BOOK REVIEW

Governing Health: The Politics of Health Policy. BY CAROL S. WEISSERT AND WILLIAM G. WEISSERT. Baltimore, Md. and London, England: The Johns Hopkins University Press; 1996. 361 pages. \$45.00.

The main goal of this book is to describe the stake holders in U.S. health care policy and how they make and/or influence policy. The book is divided into two parts: Health Policy and Institutions and Health and the Policy Process. In Part I of the book, the Weisserts provide excellent insight into the roles of Congress, the President, interest groups (including advocacy organizations, political action committees, lobbyists, grass roots groups), federal bureaucracies (for example, the Department of Health and Human Services, the Office of Management and Budget), and the states in identifying policy issues and making policy. The chapter on Congress is a welcome alternative to previously published, overly technical descriptions of congressional health care committees, how they interact, and how legislation is made and passed. The authors provide both an explanation of how Congress works and insights from Congressional leaders into the reality of how Congress works. These chapters are quite readable and provide a historical perspective on health policy dating back to the 1950s and 1960s and moving forward to the failure of President Clinton's health care reform.

The second part of the book will prove less useful to readers. It only superficially explores the process of health care policy; many of the specific health policy examples are discussed in Part I.

I recommend this book to anyone who feels unsure about the politics of health care and why we are unable to develop comprehensive health care coverage or a means to pay for it. This book will help readers understand the motivations of the various stake holders, including Congress, the influence of money on health policy, and the enormity of the role of advocacy groups and

lobbyists. For example, the authors describe the role of PACs and how they have increased in number from 608 in 1974 to 4,195 in 1993. Between 1992 and 1994, the largest increase in PAC giving came from health professionals (twice as much as the next largest increase in giving by accountants). Contributions by pharmaceutical and health product organizations and by hospitals and nursing homes were among the top five biggest increases. In the chapter on advocacy groups, the authors point out that none represent the American people as a whole, something Bill Clinton promised to do as he assumed the presidency.

The authors point out that much of the activity on health care policy in the United States has effectively blocked our ability to develop comprehensive health care reform. In spite of this, however, since 1965 much of the health care system has undergone significant change. Much of the change occurs with little fanfare—and therefore little resistance—unless a specific interest group lobbies against it. This has resulted in an increasingly piecemeal approach to change, often motivated by the interests of and potential benefits to a few advocacy groups. The American public has been left out of much of the debate over many aspects of health reform. Physicians have not been involved enough and often the organization that has historically represented physicians does not support initiatives that are in keeping with its own stated philosophy.

One of the important insights I gained from this book is the historically different role Congress plays now compared to its role in 1965. How Congress operates has changed significantly over the last 30 years. Understanding strategies from a Democratic or Republican perspective is no longer possible. As the press plays a larger role in defining how we view leadership in this country, complicated issues such as health care reform receive less and less comprehensive coverage.

There are so many barriers to implementing comprehensive health reform, even if the American public truly wants it, it is difficult to imagine how we can ever accomplish it. Meanwhile, reform moves forward, perhaps in ways in which none of us would actually approve. The emergence of managed care and the subsequent attention various aspects of it have received are good examples of reform without sanction by the public. Once those with influence set on a course of health care reform, it is hard to reign them in. For those who don't understand how this happens in health care, this book is an excellent primer.—**JUDYANN BIGBY, MD**, Brigham and Women's Hospital, Boston, Mass.

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