of the limitation of the *Times* sample to front page stories only. Still, the front page narrative does reflect journalistic judgments about what is most newsworthy, and for the *New York Times*, the front page news is clearly the legislative battle being played out in Congress. The *USA Today* story seems less elitist in less narrow in its scope than the *New York Times*, perhaps in part because it includes articles from the inside pages as well as the front page, but the *USA Today* narrative is far more similar to the *Times* than it is to either Swedish paper in terms of the narrative elements outlined in the table.

Both US newspapers focus heavily on the power struggle as opposed to the substance of the policy issue. Just as US campaign coverage focuses on candidates seeking votes, US health care reform coverage highlights politicians and interest groups seeking congressional votes that will yield their preferred policy outcome. In this regard, the Swedish stories seem to manifest a much stronger sense of "social responsibility" journalism than their US counterparts.

Educational or informational overtones are much more pronounced in the Swedish articles, while such emphasis is clearly overwhelmed by strategic considerations in the US stories.

The apparent lack of informational or substantive coverage in the US narrative corresponds with the findings of other content analysis studies, all of whom note the absence of substantive policy information in media coverage of the issue (Shear, 1994; Blendon, 1995; Jamieson & Cappella, 1995; Dorfman et al., 1996; Cappella & Jamieson, 1997). These authors observe that media coverage of health care reform lacked the kind of information that could help ordinary citizens understand the content and implications of the various proposals. Cappella and Jamieson (1997) argue that the highly strategic-oriented coverage fed the "spiral of (public) cynicism" toward health care reform in particular and politics in general. The general lack of accessibility to the lives and understandings of the general public which seems to characterize US health reform coverage is criticized by all of these authors. Shear (1994) notes the severe lack of informative or "real-life" stories about ordinary people, for example, while Blendon (1995) and Dorfman et al. (1996) criticize the media for focusing too much on politics and too little on people.

Implications

As is the case with the journalistic environments of the two countries more generally, the narratives display both similarities and differences. As is also the case in the professional setting, the similarities appear mainly at the surface, in the basic structure or flow of the narrative (crisis, conflict, climax, normalization), while the differences manifest themselves in the content or substance of the story (moral, who the heroes and villains are and why).

The stories also differ in the breadth and depth of characters, scenes and stages. Here, both the journalistic and policy filters can provide insight into the shape of the narrative. Thus, in addition to the more bifurcated, "both sides" approach to story-telling, along with the practice of beat reporting in the US, both of which are likely to narrow the range of voices and stage locations, and the stronger journalistic emphasis on diversity and integrity in Sweden which is likely to generate a more diversified range of actors and settings, the policy environments seem to encourage these tendencies as well. In Sweden, for instance, health care is a public institution with groups coordinated at and between the municipal, Landsting and national level of

government. Health care in the US, by contrast, is a private industry, which privileges the voices of high levels business executives. It also lacks a Health Minister and other administrative bodies other than those pertaining to the maligned Medicare and Medicaid systems. The relative lack of executive bodies (along with the practice of beat reporting) perhaps encourages a focus on Congress, where the most important policy decisions are made. Further, the presence of a two party versus a multiparty legislative arena would also seem to enhance a bifurcated or "both sides" approach to coverage. Another key differences between the policy settings of each country is the relative absence of lobby politics in Sweden, where interest representation is highly corporatist, consisting of large, centralized organizations included both in proposal development ("remiss") and policy administration (i.e. membership on ministry boards, etc.). The Swedish narrative, particularly the elite paper, does pay considerable attention to these groups throughout the period, though not as much, it would appear, as their US counterparts pay to wealthy interest groups.

In addition to the possible roles played by the journalistic and policy filters in constructing the narrative, the patterns identified in this chapter can also inform the quantitative studies conducted in the following two chapters. Regarding the analysis of individual stories (Chapter Seven), the relatively collectivist narrative content in Sweden might be expected to manifest itself in a stronger proportion of "security" themes relative to "freedom" themes, while the inverse relationship would seem to reflect a stronger individualistic orientation and is therefore more likely to be dominant in the US. Also, because the US narrative appears much more strategic in its orientation and focuses on individual elite actors while the Swedish narrative seems to focus more on substance or issues and ordinary people, it seems worthwhile to examine the articles along the dimensions of strategic versus issue frames as well, with the expectation that issue frames will be more prominent in Sweden and strategic frames will be more prominent in the US.

Looking inside the article and separating the journalist from the actor voice in the text, Chapter Eight will reveal more specific information about the value expression of journalists and the actors they place in the narrative. Here, the general pattern would be expected to reveal overall higher value index scores in both papers in Sweden relative to the US. Within each country, however, the narratives suggest interesting differences between mass and elite papers. The

noticeably more collectivist overtones in the US mass paper relative to the elite paper might manifest itself in higher overall value index scores, for example. It might also reveal patterns of stronger journalistic collectivism relative to actors (value opposition). The two Swedish narratives seem to be more similar to one another in their collectivist orientations, but the differences that emerge suggest a stronger or “louder” journalistic voice in the mass paper as well. Further, since “consumer” perspectives seem stronger in this paper than in the elite paper, it is possible that journalists in the Swedish mass paper might join their US counterparts in displaying value opposition relative to the elite paper.

CHAPTER SEVEN

Framing Reform

Introduction

The preceding chapter's examination of each paper's "story" appears to lend some confirmation to the cultural filter hypothesis in the sense that the two countries seem to be situating the health care reform stories within a narrative form which favors core values. For instance, the Swedish story seems more inclusive and consensus-oriented, focusing heavily on the efforts of professionals and officials to maintain high standards, whereas the US story seems more conflict-oriented, emphasizing politicians and interest groups engaged in a bitter power struggle. In Sweden, the villains are ungenerous providers. In the US, the villains are manipulative politicians, particularly, it would appear, those perceived as being further to the left. Within these narrative conditions, then, the more "collectivist" Clinton reform tale is told not with an emphasis on policy explanation and analysis, but with an emphasis on partisan competition. Similarly, the more "individualist" house doctor tale is told within a narrative emphasizing policy output, performance and analysis.

Within both countries, however, the suggestion of certain differences between the elite and mass papers have emerged. For instance, both elite papers focus more on the policy-making process and related actors, while both mass papers seem to speak to and provide a voice for ordinary people as well as elites. On occasion, the mass papers seem to take on the character of a surrogate voice of the people to their leaders. The narrative content analysis also suggests the possibility of greater value opposition (embracing the competing value) relative to elite papers. On the whole, though, country differences appear to remain prominent in terms of the morals and assumptions of the stories, even if the elite and mass papers tell the story in somewhat different ways.

In this chapter, three indicators will be examined by country and type of paper in order to further clarify the value orientations observed above. The indicators are: 1) the presence of security and

freedom themes within each article; 2) the prominence of “strategic” versus “issue” frames characterizing the article as a whole, and; 3) the inclusion within each article of voice categories (actors) reflecting a more strategic versus substantive focus.

The first indicator addresses the more overtly collectivist and individualist focus of each article, with the assumption that security themes are more collectivist and freedom themes are more individualistic. The second indicator attempt to reveal the extent to which each article reflects a “journalist-as-pedagogue” orientation, assumed to be more collectivist because of its more educational and substantive focus (see Chapter Three). Finally, the voice analysis seeks to further clarify patterns of story-telling by examining the inclusion of quotations by selected voice categories in each article.

These indicators do not presume to be complete or absolute. Rather, they are designed to help verify or contradict the observations made in the previous chapter. Individual articles constitute the unit of analysis here, focusing on the frames within which each article is presented.

Recalling Cappella and Jamieson's (1997) characterization of framing, this analysis will examine what is featured inside the picture (content) as well as the overall design of the frame (form).

Security and freedom in the news

The first indicator is the presence or absence of security and freedom themes in each article. The emphasis here is on the actual presence or absence of these themes - i.e. whether or not they are included in the picture (article). Thus, they can be expressed in either the journalist or actor voice, and they can appear within a strategic or substantive context. Security, considered a collectivist theme, emphasizes collective rights and the responsibilities of the public and private sector to society. Examples include the right to quality care and health care security. Freedom themes, on the other hand, refer to the rights of individuals, particularly against government intrusion. The issues of individual choice and market freedom serve as examples of this.

Table 7.1: Security and freedom themes by country over time*

	US			Sweden		
	Security	Freedom	N	Security	Freedom	N
Total	48%	56%	129	77%	16%	136
Per 1	56%	54%	54	84%	12%	51
Per 2	43%	57%	75	75%	18%	85

* Because an individual article can contain both themes, one theme, or neither theme, row and column totals are not expected to total 100.

As the table illustrates, the two countries display largely core value-reinforcing patterns in that freedom themes are far more prominent in the US articles and security themes clearly dominate the Swedish coverage. Freedom themes appear in only 16% of the Swedish articles, while 77% contain security themes. The US same contains a more equal balance of security and freedom themes. The relative prominence of security themes in the US is likely to reflect the "both sides" approach to story-telling as well as the relatively humanitarian nature of the health care issue itself. Still, freedom themes appear to outweigh security in the US articles.

While country differences are apparent in the table, differences over time do not appear to be great. In both countries, however, the core value is most prominent, and the competing value is most absent, during the legislative periods leading up to the reform vote. In Sweden, this is Period 1, when freedom themes are present in 84% of the articles while only 12% contain freedom themes. In the US, the relative prominence of freedom themes is greatest (57%) and that of security themes is lowest (43%) in Period 2, when the Clinton Plan is being deliberated in Congress. Overall, however, the country patterns remain largely consistent over time.

Table 7.2 examines whether there is a difference between elite and mass papers in each country. Here it can be seen that the country patterns illustrated above are largely repeated in the different types of paper.. Furthermore, differences over time are again fairly small.

Table 7.2: Security and freedom themes by paper over time*

	US			Sweden		
	Security	Freedom	<i>N</i>	Security	Freedom	<i>N</i>
Elite	49%	71%	43	73%	16%	99
Per 1	47%	63%	20	81%	14%	41
Per 2	50%	77%	23	68%	18%	58
Mass	48%	48%	86	88%	16%	37
Per 1	62%	48%	34	90%	10%	10
Per 2	39%	48%	52	85%	19%	27

* Because an individual article can contain both themes, one theme, or neither theme, row and column totals are not expected to total 100.

There does appear to be a slight tendency for the mass papers in both countries to display a somewhat stronger collectivist profile relative to elite counterparts which seems worth noting, however. Thus, while both US papers feature security themes in about half of their articles, the mass paper gives less prominence to freedom themes (48%) than does the elite paper (71%). In Sweden, both papers feature freedom themes in only 16% of their articles, but the mass paper gives greater prominence to security themes (88%) than does the elite paper (73%).

These patterns appear to be quite consistent over time. The only change that stands out is perhaps the drop in security themes exhibited by the US mass paper in Period 2. Initially assigning relative prominence to security themes, the US mass paper reverses this pattern over time. In general, however, time differences are minimal and will therefore not be included in the remaining tables in this chapter.

Taken together, these tables suggest that country differences outweigh paper differences. Comparing each paper type to its foreign counterpart, for instance, Swedish elite papers present far more security themes and far fewer freedom themes than its US counterpart, and a similar pattern is exhibited by the mass papers.

