The role of PR in healthcare and social insurance reform in Poland and the United States

Michael Szporer
UNIVERSITY OF MARYLAND, USA
Jacek Barlik
WOODSTOCK LEASOR WARSZAWA, POLAND

ABSTRACT: We contrast public debate concentrating on Polish and American insurance industries and their positions in the healthcare and social insurance reforms announced by administrations of Donald Tusk in Poland and Barack Obama in the US. The analysis concentrates on the public debate and explores public appearances, speeches and documents generated by insurance industry associations, trade organizations, major corporations in the sector and public officials and assesses their wider impact. Media strategies and PR methods used by Polish and American businesses and organizations are identified in order to compare public relations industries in both countries, demonstrate common traits and obvious differences, as well as forecast future developments in public relations practices, especially in Poland.

KEYWORDS: international PR, healthcare reform, public affairs, insurance industry, PR methods

INTRODUCTION

Since 2007 healthcare and social insurance reforms have been consistently at the top of social and political issues debated in Poland and the US during election campaigns. Healthcare emerged as an issue still in the primaries in the US, became a critical differentiating factor between the candidates in the election, and subsequently, has served as a yardstick of success of the Obama administration. In Poland it resurfaced when Donald Tusk took power, as a much overdue social reform issue. In both milieus these reforms were the result of widely known shortages and inefficiencies of earlier healthcare and social insurances systems, experienced by a significant number of Poles and Americans, many of whom were left out of the healthcare safety net entirely. The two systems present an interesting contrast for analysis. The US mostly private healthcare system (with some exceptions such as Medicare and veterans benefits) has been a major strain on the economy, with rising, uncontrolled costs for services and a lack of healthcare coverage for the millions, straining

emergency resources and dampening economic growth. The unsustainable costs and built-in inefficiencies have led to pressures for reform and shifting of existing incentives. The Polish socialized healthcare system, inherited from a centralized, inefficient welfare state, was outmoded and plagued by long queues for specialists and advanced procedures in country. However, politicians in both countries were forced by their constituencies and the media to reorganize a complicated network of services and implement reforms. Similarly, the degree of government control and intervention became a major factor in the debate.

Polish Chamber of Insurance (PIU) (Polska Izba Ubezpieczeń), the obligatory membership organization for all insurance companies in Poland, pointed out that Polish healthcare system has been still affected by insufficient financial resources dedicated to treatment and innovation. The situation has remained unchanged for years, despite the growing rate of healthcare tax in Poland and increasing revenue of National Health Fund (NFZ). Additionally, ZUS, the public Social Insurance Provider in Poland, has been criticized for amassing a deficit financed by public debt and lack of long-term strategy to get its accounting and practices in order.

Hence, according to PIU, a sound reform of healthcare and social insurance in Poland demands solutions that would grant citizens:

- better access to and higher quality of healthcare,
- improve financial effectiveness of the system and reasonable allocation of available resources,
- assure access to additional financing (PIU, 2007).

The existing healthcare system, according to PIU, is described in Fig. 1.

Healthcare reform also had a wide public support in the US even if the congressional compromise solution passed has had its critics. According to Pew Research Center for People in the Press 2009 poll only 15% Americans see American healthcare as the best in the world and only 23% rate it above average (Pew Research Center for the People & the Press, 2009). Broad consensus for healthcare overhaul exists to contain its costs, with more than half of those polled in March 2010 (53%), following the healthcare debate most closely, making it the top issue along with the economy (Pew Research Center for the People & the Press, 2010b, p. 1). More Republicans and independents find fault in media coverage than Democrats, in a polarizing debate that has turned overtly political, with grandstanding claims that the American way of life was threatened by European socialism. At the core of the debate for the opposing the reform as it was presented by the administration has been the individual mandate that would require everyone to purchase some form of health insurance, seen as limiting individual empowerment. Under the proposed plan everyone would have to purchase a government-approved health insurance or pay penalties (Pew Research Center for the People & the Press, 2010a, p. 2).