Journalist as pedagogue

In the narrative review conducted in the previous chapter, the Swedish articles seemed to reflect a more educational or pedagogical approach to story-telling which seems consistent with the stronger element of social responsibility journalism observed in Chapter Three. Swedish articles seem to give greater prominence to substantive policy information than US articles, and the research on media coverage of US health care reform seems to agree with this picture, finding that considerations of political strategy dominated heavily over considerations of issue substance.

With these observations in mind, the following table compares the US and Swedish coverage in terms of whether the overall frame of the article reflects an orientation toward strategy or substance. The assumption underlying this comparison is that a more substantive orientation seems consistent with a sense of public service journalism which, in turn, seems consistent with more collectivist values. A more strategic orientation, on the other hand is considered more individualistic to the degree that the issue becomes lost in a focus on the game and the competition rather than on information that would help citizens understand the issue and its implications for their lives and society at large. The difference examined here can also be seen as degree to which the article is "person focused" (strategic) or "issue focused" (substantive) (see Asp, 1996b).

A substantive or "issue" frame is defined as an article whose emphasis is on substantive information and explanation, containing little or no attention to accusation or speculation about winners and losers. Likewise, a campaign-oriented "strategic" frame emphasizes the race and pays little or no attention to policy substance. The intermediary category "issue/strategy" contains substantial degrees of both, or at least enough to rule out either "pure" type.

Table 7.3: Percentage of articles reflecting issue versus strategy frames *

	US				Sweden			
	Issue	Iss/Strat	Strategy	N	Issue	Iss/Strat	Strategy	N
Total	12%	43%	45%	129	63%	33%	4%	136
Elite paper	0	36%	62%	43	56%	38%	5%	99
Mass paper	19%	44%	36%	86	82%	18%	0	37

* Because each article is coded as a single (exclusive) category, country row percentages add up to 100.

The table reveals a much stronger issue orientation in the Swedish narrative as compared to the US, whose articles cluster quite heavily along the strategic end of the spectrum. "Purely" strategic articles occur quite rarely in the Swedish sample, and they appear to occur only in the elite paper. The strategic focus is also heavier in the elite than in the mass paper in the US, although again this is likely to reflect the sample design whereby the elite paper contained only front page stories. The exclusive focus on front page stories is also a likely explanation for the complete lack of "pure" issue articles in the US elite paper indicated in the table. Despite these qualifications, however, the country pattern again emerges as distinct and consistent among types of newspaper, with the Swedish articles reflecting a stronger issue orientation and the US articles reflecting a stronger strategic orientation.

Whose voices are heard?

Among the more collectivist attributes of the Swedish narrative discussed thus far are its more inclusive and substantive nature. As noted above, the Swedish house doctor narrative featured several patients, administrators and "ordinary people" in addition to high level politicians. It also seemed to rely more heavily on substantive issue expertise in its telling of the story. In contrast, the US story revolved mainly around the congressional arena in Washington, D.C. and seemed to focus on campaign strategy, paying little attention to the actual operation of the health care system. A voice category which seemed noticeably present in the US coverage and noticeably absent in the Swedish coverage, for instance, is that of the strategist him/herself.

The following table attempts to elucidate the kinds of voices heard (quoted) in the coverage of each papers, focusing on two key policy arenas (legislative and administrative) as well as two types of expertise (policy and strategic). Both distinctions are intended to shed light on the relative breadth and depth of each narrative, again given the presumption that a more inclusive, substantive and system performance profile seems more consistent with a more collectivist form of story-telling. Table 7.4 presents the inclusion of voices either quoted or paraphrased (allowed to "speak") from the following categories:

- 1) "*legislative*" voices are those from the national, regional or local legislative arena, including those speaking as representatives of a political party in a legislative decision-making capacity
- 2) "*administrative*" voices are those acting in various administrative or implementation capacities, including the leadership of health care authorities (i.e. Secretary and Department of Human Services in US; Health Care Minister, Social Department, and administrative Landsting officials in Sweden¹)
- 3) "*policy expert*" voices are those cited or labeled as academic or policy experts
- 4) "*strategist*" voices are those identified as party or campaign strategists, including opinion pollsters

Table 7.4: Political arenas and types of expertise* quoted in Swedish and US papers**

	US					Sweden				
	Legis.	Admin	Expert	Strategist	N	Legis.	Admin	Expert	Strategist	N
Total	45%	9%	9%	24%	129	20%	48%	12%	0	136
Elite	54%	12%	10%	34%	43	19%	39%	16%	0	99
Mass	41%	7%	9%	19%	86	21%	70%	0	0	37

* Actor categories are: "Legis" = legislative arena; "Admin" = administrative arena; "Expert" = policy expert; "Strategist" = pollster or party strategist.

** Cell data reflect the percentage of articles containing quotes or paraphrases from each of the above actor categories. Because an individual article can contain quotes from none, one, several or possibly all of the above categories, row percentages are not expected to add up to 100.

¹ The Landsting is both a political and administrative body, with elected leadership and extensive administrative organs, thus Landsting voices are coded according to which function they represent.

Not unexpectedly, strong country differences emerge in terms of the relative emphasis on legislative versus administrative arenas. Nearly half of the Swedish articles contain administrative voices, whereas in the US such voices are present in only 9% of the articles. Though not depicted in the table, the administrative voices in the US articles tend to stem from the elite leadership as opposed to the trenches of health care, such as personnel or administrative staff.² Yet even the administrative elite appear infrequently - only two US articles contain the voice of Health and Human Services Secretary Donna Shalala, for example.

Just as the Swedish coverage features administrative more than legislative voices, the prominence of the legislative arena relative to the administrative is a noticeable aspect of the US profile. Both US papers appear to display similar patterns in this regard. In Sweden, however, there is a tendency for administrative voices to dominate the coverage in the mass paper more so than the elite paper. This most likely reflects the focus of the mass paper on the operation of the health care system and its effects on ordinary people. By and large, however, administrative voices weigh more heavily in both Swedish papers, while legislative voices weigh more heavily in both US papers.

While it is true that the health care environment of Sweden contains a much more cohesive web of administrative bodies connected at the national, Landsting and municipal level, this structural bias does not prevent American journalists from choosing to interview or visit a much wider array of entities than is apparently the case. Similarly, Swedish journalists are quite able to focus more heavily on parliamentary activities, but they apparently choose not to do so. In other words, executive and legislative structures exist at all regional levels in both countries, and all contain potentially newsworthy voices, yet a pattern seems quite clear in which US journalists gravitate toward voices in the legislative arena while Swedish journalists gravitate toward those involved in health care administration.

In contrast to the more or less anticipated results regarding legislative versus administrative arenas in the table above, the patterns surrounding the inclusion of policy experts are quite

² This also includes doctors "in the field", i.e. those practicing at publicly-funded institutions. In the US, doctors tend to be "heard" in connection with lobby groups such as the AMA and pertain to more strategic considerations.

similar in the two countries. Expected differences appear in regard to the relative prominence of strategic voices, however, with no such voices appearing in the Swedish narrative (either because they do not "exist" in the same sense as in the US and/or they are not consulted in the newsgathering process) and with such voices appearing in 24% of the US articles. Part of the explanation for the seemingly low percentage of articles featuring policy expertise in the Swedish sample may lie in the coding criteria. The category presented in the table is highly restrictive, attempting to isolate relatively independent or scholarly research on health care policy. As a result, a policy expert participating in a research study who is identified as an employee of an administrative body, such as the Landsting, for example, would be coded as an administrative voice rather than a (more independent) policy expert.

Differences between elite and mass papers do not appear to be dramatic in terms of the inclusion of strategic and/or policy expertise. The US elite paper displays a stronger tendency to feature strategic voices than does the mass paper (34% versus 19%), but this again is likely to be amplified by the limitation of the sample to articles appearing on the front page. In Sweden, the mass paper contains no policy experts as delimited here.

All in all, the voice analysis seems to reveal a few basic patterns. Most noticeable is the relative inclusion of legislative and strategic voices in the US and the strong presence of administrative voices in Sweden. These patterns seem consistent with the more pedagogical Swedish profile outlined in the previous sections. In general, then, the US story appears far more "political" and strategic in terms of the voices heard in each article, while the Swedish story is less focused on partisan voices and more oriented toward those in the administrative sphere.

Summary

In large measure, the country patterns illustrated in this chapter support the notion that health care reform coverage reflects core value orientations. The indicators, taken together, provide a picture in which the Swedish articles display stronger tendencies to feature collectivist themes, focus on issues, and feature the voices of those active in the health care system than do US articles. A particularly clear difference is the near absence of strategic frames and voices in the Swedish papers, whereas such features are consistently present in the US papers.

On the whole, then, the Swedish narrative appears more educational and accessible to ordinary citizens, while the US narrative appears more game-oriented, focusing on elites-in-battle. It is believed that this characterization corresponds with core value orientations in the sense that the former appears more inclusive and consensual while the latter appears more competitive and fragmented.

Within these larger country patterns, the data presented here also suggest a certain "collectivist" tendency among the mass papers relative to elite counterparts, although the gap appears to be quite a bit narrower in the Swedish case, and paper differences are outweighed by country differences. In the US, the mass paper appears more consensus-oriented than the elite paper, displaying a stronger issue orientation, fewer freedom themes and fewer strategic voices than the elite paper, but this distinction is likely to be exaggerated by the sample design in which only front page (and likely more exclusively "strategic") articles are included in the study.

Despite this likely sampling error, however, the gap between the elite and mass papers appears to be somewhat larger in the US than in Sweden. The tentative relationships between papers along the value continuum can be illustrated as follows:

CHAPTER EIGHT

Value Discourse

Introduction

According to the figure depicted at the end of the previous chapter, Swedish and US newspapers appear to occupy relatively separate positions along the individualist-collectivist spectrum. In both countries, the elite paper appears to lie somewhat closer to the core value than the mass paper, but the gaps between papers is small compared to the difference between countries. In Sweden, the gap between papers appears to be minimal, and although the US mass paper displays noticeably more collectivist traits than its elite counterpart, the gap in the US is likely to be exaggerated by the sample design utilizing only front page stories in the elite paper, possibly heightening the strategic profile of its articles.

In this chapter, the search for differences within and between countries continues with a more direct examination of the individualist and collectivist value expression appearing in each article. In addition to identifying the pattern of value statements among papers, this analysis will also differentiate between the actor versus journalist "voice" in which the statement is written.¹ Together, the value statements made by each voice and paper will constitute the overall value discourse within the narrative. In this analysis, the overriding judgment as to the presence and extent of a cultural filter is based on the degree to which country differences in value expression appear to outweigh differences between voice and paper. The more this seem to be the case, the stronger the argument for a cultural value filter will be.

The first indicator examined in this chapter is the "value index score", or the weighted average of value statements made in each article in both the actor and journalist voice. Lower scores (closer to 1) are more individualist, while higher scores (closer to 3) are more collectivist.² The second

¹ See Chapter Five (Methodology) for a discussion of the criteria surrounding value statement and voice categorization.