Despite the differences between political, social and healthcare systems in Poland and in the US, market positions and public influence, insurance businesses

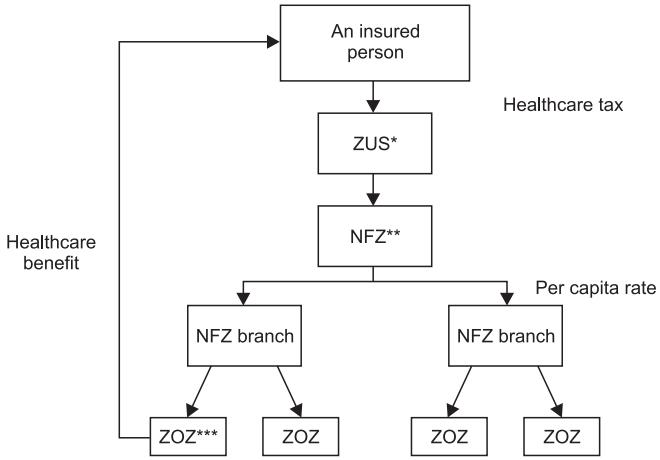

Fig. 1. The current healthcare system in Poland (according to PIU — Polish Chamber of Insurance)

* ZUS — Social Insurance Provider (Zakład Ubezpieczeń Społecznych), public institution responsible for social insurance of all Poles

** NFZ — National Health Fund (Narodowy Fundusz Zdrowia), supervisory body for healthcare system in Poland

*** ZOZ — a healthcare provider (Zakład Opieki Zdrowotnej), like a clinic, hospital, or medical practice

Source: PIU (2007).

from both countries have always been among the most powerful stakeholders in public debates on upcoming changes since both sectors' vested interests are most directly affected by laws regulating healthcare; they depend on new regulations much more immediately than providers, be it medical practitioners, hospitals or pharmaceutical firms. Keeping this direct impact in mind, we primarily examined PR strategy and methods employed by representatives of Polish and American insurance industries, major companies, associations and branch organizations between October 2007 and June 2010. The three-year timeframe covers Donald Tusk's administration in Poland, and the presidential campaign and the attempt by the Obama administration to deliver a major campaign promise in the US.

This research analysis is an attempt to reconstruct the PR campaign and identify specific strategies that are based on available information (media, Internet, corporate websites, publications, debates, ads, PSAs, statements, interviews, declarations by CEOs, healthcare experts as well as individual PR strategists specializing in healthcare). We paid particular attention to the role of social media, which has been so critical in the US political campaign and lobbying, and which has spilled over into the healthcare debate. We paid special attention to ethics and whether the insurance industries, in view of the growing complex intersection with government, have acted as responsible corporate citizens.

INTERNATIONAL PR, POST-COMMUNIST SOCIETIES, AND PUBLIC AFFAIRS

The literature offers several interesting perspectives on the concept of international public relations, especially in Central Europe, including Poland. First, it is often stressed that European public relations practices, research, and education are largely American-centered, dominated by US case studies and textbooks, which have been most studied; US firms and businesses have been based in Europe for decades affecting the milieu and methods (van Ruler et al., 2004, p. 36–37). Such a standardization of PR practices, research and education, following US trends can be attributed to the efficiency of universally-adopted PR methods and techniques. This US-dominated PR presence can be amply demonstrated by a wide range of websites, publications, as well as printed, sound and video materials, that are centrally developed and distributed worldwide by international corporations and institutions, such as the World Bank, various UN agencies, etc., in order to reduce costs, as well as to reinforce and strengthen the institution's brand and reputation among its stakeholders (Doorley & Garcia, 2007, p. 246).