² The index score is obtained by adding the total "value" of all observations (coded as 1, 1.5, 2, 2.5 or 3) and dividing this sum by the total number of observations in the article.

indicator, intended to provide perspective on the relationship between journalist and actor scores, is the “voice ratio”, which measures the volume of journalist bias relative to actors within each value category. The higher the ratio, the “louder” the journalist voice is relative to the actor voice in that value category.³

Value index scores

To provide an overall view of the values expressed in each country in the journalist and actor voice, Figure 8.1 presents a breakdown of the frequency and composition of value statements by country and voice.

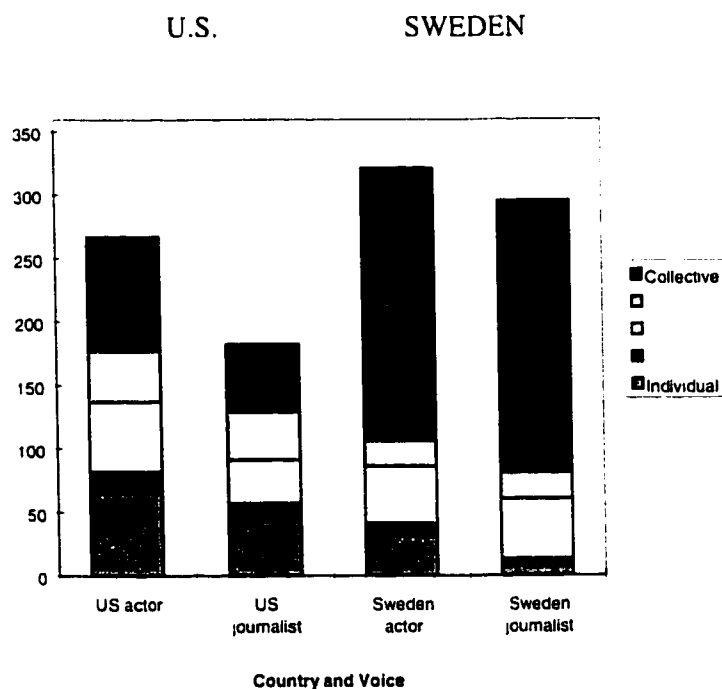


Figure 8.1: Distribution of value statements³, by country and voice

* The number of statements per value category. Total Swedish statements = 689. Total US statements = 616.

³ If, for example, the number is 0.5, this means that the journalist voice is half as loud as the actor voice for that value. By contrast, if the number is 2.0, it means that the journalist voice is twice as loud as the actor voice. A figure of 1.0 means that both journalist and actor voice are equally loud.

The figure illustrates fairly clear country distinctions. The match between actor and journalist voice patterns is particularly noticeable in Sweden, though the two voice categories display similar patterns in the US as well. The main difference in the US is the lower overall number of value statements written in the journalist voice compared to those in the actor voice, which is not surprising given US standards of journalistic objectivity.

In addition to consistent country patterns, the value orientation of the two countries is consistent with cultural filter expectations, thus the Swedish pattern tilts heavily toward the collectivist end of the value spectrum. And, while individualist statements in the US do not appear to be as pronounced as collectivist (core value) statements are in Sweden, both US voice categories appear to be decidedly less collectivist relative to Swedish counterparts. Individualist statements are most heavily concentrated in the US columns, although the actor voice in the Swedish text seems provide some individualist expression as well. Swedish journalists appear particularly unlikely to express individualist values.

In both countries, it appears that the journalist voice is less prone to expressing the competing value, which is again not surprising given canons of objectivity in each country's professional code. It is interesting, however, that individualism seems to be somewhat more "taboo" in Sweden than collectivism appears to be in the US. The relative prominence of collectivist statements in the US case might very well be associated with the humanitarian aspects of health care as a policy issue, but given the lack comparative data on health care and other policy issues, it is impossible to know the degree to which this is may or may not be the case. What the figure does suggest is that, in the arena of health care reform, Swedish voices categories are more collectivist than US counterparts, and individualist value statements are more prominent in the US than in Sweden.

Bearing these patterns in mind, the overall index scores of each voice category are presented over time in Table 8.1. The table further illustrates the country differences depicted in the figure above, with mean scores in Sweden appearing distinctly and consistently higher than US scores.

Table 8.1: Average index scores of actor and journalist voices (n)

Voice:	US			Sweden		
	Journ. (n)	Actor (n)	Total (n)	Journ. (n)	Actor (n)	Total (n)
Total	2.0 (302)	2.1 (387)	2.1 (689)	2.8 (295)	2.6 (321)	2.6 (616)
Per 1	2.1 (123)	2.2 (194)	2.2 (317)	2.7 (126)	2.6 (150)	2.6 (276)
Per 2	1.9 (179)	2.0 (193)	2.0 (372)	2.8 (169)	2.5 (171)	2.6 (340)

The table shows that scores remain essentially consistent over time, although to the degree that there is a change over time, the changes move in the direction of the core value in the journalist voice. Thus, journalist scores drop in the US and rise in Sweden, though again these differences are small. In general, the distinctive pattern in Table 8.1, as in Figure 8.1, is the difference between the two countries rather than differences between voice categories or time periods within countries. There is a suggestion that actor statements are both more numerous and more likely to express competing values than journalist statements in both countries. The data seem to provide an illustration of a form of "journalistic objectivity" in the sense that competing values enter and remain in the narrative largely through the actor voice. The following table examines the patterns exhibited by elite and mass papers.

Table 8.2: Average index scores in elite and mass papers (n)

Voice:	US			Sweden		
	Journ. (n)	Actor (n)	Total (n)	Journ. (n)	Actor (n)	Total (n)
Elite Paper	2.0 (125)	2.1 (180)	2.0 (305)	2.7 (215)	2.5 (244)	2.6 (459)
Per 1	2.0 (57)	2.2 (84)	2.1 (141)	2.7 (115)	2.5 (130)	2.6 (245)
Per 2	2.0 (68)	2.0 (96)	2.0 (164)	2.8 (100)	2.6 (114)	2.7 (214)
Mass Paper	2.0 (177)	2.2 (207)	2.1 (384)	2.7 (80)	2.5 (77)	2.6 (157)
Per 1	2.2 (66)	2.2 (110)	2.2 (176)	2.7 (11)	2.9 (20)	2.8 (31)
Per 2	2.0 (111)	2.1 (97)	2.0 (208)	2.7 (69)	2.3 (57)	2.3 (126)

This table suggests that paper types behave in similar ways within countries. Elite and mass paper scores are almost identical within countries, making them more homogenous than voice

categories at the aggregate level. Journalists in both elite and mass papers are likely to score closer to the core value than actor voices in each country. The number of statements appears quite consistent as well. With the exception of the Swedish mass paper, whose small sample size may partially explain its pattern, journalists in all papers make fewer statements than actors.⁴

One difference that seems to emerge in the above table, however, is the tendency for mass papers in both countries to contain a greater number of value statements in the journalist voice (relative to actor statements) than elite counterparts. This would appear to provide some statistical confirmation to the more overtly editorial tone of the mass paper narratives observed in Chapter Six.

Differences over time again appear to be minimal, with the exception of the Swedish mass paper, whose scores in the actor voice drop from a very high 2.9 in Period 1 to a very low (for Sweden) 2.3 in Period 2. The journalist score remains high (2.7) in both periods, however. In the US, scores are very consistent in both papers over both periods of time, and the slight changes which do take place move in the direction of the core value (i.e. the score drops) in both papers.

Voice ratios

The pattern of value discourse suggested thus far is one in which country differences strongly outweigh differences between types of paper, voice and time. Within countries, however, the journalist voice appears less likely to carry competing or challenging values than the actor voice, and the mass papers appear more likely to express value statements than the elite papers. Score changes are very small, but the direction of change which takes place seems to reinforce core values in the sense that index scores are most protective of core values during the legislative period in which the reform vote is considered.

⁴ Despite its small sample size (37 articles), the Swedish mass paper sample nonetheless represents the complete universe of articles containing the word "house doctor" and derivatives thereof in this paper (see Chapter Five).

The present section hopes to add dimension to these observations by more closely examining the patterns taking place within each value category on the coded spectrum. This relationship, labeled the "voice ratio", illustrates the relative volume of journalist voice to actor voice within each coded value category. Examining the data in this way makes it possible to observe whether or not journalists "raise" their voices relative to actors in patterned ways. If the volume of journalists appears louder in the value categories closer to the core value end of the spectrum, for example, this would seem to demonstrate a core value bias. Figure 8.2 presents these relationships at the country level.

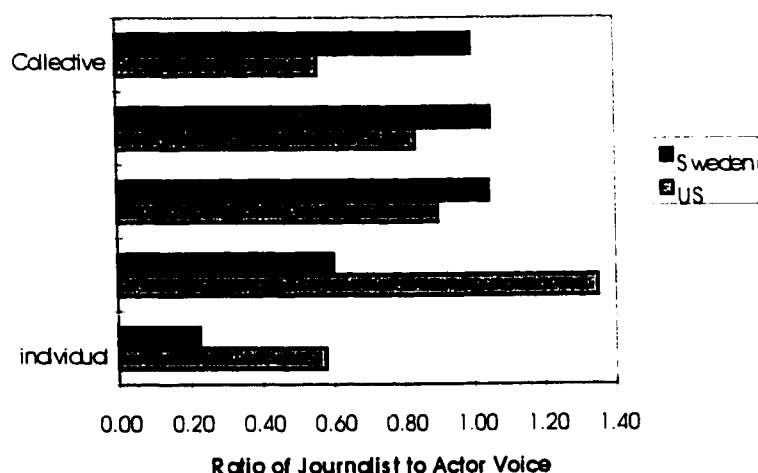


Figure 8.2: Relative "volume" of journalist to actor voice (voice ratio) within each coded value category, by country

The pattern displayed in the above figure appears to follow the core value orientation of each country. The journalist voice is "louder" in Sweden at the upper (more collectivist) end of the spectrum, while the inverse is clearly apparent at the more individualist end. Indeed, in the Swedish case, it would appear that nearly all of the most individualist statements are written in the actor voice. The figure seems to demonstrate the tendency for journalists to "speak" more loudly in the relatively safe areas closer to the core values of each country.

As mentioned earlier, a possible explanation for the less dramatic distinction between countries at the collectivist end of the spectrum could be the nature of health care as a policy issue, rendering

a certain volume of collectivist expression “safe” for US journalists as well. Nonetheless, the US pattern does suggest an increased journalistic volume as one moves down the continuum, while the Swedish volume increases as one moves up the scale.

Another pattern displayed in this figure is the tendency for the ratios to be less than 1.0. This is an additional illustration of the tendency for value statements to occur more frequently in the form of quotes or paraphrases than in the form of journalistic description or analysis. This again seems to conform with expectations associated with journalistic notions of objectivity.

Within the overall country patterns displayed above, are there differences between types of paper and over time? To account for differences which might exist between types of paper and periods of time, the following two figures present over time ratios within the most extreme value categories - “individual” (coded as 1) and “collective” (coded as 3). Figure 8.3 examines the patterns within the most individualist category.

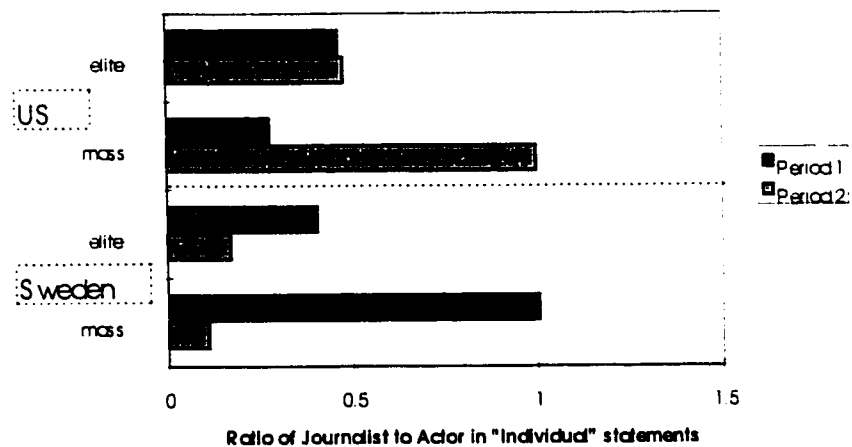


Figure 8.3: Individualist* voice ratios in elite and mass papers over time

* *Individualist* refers to statements coded as "1" on the 3-point scale.

Here, it appears that US ratios increase in both papers over time while the Swedish ratios decrease, again reinforcing the general cultural filter pattern. Despite the decrease in Swedish journalistic volume in this value category, however, it is intriguing that the individualist volume

of Swedish journalists in the mass paper is equal to that of actors in Period 1. This would seem to provide another indicator of the relatively open window for competing values in this paper at this time. It also illustrates the dramatic reduction of this volume during the implementation period of the house doctor reform (Period 2).

Similarly, the mass paper in the US also displays a stronger tendency to express individualist values more loudly than elite counterparts, particularly during the period of congressional deliberation. The louder overall journalistic volume exhibited by the mass papers seems to correspond with the more editorial profile among mass papers identified thus far, although this pattern cannot be considered reliable given the absence of inside articles from the US elite paper in this sample.⁵

Turning to the opposite end of the value spectrum, Figure 8.4 suggests that the volume of collectivist statements *increases* over time in all four papers. As with the generally high level of scores presented in the previous sections, however, this is likely to be an artifact of the more humanitarian nature of the policy issue.

⁵ It should perhaps be noted that the *New York Times* sample does include the entire front page article, not just the text appearing on the front page. The relative length of these articles, averaging 5-6 printout pages per article, was the primary reason behind the decision to limit the sample to front page stories in this paper. With parsimony in mind, the compromise was made to sacrifice directly parallel US samples but be able to obtain a "complete universe" and an overall text length more comparable to the other papers, whose length averaged 1-2 pages per article.

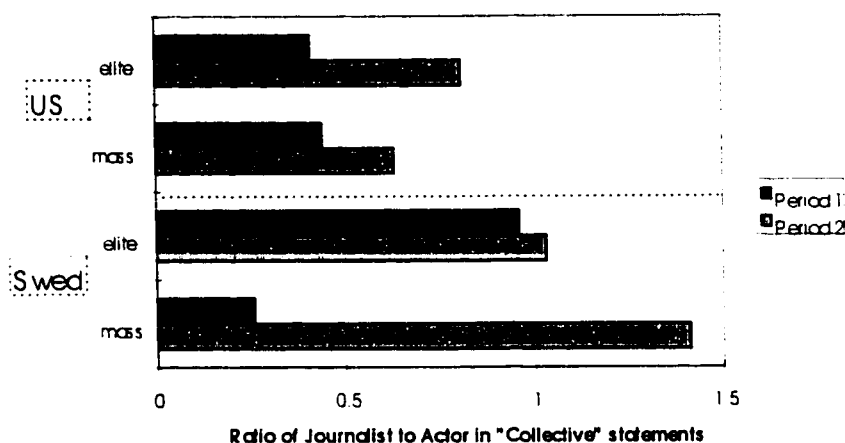


Figure 8.4: Collectivist* voice ratios in elite and mass papers over time

* *Collectivist* refers to value statements coded as "3" on the 3-point scale.

Beyond the overall tendency for journalistic volume to increase in the expression of collectivist values over time, the cultural filter seems to apply in some ways. Comparing newspaper counterparts across countries, for example, the journalistic volume is noticeably higher in Swedish elite papers than in US counterparts, and the same seems to apply to the mass papers. The general increase in volume over time does not appear limited to one type of paper. The more notable over time increases occur in the US elite and Swedish mass papers, both of whose relatively marked increase can be at least partially explained by the nature of the two samples., the first being the limitation to front page stories, and the second being the small sample size in spite of its representative completeness (i.e. only 37 articles containing the word "house doctor" and derivatives thereof appeared in *Expressen* between 1992-1995).

Taken together, then, the voice ratios suggest that the journalist voice is louder than foreign counterparts in terms of dominant values. The primary paper distinction appears to be the greater volume shift among mass papers, particularly in regard to individualist statements. As illustrated in Figure 8.3, the mass papers in both countries display a tendency to turn up the volume of individualist statements at different points in the reform debate. In Sweden, this

volume appears relatively high in the first period, while in the US, the individualist volume of the mass paper is noticeably higher in Period 2. Thus, within a larger pattern of country-level bias in the text, mass papers in both countries appear somewhat more vocal and prone to turning up the volume within the realm of core *and* oppositional values.

Discussion

This chapter has examined the patterns of value expression within the text of each article with the assistance of two indicators - value index scores and voice ratios. The analysis of the first indicator, value index scores, reveals a rather consistent pattern conforming to cultural filter expectations whereby country distinctions outweigh differences among papers, voices and over time. This analysis also observes a possible tendency among mass papers in both countries to contain more journalistic value statements and to include more oppositional actor voices relative to elite counterparts. The primary difference appearing between the two countries appears to be the timing in which oppositional (actor) and protective (journalistic) tendencies seem most prominent. In the US, this occurs in Period 1, before the Clinton Plan moves to Congress, while in Sweden, this occurs in Period 2, after the house doctor law has been passed in Parliament.

The voice analysis reveals a pattern which also generally corresponds with expected relative bias between countries. The journalist voice is stronger relative to actors in the direction of the core value in both countries, and despite the tendency in both countries for journalistic volume to increase in terms of collective value expression, the Swedish volume is consistently higher than the US counterpart in terms of both time and type of paper. The data do suggest the presence of a tendency for mass papers in both countries to display a louder journalistic voice in the realm of individualist values than their elite counterparts, but this pattern cannot be verified without additional data from a broader US elite sample. As a whole, the Swedish data suggest that while the journalistic voice in mass paper appears to display an initial receptivity to individualist values relative to the elite paper, the overall score patterns suggest that the voice ratios of the Swedish mass paper maintain the prominence of the core value. In large measure, then, the value index and voice ratio data suggest a fairly clear and consistent cultural filter pattern among the two Swedish papers.

The following figure illustrates the basic patterns observed thus far, building on the value continuum relationships introduced in Figure 7.1 at the end of the previous chapter.

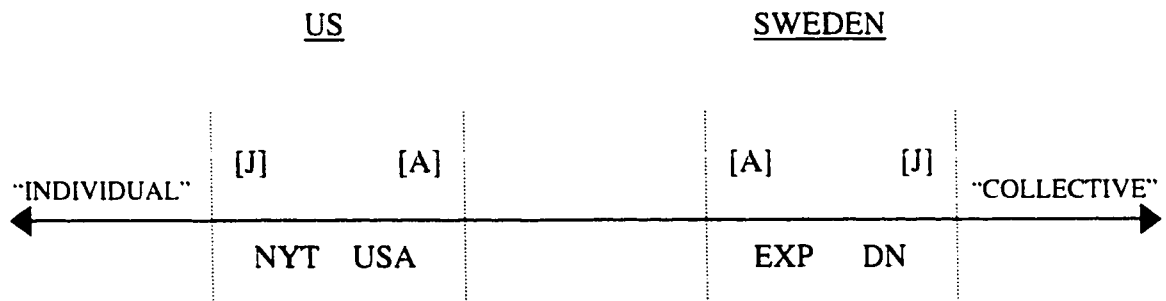


Figure 8.5: Relative location of voices and papers along value continuum

While these figures are interpretive, the configuration above attempts to provide an informed view of the various relationships along the continuum. The above figure retains the basic pattern of placement in Figure 7.1, featuring distinct country regions within which elite papers lie somewhat closer to the core value than mass papers, but the figure modifies the extremity of the initial constellation, bringing the range between US papers somewhat closer together, primarily to acknowledge more individualistic patterns by the US mass paper in terms of value index scores and voice ratios. The gap between the Swedish papers is widened in the figure above in light of the suggestion by the voice analysis of stronger individualist traits by the mass paper in that country. Beyond these alterations, however, the general configuration retains strong country differences within which mass papers appear somewhat more receptive to oppositional values.

Figure 8.5 also incorporates the placements of voice categories (“J” and “A”) along the spectrum. Reflecting the information on index scores and journalistic volume, it suggests that journalists occupy positions closer to the core value than actors in both countries.

In sum, the information provided by the qualitative and quantitative analyses point to a pattern in which journalists, particularly those in the mass paper, appear to open a gate for oppositional values, allowing actors to speak amidst relative “silence” during the initial period of the reform debate, the period in which a perception of crisis exists. Yet even at this time, however,

journalists exhibit certain behaviors which seem to prevent the window from opening too wide, and by the second period the narrative appears to rally behind the core value as the crisis perception fades. Resolution appears to reaffirm the prominence of the core value, although by the end of the period, the scrutiny applied to oppositional values seems to have resulted in different degrees of value absorption. While oppositional values appear to be “tamed” over the course of the debate in both countries, the Swedish narrative ends with the absorption of certain consensual elements of individualism, while in the US, the oppositional value appears largely discredited.

Given this landscape, the most favorable path for oppositional values would appear to be the avenue of actor voices in mass papers, as these papers seem most prone to allowing such voices to speak in the text. Yet this path does not come without risk, as mass papers also display the most dramatic “protective” tendencies, speaking in more overtly editorial tones and at a higher volume than elite counterparts. Regardless of temporary or partial windows of opportunity, though, oppositional values appear to face consistent obstacles as they journey through the narrative in both papers, as all papers display a general core value bias in terms of value expression, framing devices and narrative elements (i.e. moral, heroes, villains). The oppositional value, if expressed at all, is likely to find itself imbedded within a deeper narrative that will not allow the core value to be seriously threatened.

CHAPTER NINE

Conclusion

Returning to the cultural filter hypothesis proposed in the beginning of this study, it was suggested that the presence of a cultural filter may explain some of the formal and discretionary aspects of reporting not accounted for by the study of professional norms and constraints. The cultural filter offers a means through which to view patterns of greater coexistence and interaction among organizational and institutional levels of influence. A key component of this filter is the existence of commonly held values, visible at the national level, which legitimize a way of life and the power arrangements believed to uphold that way of life. The existing constellation of commonly held values is called the core value orientation, and in this case study, the core value spectrum of individualism-collectivism, is observed in Sweden and the US through the coverage of health care reform proposals which challenged the existing arrangement of legitimizing values and also resulted in policy failure.