While research in the field of public relations and communication management in this region has been sparse, some Central and Eastern European scholars have pointed features of PR that characterize the region. Ławniczak introduced the concept of "transition PR" as the region-specific type of communication management practice that hinders the application of nine generic principles of public relations, as described by Grunig and his disciples in Europe. Transition PR — according to Ławniczak — ultimately aims at facilitating and shaping the newly-launched market economy in Central and Eastern European countries, as one of modern instruments of unprecedented and comprehensive transition from one political and economic system to another, along with fields, such as human resources and computerization (Ławniczak, 2001, p. 7–8). An Estonian scholar Tampere draws a similar conclusion about the role of PR in the region. It profiles the role of a "trainer" in transition societies — championing and managing social changes, increasing knowledge, spreading ethical principles, and cultivating mutual understanding between state entities, businesses, interest groups, and citizens (Tampere, 2008, p. 84). These ideas are deeply rooted in the well-known Grunig's excellence theory and communication models (L. Grunig, J. Grunig & Dozier 2002).

A comparison of communication programs of Polish and American insurance sectors in planned healthcare and social insurance has to include public affairs activities. Lerbinger defined public affairs as "organized concern for sociopolitical environment," which sometimes should be referred to as external relations because of emphasis on the environment of the corporation or industry (Lerbinger, 2006, p. 7). Financially strong corporations and sectors, like healthcare and insurance, usually have enough resources at their disposal to apply direct and indirect influence on legislators to take into account the insurance sector's interests in legislation. Such pressure is exerted by complex strategies, including direct and grassroots lobbying, cor-

porate issue advertising, cooperation with non-governmental organizations, think tanks, social actions groups, or even commitment to strategic corporate philanthropy (Lerbinger, 2006, p. 11). Many scholars stress that such PR and communication campaigns have to be managed strategically and take into account all affected parties in order to accomplish desirable goals, such as making their case to all stakeholders (Heath, 1997; Austin & Pinkleton, 2006; Carlson, 2000).

One of the crucial tasks of public affairs campaigns, as in the case of healthcare and social insurance reforms, is dealing productively with various opinions and — often — managing inevitable conflicts between parties. Usually conflict resolution, especially when issues at stake are important and cause public stir, is approached with an adversarial strategy based on the simple assumption that only one party can be a winner. Instead, alternative conflict resolution procedures that zero in on solving problems by having competing parties work out their differences, ideally face-to-face and build consensus, can be applied to increase likelihood of success (Carpenter & Kennedy, 2001, p. 26). Controversies arising from different factions, public and private healthcare organizations, insurance industry and lawmakers are common in debates over planning and implementation of various healthcare and social insurance reforms in both countries.

METHODS

In order to identify specific traits of PR practices of Polish and US insurance industries, we reviewed websites, public announcements, official documents, media articles, and other available forms of industry and corporate speech. We have concentrated on trade organizations, insurance associations, and major corporations involved in healthcare delivery in both countries. In addition to our own research and findings (including positions of insurance watchdog organizations), we contacted industry groups, experts, selected financial journalists, and major players in the sector in both countries to share their insights on healthcare and social insurance reforms.

In view of much available data about healthcare reform in public debate online alone, as well as those obtained from insurance industry sources, we chose to be selective and identify the main messages and PR techniques employed in our comparative review. Additionally, we compared media coverage in both countries to assess potential influence exerted by the insurance industry on public debate about healthcare and social insurance reforms. An important consideration was whether the strategic discourse in both countries evolved over time, for example when key political figures changed positions, or when the social context fluctuated, and whether the insurance sector succeeded or failed to reach their respective goals.

Following works of J. Grunig on communication models, Ch. Fombrun's on company reputation, and P. Murphy's on the role of leaders in crises, we focused on insurance industries' strategies of two-way communication in their relations

with stakeholders, reputation management (including — when possible — online discussion forums, social media commentary and healthcare related blogs). We considered shifting in insurance sectors positions during healthcare debates caused by changing public sentiment, attitudes of influential, media pundits and bloggers, often critics of planned reforms and industry insiders. Conversely, we paid special attention to opinions indentifying PR efforts from the insurance sectors as well as whistleblowers (like W. Potter, former CIGNA executive) (Jacques, 2009).