This study asks whether cultural values are reinforced by the institutional and organizational arrangements surrounding journalism which skew coverage toward the promotion of collectivist values in Sweden and individualist values in the US. The cultural filter embraces both the more overt as well as the more subtle forms of journalistic bias. It can help explain the formal norms and constraints associated with journalistic practice as well as the more subtle expressions of bias which may appear through differing forms of story-telling. It can also reveal the ways in which institutional environments themselves influence the telling of a story. Thus, the cultural filter may be able to help explain barriers and opportunities available to policy proposals or other ideas which challenge the distribution of values at key points of entry into the news narrative.

Chapter findings

The first layer or point of entry within this larger cultural filter is the journalistic environment. Comparing the professional settings of Sweden and the US, Chapter Three observes that

differences appear to manifest themselves in terms of core values. The Swedish journalistic environment, for instance, contains a greater emphasis on social responsibility than is evident in the US, and the critical monitor role appears broader in scope than the more strictly anti-government profile apparent in the US. Swedish journalists are more overtly supportive of principles of collective professional responsibility, as reflected in the existence and widespread legitimacy of enforceable codes of professional conduct. In the US, by contrast, professional credibility is more market-oriented, placing a greater emphasis on professional freedom and independence.

The next layer of the cultural filter encountered by a competing value heading toward the news narrative is the larger policy setting of the issue, in this case the health care arena. Existing institutional and power arrangements filter into the narrative by presenting the journalist with different topic and source pools. To the extent that policy arrangements favor core values, this is likely to privilege the likelihood that certain voices will appear in the narrative and be treated favorably. This is also likely to privilege certain kinds of rhetoric (i.e. calls for freedom in US, calls for security in Sweden).

In examining the policy settings of each country, Chapter Four identifies what appear to be clearly more collectivist arrangement in Sweden, both in terms of general policy and health care policy. The Swedish policy environment is more inclusive, consensual and long term in its orientation, regardless of apparent tendencies in Sweden for increased fragmentation, individualization and weakened consensus. Compared to the US, the Swedish system, even if somewhat less monolithic than in the past, remains nonetheless far more collectivist than policy and health care systems in the US, where a fragmented landscape favoring powerful minorities (interest groups) and individuals render it more difficult to adopt long term and comprehensive policy. In Sweden, health care operates as more of an integrated system, with large-scale groups forming part of a more interconnected web. In terms of policy reform, such structures and processes make it more able to create and absorb more bite-sized reforms within the framework of a larger and longer term plan. By the time the house doctor reform reached the legislative arena, for example, it had already been tested and observed in throughout the country. In terms of the news narrative, such an arrangements may favor a wider range of stages, scenes and

characters, while the more survival-of-the-fittest environment of the US may favor coverage of powerful and aggressive elites, who are also likely to have privileged access to the media as well (relative to ordinary citizens).

In some ways, then, the institutional and professional settings present certain obstacles to challenging values before they enter the news narrative. Journalists who place greater emphasis on more pedagogical narrative styles and protecting the integrity of news subjects are perhaps more likely to bring more substance and a wider range of voices into the narrative, for example. Similarly, a policy environment featuring relatively integrated arenas whose formal goal is the preservation of health care equity and security could perhaps is likely to privilege the position of more collectivist points of view in the narrative.

Moving to an examination of the narrative itself, Chapter Six considers whether or not core values appear privileged in the telling of the health care reform story. Interestingly, the larger narrative of each country's health care reform story appears to be similar in its outward form. In both countries, the reform issue representing the competing value enters the news narrative in the midst of a perceived health care crisis, and it leaves the narrative once this perception has disappeared and resolution occurs. The content of these stories seems to differ, however, according to core value orientations. Thus in Sweden, the narrative contains more collectivist features in its sympathetic portrayal of ordinary people (victims) and its heroic portrayal of public service-oriented health care providers, while heroes and villains in the US tend to be limited to those likely to win or lose the horse race and/or those seen as likely to increase or decrease the cost of health care. While strategic coverage does provide an important kind of "substantive" information, particularly in terms of election campaigns, the tendency to extend this perspective to policy coverage, or, as Patterson (1994) might say, coverage of "governing", reflects a prioritization of such concerns over more informational or educational coverage of the policy and its implications for the health care system.

The morals of the stories appear to reflect core values as well, particularly the Swedish story, which consistently affirms the importance of upholding the existing policy goal of equal care for all. The moral of the US story resonates with more individualistic themes in terms of the victory

of the private sector over government control. Furthermore, the Swedish narrative appears more inclusive, more system-level, and appears to contain a wider range of stages, scenes and actors, while the US narrative is focused almost exclusively on D.C. politics - lobby groups, Congress and the White House.

In both countries, the competing value has been tamed and to some degree absorbed by the end of the narrative. This appears more prominent in Sweden, where the more consumer choice aspects of the house doctor system are drafted into the provision of secure and universal care, entering, in effect, a sphere of consensus surrounding health care policy. In the US, the notion of universality is largely dismissed by the end of the narrative, and in the elite paper it appears largely dismissed before the proposal is submitted to Congress, although its initial prominence and the prominence of the high level debate surrounding the issue may have shifted it closer to the realm of legitimate controversy and rendered it perhaps less deviant than was previously the case.

Though country differences far outweigh differences between mass and elite papers within countries, the narrative review suggests that the mass papers in both countries may display tendencies toward more overt editorialism in general and to adopt a more overt advocacy role for the weak. The mass papers in both countries also display a form of value opposition relative to the elite paper. In the US, the mass paper appears to feature a greater degree of collectivist opinions and includes a broader spectrum of voices, although the absence of inside articles from the elite paper make it impossible to draw real conclusions about this difference. In Sweden, the mass paper appears to display a greater tendency to focus on the more individualist issue of consumer rights than does the elite paper, although its consumer rights stance is collectivist in the sense that the paper advocates *universal* consumer rights.

The narratives also seem to manifest core values at the level of story frames and presentation examined in Chapter Seven. For example, the tendency is much stronger in Swedish articles to feature security themes and to adopt more pedagogical approaches to story-telling. Swedish articles are more likely to be issue-driven, while US stories tend to focus on the political horse race.. These orientations are further manifested in the inclusion of different voice categories in

the story. Swedish stories place more prominence on ordinary citizens and those active in the maintenance of the system. Also, Sweden's more pedagogical narrative is reflected in the relatively high inclusion of administrative and research voices, while the less substantive orientation of the US narrative is visible in the degree to which strategic voices are brought into the story.

These overall country profiles remain quite consistent over time in both countries, though, as the analysis in Chapter Six suggested, there is a tendency for oppositional themes to achieve prominence in connection with the "crisis" which begins the story and provides an opportunity for unconventional ideas to offer a solution. Thus oppositional themes, be they freedom or security, tend to appear more at the beginning rather than the end of the narrative. The relative pedagogical orientation of article frames remains consistent over time in both countries, with the Swedish narrative containing a noticeably heavier emphasis on policy substance over political strategy and with the US narrative displaying the opposite tendency.¹ This is further illustrated by the voice analysis, which reveals differences in the inclusion of strategic versus substantive sources in the text, as well legislative versus administrative voices.

Separating the text into the voice categories of journalist and actor voice, the value discourse analysis reveals further patterns of core value expression in the narrative, suggesting distinctions at the country level both in terms of value index scores and voice ratios. While overall index scores are highly consistent within countries, it is interesting to observe that the most "individualist" voice in the combined sample is the US journalist, while the most "collectivist" voice appears to be the Swedish journalist. Oppositional value expression occurs mainly within the actor voice in both countries, thus serving as a potentially observable indicator of journalistic "objectivity". Another possible manifestation of the application of standards of objectivity is the relative silence of value expression in the journalist voice during the first period of the story.

Looking further into the relationship between journalist and actor value expression in the text, the voice ratio analysis reveals a pattern whereby the volume of the journalists voice is more comparable to that of actors in the value categories lying closer to the core value. A generally

high level of collectivist volume is noticeable in both countries, however, and is likely to be associated with the more humanitarian nature of the policy issue. Within this framework, country differences remain more prominent than differences among voices and papers, however. In order to observe possible dynamics over time, the analysis examines voice ratio patterns within the most extreme value categories. At the individualist end of the coded value spectrum, the patterns conform to cultural filter expectations. Thus, individualist expression in the journalist voice decreases over time in Sweden and increases over time in the US. Interestingly, the Swedish mass paper displays a noticeably loud volume in this category in Period 1, suggesting an initial receptivity or tacit approval of individualist values.

Looking at patterns within the most collectivist value category, the pattern observed above is repeated in which the collectivist category seems relatively "safe" for journalistic expression in both countries. Furthermore, this category appears to become safer over time, as the volume in collectivist expression increases in all papers over time. These similarities nonetheless occur within a larger environment of country distinctions. The result in the US seems to reflect a diffusion of value expression by journalists over time, as volume increases across the spectrum, while the results in Sweden conform to a more consistent pattern of core value reinforcement over time.

Summary and implications

Taken together, these indicators and the observations made in the narrative analysis identify a profile of coverage which both favors and reinforces core values. Further these values can be observed at the institutional levels of media and health care organization, factors which may help account for the national level patterns in which the narratives seem to favor core values.

The general story sequence observed in both countries is one in which the competing value enters the news as a possible solution to a perceived crisis in health care. During this period, the journalistic voice in the text is relatively quiet vis-a-vis actors, through whose voice the new or

¹ The lack of substantive coverage of health care reform in the US is also observed by Jamieson and Cappella (1996), Blendon (1995), Shear (1994), and Dorfman et. al. (1996).

oppositional value is mainly expressed. Once health care is no longer perceived as being in a state of crisis, however, the competing value begins to exit the narrative as the story moves toward resolution and the restoration of "normalcy" in terms of health care policy.

Of course, the data presented in this study cannot form the basis of general conclusions about national distinctions relating to journalism, policy reform coverage and core values, for its scope is too narrow, limited to two newspapers per country. The inclusion of elite and mass papers in the sample, however, does allow for the consideration of organizational factors in relation to national differences. Further, the study can provide a broader and deeper context within which to consider the existence and nature of such patterns and relationships. While four newspapers cannot provide a complete view of a country's media coverage, it can point to the existence and extent of influences which might be occurring more generally in media and society. And, although the quantitative analysis is preliminary, the data do suggest patterns of cultural influence which might warrant further study.

What the data and institutional analysis do suggest is that, despite the differences in the scope of policy reform issues, distinctions in coverage appear at the national level which are consistent over time and which override differences between types of paper and types of voice in the text. Further, these distinctions seem to manifest the filtering of deeper cultural values which are visible at the level of professional journalism and health care organization. In both countries, the competing value enters the narrative as a possible solution to a perceived crisis in health care associated with rising costs and deteriorating conditions. Beneath this similarity in form or logic of the narrative, however, the content varies according to core values in each country. In Sweden, rising costs threaten equal and collective rights to quality care. In the US, rising health care costs threaten the ability of average Americans, particularly the working poor, from being able to purchase coverage. By the end of the narrative, resolution takes place and normalcy is restored. The study also appears to provide some illustration of the overt application of standards of journalistic objectivity, such as the generally "quiet" journalistic volume relative to actors and the tendency for oppositional values to be situated in the actor voice in the text.

In both countries, public opinion provided much of the objective “proof” of the existence of a health care crisis as well as its resolution, yet the analysis conducted here suggests that narratives were constructed in ways which rendered the journey of the competing value more perilous than that of core values. For instance, the highly polemic and horse-race driven narrative in the US may have contributed to the erosion of public understanding of and support for a reform involving more burden-sharing in health care. Framing elements such as the intensity of strategic, non-pedagogical frames containing primarily political elites in the US could have dampened public enthusiasm for the Clinton Plan. In Sweden, on the other hand, the preponderance of pedagogical and security framing elements along with a continued focus on the trials and tribulations of ordinary people and the weak could have contributed to the dampening of public enthusiasm for the house doctor system.

Research on public opinion and health care reform coverage in the US seems to conform to the observation made in this study that the US narrative takes place within the Beltway and focuses on the campaign rather than the issue. Content analysis also finds that the coverage is narrow in scope, highly partisan and D.C.-based.² It also lacks substantive content, such as explanation, analysis or a larger system perspective. The coverage is found not, for example, to feature discussions of the wider, more real world implications of the various proposals. Furthermore, Dorfman et. al. (1996) observe that the small amount of substantive information presented tends to be associated with the issue of cost, not system performance or effects.³

Studies of US health care reform coverage also find connections between highly strategic coverage and public cynicism. Jamieson and Cappella (1996), for example, find that the strategic-oriented coverage if the US media contributed to public confusion and eventually to public resistance to major reform. Related to this, Blender (1995) notes that the lack of substantive information in the media favored aggressive industry campaigns intended to persuade the public that health care reform would reduce quality and increase costs. Further, the shift in media attention from the White House to Congress was accompanied by a decline in public

² Dorfman et al. (1996), Shear (1994).

³ This study is based on local television news coverage the week Clinton delivered his speech (and proposal) to Congress.

support for reform. These findings are highly consistent with the patterns observed in this study.⁴

While the US data presented here do not in themselves constitute an overt demonstration of “individualism”, the analysis nonetheless suggests that the patterns of a narrow range of actors, a lack of substantive coverage, and a focus on competitive elites are relatively consistent with a more individualist profile as operationalized here. The correspondence between increasingly individualistic narrative devices and decreasing public support for collectivist reform heightens the possibility that media coverage may have stimulated this shift, since public opinion itself served as validation for both the entry and the exit of the competing value in the narrative.

The analysis conducted here finds that in both countries the competing value appears to be tamed by the time of resolution. In Sweden, the narrative did not permit the house doctor system to threaten collective security, thus it was not allowed to imply privatization. In the US, health care reform was not permitted to threaten the freedom of the private sector and was thus not allowed to imply socialization. By the end of the story, the competing value appears to have made greater inroads in Sweden, as its non-threatening elements are consensually incorporated into the traditional policy framework. In the US, by contrast, universal health care coverage is more clearly depicted as the “loser” of a political battle.

The different degrees of absorption, both in the narrative discourse and in the policy arena, raise the question of the degree to which the reform policy setting and power arrangements may have influenced the presentation of competing values in the narrative. In many ways, the Swedish reform is more digestible, since it is smaller in scope yet part of a comprehensive systems. It is also a relatively known quantity, having been tested in several Landsting over a long period of time, and considerable consensus existed at local and national levels of government and administration. Similarly, the more sweeping nature of the Clinton Plan, along with the more fragmented and competitive webs of influence it confronted, most certainly rendered it less likely to succeed in its more original and value-challenging form. This study suggests that such power arrangements are likely to have favored certain source pools in relation to the media. Better able

⁴ Perhaps because the house doctor issue was not as sweeping as the Clinton Plan, there appears to be no

(in the US) to get their voices into the narrative than ordinary citizens or government agencies, lobbyists and the powerful congressmen financed by them would appear to be in a better position to "make news".

This corresponds with much of the policy literature in the US, which explains the failure of reform in terms of the power arrangements confronted by reformers, particularly the influence of powerful lobbies such as the insurance industry on key congressional decision-makers.⁵ What should be acknowledged in light of this study, however, is the possibility that the media played a more pivotal role in shaping opinion on reform than is perhaps recognized in the policy literature.

Despite differences in health care power arrangements, for example, there is a wide range of societal and policy arenas available to serve as sources or settings for news stories. The choice of settings and sources, however, seems consistent with core value orientations. In both countries, the reform narratives appear to have exaggerated the degrees of "crisis" and "risk" associated with health care and health care reform, as the degree of risk presented in the narrative appears to have exceeded the "actual" degree of change implied by the proposals, since neither reform challenged or threatened the dominance of the public or private sector, as the case may be. Because of this quite visible pattern in both countries, it is difficult to argue that the news narratives were *not* influenced by the prevailing patterns of journalistic story-telling and health care policy-making which appear to reinforce individualist or collectivist values.

The content analysis further revealed differences observable at the national level, with country patterns consistently outweighing differences at the organizational (newspaper) and more individual (journalist or actor voice) levels. The narrative logic of "crisis-resolution" provides the framework of the story in both countries, but the definitions of problems and solutions seem to reflect core value distinctions as the heroes, villains, and general morals of the stories uphold principles consistent with core value orientations in each country. There is a suggestion in this review that the narrative of the mass paper displays a more oppositional (i.e. receptive to the challenging value) profile than the elite paper, but this conclusion cannot be drawn in light of the

comparable data for the Swedish case.

⁵ These explanations are outlined by numerous authors in Aaron (1996).

small size of the Swedish mass paper sample and the limitation of the US elite paper sample to front page articles only.

Country level differences associated with certain framing devices appear to reflect core value bias as well. The data in Chapter Seven suggest that this is particularly true in regard to the proliferation of security themes in both Swedish newspapers throughout the period of coverage. The Swedish coverage also appears to display a more noticeably pedagogical orientation consistent with the relative strength of social responsibility journalism in that country.

Taking into account the patterns of value expression that occur in the form of value statements expressed in either the journalist or actor voice in the text, the data in Chapter Eight support the notion of patterned bias at the country level favoring the core value. This chapter also identifies what could be considered measurable indicators of the overt application of journalistic norms of objectivity in both countries, as the text written in the journalist voice appears far less likely to contain value statements than text written in the actor voice, and as the value index scores of statements made in the journalist voice appear more likely to gravitate toward the core value than text written in the actor voice. While the country pattern is clearly dominant relative to differences at the newspaper or voice level, the articles examined here do display an interesting parallel. In both countries, the journalist voice of elite papers exhibits the strongest core value orientation, while the actor voice of the mass paper displays the strongest expression of oppositional values. The gaps between the two papers and voices are not great in either country, however, and once again the possibility of sampling bias rules out the ability to draw conclusions about such parallels.

It is hoped that the observations provided in this study can expand our understanding of the process through which the journalistic narrative is constructed and the negotiation of meaning is arbitrated. The multi-dimensional approach adopted here attempts to illustrate the connections between institutional and cultural influences on the journalistic narrative. While this study cannot attempt to measure the exact degree or nature of policy and journalistic influence on the narrative, the institutional overviews presented here suggest that such environments are themselves influenced by these larger value orientations, a factor which is likely to further

obstruct the path of competing values attempting to move into and safely through the news narrative.

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APPENDIX A

PROFESSIONAL RULES FOR SWEDISH JOURNALISTS

(from "Rules of the Game for Press, Radio, TV", 1990)

Part II - Professional Rules

Journalistic Integrity

1. Do not take journalistic assignments from any persons other than the editorial leadership.
2. Do not accept assignments from outsiders, do not accept offers, gifts, free trips or other privileges within or outside service that can call into question the position of a free and independent journalist.
3. Do not use the position of journalist to exert pressure for one's own or other's gain or to generate private privilege (*förmåner*).
4. Do not, for one's own or another's gain, use unpublished news concerning economic relations or measures by the state, municipalities, organizations, companies or individuals.
5. Adhere (*beakta*) to the decisions of the journalist agreement that co-workers shall not be enlisted to write against their convictions or carry out humiliating assignments.

Gathering of Material

6. Address reasonable wishes from interviewed persons to let them know ahead of time how their expression will be presented.
7. Display particular consideration toward interview subject unaccustomed to such situations. Inform the interviewed person whether the conversation is intended for publication or for information only.
8. Do not falsify interviews or pictures.
9. Show consideration upon photographic assignments as well as in the collection of pictures, particularly in connection with accidents and crime.
10. Do not give in to pressure from outsiders to prevent or constrict deserved publicity.
11. Adhere to copyright (*upphovsrätten*) and its citation rules and photo rights.
12. Show generosity with source revelation when a presentation largely rests on another's information.

Deadlines

13. Respect agreed upon publication times.

Comments to Part II

The undersigned of these rules wish with this chapter to provide guidance in journalistic fieldwork in and in the editorial office when problems arise which are not fully or at all addressed by laws, collective agreements or other portions of these ethical rules for the mass media. The chapter replaces SJF's professional code.

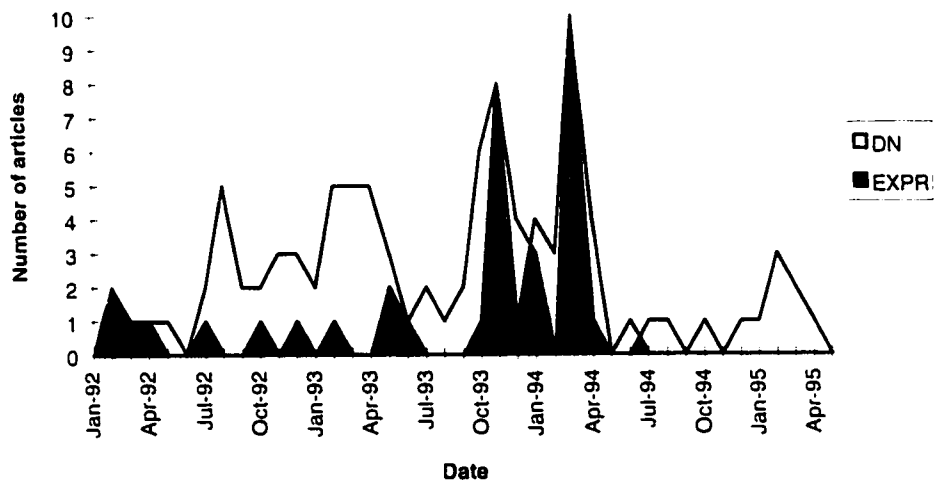
This chapter is not only a collection of rules - it is also intended to stimulate a continuous debate within the journalist corps about professional ethics issues. The rules do not claim to cover all situations that journalists may encounter in their work.

The rules apply to all editorial workers, thus where applicable even journalists working in radio, tv, information divisions, etc.