Such an analysis of sophisticated and generously-funded PR programs of insurance industries that face almost identical issues exposes different levels of Polish and American PR markets, accentuates similarities and differences, and identifies trends in their further growth. It allows for posing hypotheses and predictions on the evolution of Polish PR and communication market, and makes recommendations for ethical and professional PR in "sensitive industries" (like pharmaceuticals, healthcare, tobacco, liquors, chemical industry, etc.) facing vital issues, particularly in crisis.

HEALTHCARE AND SOCIAL INSURANCE REFORMS IN POLAND AND IN THE US (2007–2010)

The public takes a deep interest in healthcare and social insurance matters. Such issues are reported in the media daily, with political figures, government officials, media pundits, and ordinary citizens taking part (Lariscy, Avery & Youngju, 2010, p. 117). Moreover, introduced healthcare and social insurance reforms create business and reputation challenges for the insurance sector in both countries.

Changes in healthcare and social insurance introduced by politicians affect the bottom line of major insurance corporations and sector sustainability in the long run, involving image building and reputation. Therefore, the Polish and American insurance industries resorted to different methods of influencing major stakeholders, including lawmakers, government, media, financial, business, and insurance experts, and general public. Both Polish and American insurance sectors had similar PR and communication tools at their disposal, but their application depends on actual need to face real challenges created by reforms inspired by lawmakers or government institutions. These involve politicians' commitment to healthcare and social insurance reforms and their practical implementation, including legislation; establishing new institutions and making them function. These differed significantly in both countries, as exemplified by media coverage, and insiders' opinions. In a highly heterogeneous environment of the US, the healthcare debate has been complicated and contentious, including concerns for extending benefits to include the uninsured, including the millennial generation just entering the job market, changing Medicare benefits for the elderly, healthcare for the veterans and assurances of coverage for individuals with existing conditions. It has at times overlapped with serious debate over illegal immigration and whether one should extend coverage to illegals, who in this period of an economic downturn, have been widely per-

ceived, rightly or wrongly, as an added strain on social services, including emergency healthcare.

Communication and PR methods employed in our assessment of health insurance sectors in both countries comprised of documents and position papers developed by industry groups and associations, partially constituting formal lobbying efforts, public announcements and information pamphlets, interviews, and speeches by industry decision makers, papers from trade seminars, scientific and branch conferences, press events, briefings, and interviews, mostly reported in print and electronic media, blogs, and social media communications regarding healthcare and social reforms from 2007–2010.

Healthcare and social insurance reforms in Poland (2007–2010)

Healthcare and social insurance debates in Poland have been conducted at least since 1999, when Jerzy Buzek's center-right coalition government, supported by AWS (Akcja Wyborcza Solidarność — Solidarity Election Action, a trade-union established party) and UW (Unia Wolności — Freedom Union), launched an ambitious overhaul in these areas. The healthcare reform was one of four major national reforms (the pension and medical care reforms, as well as administration and education). These reforms, especially healthcare, were partially withdrawn and overturned by the left-wing government that came to power in 2001, a coalition of SLD (Sojusz Lewicy Demokratycznej — Democratic Left Alliance) and PSL (Polskie Stronnictwo Ludowe — Polish Peasant's Party), that lasted until 2005. Specifically, regional Health Care Funds (Regionalne Kasy Chorych), established in 1999 as separate entities forming the cornerstone of the new medical care system in Poland, were once again merged into NFZ (Narodowy Fundusz Zdrowia — National Health Fund). Some efforts to introduce changes in healthcare and social insurance systems were undertaken by the later Minister of Health, Professor Zbigniew Religa, during PiS (Prawo i Sprawiedliwość — Law and Justice) rule in 2005–2007. They mostly did not lead to any concrete results, partially due to conflicts between the government and doctors and other medical personnel, especially the nurses, culminating in picketing and tent site, the so-called "White Town" in front of the main government building in Warsaw.