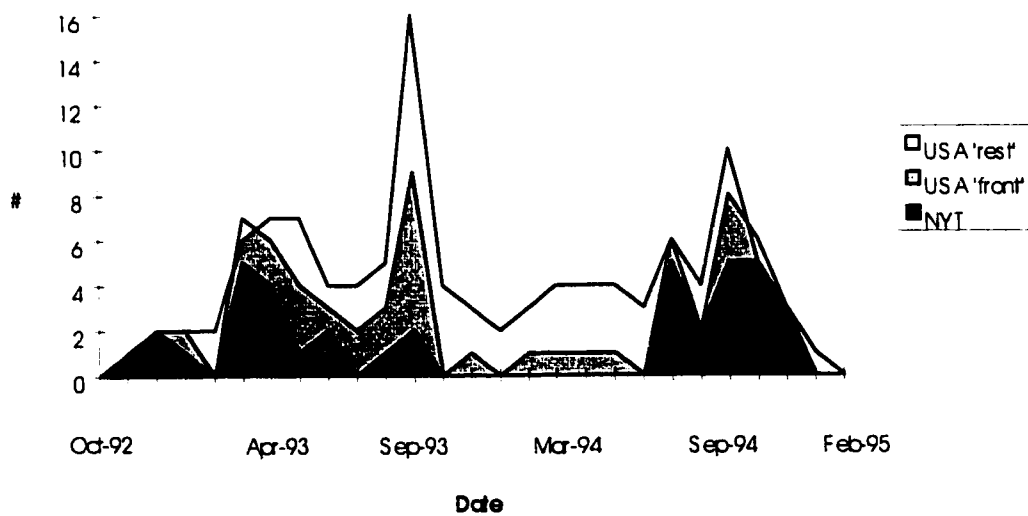
The SJF board works to see that association members abide by this portion of the rules.

APPENDIX B FREQUENCY OF COVERAGE AMONG PAPERS

Frequency of Swedish Newspaper Coverage



Frequency of US Newspaper Coverage



APPENDIX C

HEADLINES IN NEW YORK TIMES AND USA TODAY

New York Times

1992	4/24	The 1992 campaign: political memo; Bush, asking for continuity, sounds like a revolutionary
	11/6	The transition: plans and policies; aides say Clinton will swiftly void GOP initiatives
	12/3	Insurers, in shift, ask US to require coverage for all
	12/14	Health Care planners urge a tax on Workers' benefits
1993	1/26	Hillary Clinton to head panel on health care
	3/4	White house shuns bigger AMA voice in health changes
	3/11	Judge puts limits on secret sessions for health
	3/20	Washington memo: lobbyists scurry for a place on the health reform train
	3/25	Clinton health team agrees to let public speak, quickly
	3/30	Groups laud health care reform in theory, but clash on practice
	4/6	Poll says public favors changes in health policy
	4/9	Future doctors unsettled by health care changes
	4/16	Insurance hurdles to health care reform
	4/26	Health advisors plan exemption for big business
	5/8	health care plan 5/cover injuries on job and roads
	6/1	Clinton considers tax on hospitals
	6/22	Court rules that first lady is 'de facto' federal official
	8/9	Health care plan moves to center of political stage

USA Today

1/26	First lady leading charge on health care
1/26	Search for health care solutions gets priority - task force to work in 'war room'
2/3	Defensive medicine adds \$36 million to bill
2/17	Possible tax on benefits draws criticism
3/5	Clinton tells AMA task force is no place for special interests
3/10	Clinton vows to uphold quality of health care
3/15	Clock ticking down on health care reform
3/24	Doctoring the System - AMA in Washington seeking voice in reform - price controls and cost are big concerns
3/29	Today, 3-minute pleas on health care
3/30	Health panel's job: 'Activate grass roots'
4/1	Dems wary of health care plan - the lack of details a concern
4/7	States of reform / Health plans don't wait on Washington
4/13	Task force's sales strategy for reform: simply simplify
4/15	Clinton to look at national tax / Would pay health care reform bill
4/15	Abortion issues could trip up health care reform
4/27	Split insurance considered - big business would be able to 'opt out'
4/30	Welfare changes put on back burner
5/11	Clinton, Gore on the sale trail - health care key focus of their pitches
5/12	Elder care: 'A crushing burden' / Depleting a life's savings is a big fear
5/14	Poll - health costs bitter pill
5/18	Health reform to be 'acceptable'
5/19	Gov. Tennessee has better health care idea
5/20	Health reform snag: Money
5/21	Abortion to be in health plan - task force also looks at malpractice reform
6/2	Aides: Go slow on health care - newcomer Gergen has urged same
6/9	Reform uncertainty holds business back - small businesses wary of tax
6/11	Health reform a long haul / Parts may take 'most of decade'
6/14	First lady mends fences with doctors
7/7	Give mentally ill the care they need
7/22	Managed competition is the only way to go
7/27	Access to medical files reform issue
7/28	Workers may pay 20% of care ? Health plan premiums would vary by region
8/10	People want health security
8/16	Govs want 'flexible, affordable' health plan

*New York Times**USA Today*

1993

- 9/22 Clinton's health plan: poll on changes in health care finds support amid skepticism
- 9/23 Clinton's health plan: the Overview: Clinton asks backing for sweeping change in the health system

1994

- 8/16 Governors cite concerns about reform
- 8/17 Clinton takes offensive on health plan
- 8/18 Don't hide health reform costs - public needs truth
- 9/2 Health plan's goal: Coverage for all by '98
- 9/3 Clinton refines health plan / Seniors get drug, care help
- 9/7 Health care reform - there's no free lunch
- 9/9 Health plan to build in protections
- 9/13 Plan seen as 'frightening' or 'realistic'
- 9/13 The cost factor - low, high and hybrid
- 9/15 Wrangling over health care reform - abortion issue won't fade away
- 9/16 Democrats to hard-sell health plan
- 9/17 'Aggressive' pitch begins / Clinton, opposition put focus on health reform
- 9/17 Moving down the road to health care reform - with research savings
- 9/20 'Sin tax' decisions made / Savings on health care challenged
- 9/20 Just a few of 1,287 questions - cuts, choice, cost among the concerns
- 9/22 Reform health care
- 9/23 Lobbies crowding in for 'piece of the pie'
- 9/27 Why not try these health reform ideas?
- 9/28 Leading the Crusade: First lady takes role as saleswoman
- 9/29 First lady reaches star status on Capital Hill - authoritative, all business at hearings
- 10/11 Alcohol should be taxed too
- 10/22 'Vacuum' in plan: rationing
- 10/26 Many are hoping for a 'way out'
- 10/28 Revision draws few business converts
- 11/9 Health foes put on notice / Want 'real' battle? You'll get it, warns first lady
- 11/12 Health care reform - comparing the six proposals
- 11/24 With lone republican backer, bipartisan promise - Jeffords breaks ranks and backs Clinton health plan
- 12/9 Give children health security - reform must include prevention for our most vulnerable citizens
- 12/27 Healthy start on cost control
- 1/24 Any health care reform must include everybody
- 1/26 Now come issues that elected him
- 1/26 Health care - universal coverage a must - president draws line in the sand with veto pen
- 2/2 Crafting a plan - defining, refining has only just begun
- 2/9 Is the plan DOA or still breathing?
- 2/10 Democrats' ad resurrects the 'crisis' debate
- 2/17 ??? (p.49)
- 3/2 'Harry-Louise' memory lingers
- 3/2 Health reform proves to be a 'tough sell'
- 3/8 Guarantee on mammogram coverage sought - Women's Caucus wants expanded health plan
- 3/23 Clintons 'put a face' on their message
- 4/5 For task force, glow of accomplishment fades - critics call year of work 'waste of time'
- 4/12 GOP moderates are sitting pretty - their votes carry weight in health debate

New York Times

1994

- 6/10 health legislation advances in senate
- 6/16 Moynihan health bill a political enigma
- 6/25 The health care debate: new senate proposal retreats on required health insurance
- 6/30 The health care debate: the legislation, Dole begins gathering support for a GOP health care plan
- 7/3 Last panel sends its health plan to party leaders
- 7/10 The health care debate: the overview; on the stump, not much talk of health care
- 8/3 The health care debate: The Senate; Senate's leader unveils his plan for health care
- 8/16 The health care debate: The Lobbyists; Lobbyists are the loudest in the health care debate
- 8/27 The health care debate: The overview: Clinton's allies on health concede that broad plan is all but dead this year
- 8/28 The health care debate: Washington Postmortem; with health overhaul dead, a search for minor repairs
- 8/29 The health care debate: what went wrong? how the health care campaign collapsed - a special report; for health care, time was a killer
- 9/13 Health impasse souring Voters, new poll finds
- 9/15 States again try health changes as Congress fails
- 9/21 Clinton is urged to abandon fight over health bill
- 9/27 The health care debate: the Overview; national health program, president's greatest goal, declared dead in Congress
- 9/30 health care battle in California turns on state insurance
- 10/22 the 1994 campaign: health care: despite omens, health care drops from campaign stage
- 10/23 running on empty; where did all the issues go?
- 10/30 now, it's the Rick Scott health plan

USA Today

- 4/13 **Health Care's Two Tiers: Elite: Can choose doctors/ Everyone else: Managed health care / Patients find control over care eroding**
- 4/20 Sentiment runs against big overhaul
- 5/10 Canadian, Australian health systems work
- 5/19 On 3 panels, a lack of consensus
- 5/25 Let health experts write health benefits package
- 6/7 **Health care reform gets new entry**
- 6/7 Voices - what should be the most important goal of health care reform?
- 6/10 Health care battle widens on two fronts - who will pay remains the biggest obstacle
- 6/16 Don't give up on health care for everyone
- 6/21 'Harry and Louise' re-enter fray
- 6/27 Chafee stakes out middle ground
- 7/1 Clinton: GOP concerned with politics - republicans say they'll be 'players'
- 7/8 Winds shift in health care heartland
- 7/19 Reject this unfair tax
- 7/21 Health care spin doctors are in - president says media misleading
- 8/4 Step back by Clinton offers step ahead for health care
- 8/8 Oregon health plan facing growing pains - preventive care the goal
- 8/9 Your guide to watching congress
- 8/12 **Health reform efforts stack in partisan mire**
- 8/12 Business and other groups gather strength in numbers
- 8/16 Return of 'Harry and Louise'
- 8/19 Claims of momentum drowned out by doubt
- 8/24 **Health care overhaul may fade**
- 8/25 Health care lifeline - compromise/moderates gain as time gets short
- 8/29 **Health reform in steps likely / Is half loaf acceptable to Clinton?**
- 9/9 Political fortunes invested in health care - Mitchell: crusade ending with whimper
- 9/12 A little bit of health reform is getting a longer look
- 9/20 Health reform appears dead among House Dems
- 9/27 **Health bill dead for '94 / Clinton vows fight not ended**
- 9/28 Senate health reformers refuse to give up fight
- 11/17 Voters still want health reform

APPENDIX D

HEADLINES IN *Dagens Nyheter* AND *Expressen*

	<i>Expressen</i>	<i>Dagens Nyheter</i>
1992	2/5 We miss our 'angel'. What happens when we have more children? 2/12 "We are happy together and it is contagious" 3/5 Closing down, as thanks for effective care 4/16 ER, here is the patient you forgot 7/8 Europe's best health care is not Swedish 10/20 Don't shut down ER! 12/21 The proposal is sick, thinks the doctor	4/30 Expensive care affects the weak. Increased fees for specialist care worry the chronically sick 5/6 3,000 per house doctor. Lack of general practitioners can threaten future home care 5/6 TV doctor false nostalgia 5/7 Hospital fees increased dramatically. Government wants to steer patients to house doctors 5/14 Doctor cheating can explain higher costs 7/31 Pediatric centers threatened by house doctor reform 8/14 Social Democrats and New Democracy hesitate over house doctor. Both believe that issue must be studied further 8/15 Yes with hesitation to house doctor 8/22 "The weak risk worse care". District doctors warn that house doctors will be economically dependent 8/23 Massive opposition to house doctor 8/27 "House doctor seen as positive" 9/3 Bo Konberg backs down on remittances 9/26 Hospital personnel let go. Pension debts of 49 billion a ticking time bomb for Landsting 10/21 Social Democrats ready with proposal on house doctor 11/6 House doctor proposal delayed 11/18 Harsher steps against doctor cheating 11/26 "Difficult to measure quality of care" 12/14 Doctors offer brushed aside 12/18 House doctor delayed again 12/29 Minister fights for nurses 1/23 House doctor without Social Democratic support. Only New Democracy can save government's proposal 1/29 Things are moving for house doctor 2/3 Crosswinds for house doctors. Opposition expected to bring down health care minister's proposal 2/7 Impossible to freely choose house doctor. Attempt in Kronoberg shows that popular doctors are quickly over-booked 2/7 Patients prefer female doctors 2/16 Few utilize right to choose care. Only four out of ten know that they can turn to any hospital in southern Sweden 2/16 House doctors: Law council gives critique 3/18 More and more doctors without jobs 3/19 Doctors learn by desire and necessity. Medical practitioners on the schoolbench in the face of transition to house doctor system
1993	1/28 Didn't get a hospital bed - died 2/17 The doctor that draws a full house	

*Expressen**Dagens Nyheter*

1993

		3/20	"Eliminate Landsting". All care can be purchased from hospitals according to a new proposal
		3/23	Proposal on house doctor meets new resistance
		3/26	Poor prognosis for house doctor
		4/1	"Better care in municipally-run system"
		4/11	Landsting wants to delay house doctor
		4/15	"Wasteful to divide care". Landsting association goes on the counterattack after fuss over headmanship
		4/25	House doctor gets New Democracy support
		4/29	Care tax can be used privately
		5/17	Drawn out conflict over hospital in the north. Big plans and patriotism steering location
5/28	Health care minister gets her house doctor	5/28	Social Democrats want to reconsider house doctor
5/28	ER didn't have time - Ake had time to die before he got any help	5/29	New methods for measuring quality in health care
6/23	Which doctor is best? They're fighting to be your house doctor	6/29	Christian Democrats put the brakes on Folk Party
		7/5	House doctors getting pressured. New law gives patient greater ability to change doctor
		7/25	Nurse with the right to write prescriptions. Viola Ekavall participates in Jamtland experiment which rocked the boat of Care-Sweden
		8/1	Health care reform in trouble. 560 crowns per patient from Landsting not enough for potential house doctors
		9/17	Cozy but not enough doctors. Almost two years living with Adel reform - feelings are mixed
		9/19	Difference great between homes for the aged. First evaluation of Adel reform suggests that care has deteriorated in the large cities
		10/4	Private doctors. Crossfire against the government
		10/9	Blekinge no to house doctor
		10/14	Hesitation meets house doctor. Several Landsting protest openly against reform
		10/19	"Give municipalities all responsibility for care". So will Municipal Association solve care
10/25	He fires his own wife	10/26	Dissatisfied Social Democrats want to tear up house doctor law
11/5	When people get to choose a house doctor, they choose a woman	10/28	Delegation to oversee house doctor
11/11	He got to choose first. The 'daddy' of house doctors has made his decision	11/1	Christian Democrats critical of pace of health care reform
11/19	The last drop at Sabb hospital	11/3	Malmo doctors delay reform
11/22	What's this good for?...Many do not trust the house doctor system	11/15	House doctor an outrage! Anger in the nursing base
11/24	Choice of house doctor - only on paper	11/16	Special committee to resolve house doctor struggle
11/29	'Halted' doctors can be house doctors	11/17	Malmo waits with house doctor
11/30	Reprimanded doctors shall be listed - "people don't need to be worried"	11/18	Same price for everyone at the house doctor
11/30	House doctor pioneer is fired	11/18	Private doctor reform does not have sufficient support
12/2	"The public ought not to know which doctors have been reprimanded"	11/30	List of reprimanded doctors to be released

*Expressen**Dagens Nyheter*

	12/10	"the children will suffer"	12/20	Municipalities want responsibility for care
	12/22	Doctors who send out pre-filled forms....	12/29	Poor interest for house doctors. Over half of Stockholmers have still refrained from choosing
	12/28	ER full. Patients at Stockholms hospitals have to lie in the corridors	12/30	Social Democrats want to reconsider house doctor law
1994	1/14	House doctor fiasco. Ulla has to wait two months for an appointment	1/16	Skane residents got wrong house doctors
	1/15	They got 10 million for house doctors	1/20	Sickness fee increased dramatically. Patients' fees have risen twice as fast as other consumer prices
	1/27	House doctors pull out	1/20	Social Democrats stop house doctor
	3/1	Who's who? This is how Stockholm officials selected their house doctor	1/22	Increased fee threatens health. Doctors warn that wealth will determine the right to care
	3/8	Strike today. 28,000 doctors in the conflict	2/3	Young men don't feel like choosing doctor
	3/8	How to get help if you are sick	2/9	Fee to be decided in chamber court
	3/8	Effects of the strike on Stockholm	2/9	Four out of five have chosen house doctor
	3/25	"he does it to make money". Doctors accuse the New Democrat who wants to stop the new law	3/4	Revoke house doctor law. Social Democratic survey on primary care irritates Folk Party
	3/25	It is now undecided in the big power struggle	3/8	Intermediation medicine against doctor strike
	3/26	...and Bildt's soup	3/19	Doctor conflict about work hours. Danish and Norwegian doctors have long since had "schema-based" schedules around the clock - just like Swedish nurses
	3/29	Banished to the washroom. In the adjacent ward 25 beds lie empty	3/22	Doctors stand up for work security law. Exceptions for house doctors a heavy issue in continued strike
	4/14	Deceased receive house doctor	3/23	Doctors give notice of Easter strike
	6/12	Oscar wouldn't receive care	3/26	no title
			3/26	"Scandal of best Karlsson stamp". Wachmeister embarrassed over nyd's action
			3/26	Bildt takes on house doctor fight
			3/28	Nyd leaves delegation
			3/28	Carlsson takes on Bildt's doctor fight
			4/17	"House doctor no reveals New Democracy"
			4/20	District doctors criticize reform
			4/21	House doctor system turned down. Christer Winden (nyd) decided by abstaining from voting
			4/30	More and more Landsting doubtful about house doctor
			7/14	Swedish fees high
			8/18	Swedish health care running cross-current. Western Europe and USA limit patients freedom of choice
			10/24	Rise in private care broken. Shorter lines in public care the explanation
			12/30	Nurse receives right to write prescriptions. District nurses first, but more in line
1995			1/31	Blind test finds the right pain relief. Patients labelled as hopeless cases get help at pain clinic Kronan
			2/1	Landsting power increased. Private providers get less possibility to make own decisions
			2/7	Cost of private care exaggerated

Expressen***Dagens Nyheter***

- 2/12 Harsh remittance for emergency room treatment
- 3/6 Increased costs for private care. Study shows that Landsting must pay additional 1.3 billion
- 3/6 "Error should be reported". Possible to reveal Medanalys earlier, says Social Board Director
- 4/5 More money for primary care. Proposition on health care's future put forth on Friday

VITA

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EDUCATION

University of Washington	1999
Ph.D. Political Science: Political Communication, Comparative Politics, Policy Processes	
University of Göteborg, Sweden	1994-95
American-Scandinavian Foundation Award for dissertation research	
Massachusetts Institute of Technology	1989
MS Political Science	
University of Stockholm, Sweden	1983-84
Fulbright Scholar	
The Johns Hopkins School of Advanced International Studies (SAIS)	1983
MA International Relations	
The University of Virginia	1980
BA Cultural Anthropology	

TEACHING EXPERIENCE

University of Washington, Department of Political Science	September 1991-March 1999
Instructor: Mass Media and American Politics; Political Ideology	
Teaching Assistant: International Relations; American Politics	
Swedish Cultural Center	September 1991-present
Instructor, Swedish language, beginners to conversational	

RESEARCH AND CONSULTING EXPERIENCE

Washington Education Association	October 1998 - present
Washington Institute	January-May 1997
Annie E. Casey Foundation	May-November 1996
National Geographic Magazine	Summer 1992
D.C. Office of International Business, Washington, D.C.	1989-91
MIT Department of Political Science/Media Lab	1986-88
Battelle Memorial Institute, Seattle, Washington	1984-86

PUBLICATIONS AND REPORTS

- "Summary Report of Focus Groups Conducted at Six Teen Pregnancy Prevention Program Sites in Washington State", Washington Institute, Tacoma, Washington, May 1997
- "An Evaluation of Plain Talk for Parents", report produced for Plain Talk White Center, a program of Neighborhood House, funded by the Annie E. Casey Foundation, December 1996
- "Imagining a Cross-Border Community: Mass Media in the Puget Sound Area", paper presented at Conference on US-Canadian Relations West of the Rockies, Seattle, Washington, September 1996
- "Media Bias in Health Care Coverage? Preliminary Findings of the Journalistic Filter in the US and Sweden", paper presented at the 20th General Assembly and Scientific Conference of the International Association for Mass Communication Research, Sydney, Australia, August 1996
- "Swedish and American Media Responses to Value Strain", paper presented at the Annual Conference of the Society for the Advancement of Scandinavian Studies, Austin, Texas, May 1993
- "Legacies of Reform: The American New Deal and the Swedish Folkhem in Comparative Perspective", paper presented at the Annual Conference of the Western Political Science Association, Los Angeles, February 1993
- "The Economic Impact of International Business Activity on the District of Columbia", D.C. Office of International Business, October 1990
- "Swedish Welfare Abroad: A Case Study of Development Assistance", in *Sweden: The Committed Neutral* (B. Sundelius, ed.), Westview Press, Boulder, Colorado, 1989
- "The Protection and Licensing of Journalists: A Global Debate", in *International Communications Bulletin*, 22:1-2, Spring 1987

OTHER AWARDS

- West European Dissertation Grant, University of Washington Graduate School, 1997
- Swedish Women's Educational Association (SWEA) Grant for dissertation research, 1997
- AEJMC Markham Award, International Division, 1986
- DAAD Scholarship, Goethe Institute, Bremen, Germany, 1982

SWEDISH LANGUAGE AND CULTURE ACTIVITIES

- Secretary, Board of Directors, Swedish Cultural Center/1998-99
- Language instructor, North Seattle Community College, autumn 1997 & spring 1999
- Translator, 1980-present

LANGUAGES

- Swedish (fluent); Norwegian and Danish (reading); German (proficient); French (conversational)