Heated debate over healthcare and social insurance reforms re-emerged in Polish politics at the beginning of the Platforma Obywatelska (Civic Platform) and PSL coalition reign in 2007, beginning with the parliament, but also involved healthcare, insurance, business experts, as well as the national, regional, and industry media.

In January 2008 Polish insurance industry trade representation, Polish Chamber of Insurance (PIU) called for additional tax credits on savings — Polish equivalents of IRAs (Individual Retirement Accounts) dubbed IKE (Indywiduale Konto Emerytalne — literally IRA) and PPE (Pracowniczy Program Emerytalny — Employees' Retirement Scheme), in order to popularize them (PIU, 2008). According

to PIU representatives, the government could take a lead to make IRAs popular with Poles since its powers and responsibilities included drafting of new laws and submitting them to the Sejm [parliament] for passage.

PIU, as the representative body of the Polish insurance industry, has been treated as a partner in the debates over healthcare and social insurance reform by government and both chambers of parliament. The Polish parliamentarians hosted the leaders of PIU and insurance industry in a forum held in November 2008 to discuss major issues openly, including healthcare and pension insurance. Insurance experts pointed out that if certain system adjustments were introduced and passed, healthcare and social insurance could contribute to the growth of the whole healthcare sector — and even the economy — in Poland (Makowiecki, 2008). It was the first and thus far the only such high-ranking exchange of views between the industry and politicians from different parties.

Notably, most of insurance companies in Poland, including top-ranked PZU Group, and other major players like Warta, Allianz, and Ergo Hestia, have minimized their public affairs efforts to providing general information on the sector — instead of actively supporting PIU. When asked about where they stand on healthcare and social insurance reforms in Poland, PR officers of insurance companies virtually unanimously referred researchers to PIU as the source of information and the best partner for discussing public health matters. Such an approach is understandable, taking into account that PIU has gathered a team of experts who have already developed proposals concerning a comprehensive overhaul of Polish healthcare system and introduction of private or voluntarily-funded health insurance (PIU, 2007). The PIU specialists noted that private or voluntary health insurance does not play a significant role in most of the developed countries. In the ongoing discussions in Poland their role is mainly limited to obtaining additional sources of funding, disregarding potential threats and shortcomings, such as lack of social solidarity caused by obvious differences in the healthcare level in public and private institutions, moral hazard associated with extensive use — or even abuse — of medical services, often spotted in case of supplementary insurance (Owoc, 2009).

PIU main goal in healthcare and social insurance reform debates seems to be limited to educational and informational initiatives. The organizations' experts and representatives have been appearing at congresses, seminars, and conferences on the subject, such as the 2009 Krynica Economic Forum for Central and Eastern European countries, and at various events held by major universities, medical schools, and other institutions. These events often feature Polish and international managers and officials of commercial or regulatory entities dealing with healthcare and social insurance in Poland and other countries.

As a representative body of the insurance sector in Poland PIU releases papers, documents and press releases on the subject, that forecast trends and present ideas for future development of healthcare insurance market in Poland. The system of voluntary healthcare insurance proposed by PIU is based on the assumption that

each Polish citizen should have a right to choose between public and private healthcare providers. Existing public institutions (under NFZ umbrella) would compete with private ones that would have to be established by life and health insurance companies. Public health tax or insurance will remain obligatory for all Poles, while supplementary private insurance will be covered from *per capita* rates that are split between private (80%) and public (20%) systems. Thus, each additional private insurance plan would contribute extra stream of revenue to the public healthcare system. Bearing in mind that — according to PIU experts — out-of-pocket expenses on healthcare in Poland exceeded 25 billion PLN a year (about 8 billion USD according to available data for 2008) and are projected to reach 40 billion PLN (13 billion USD) in 2012; this market still has an enormous potential for growth. Moreover, as PIU assesses, combined annual revenue from healthcare policies sold by Polish insurers is a meager 120–150 million PLN, which is about 0.5–0.6% of Poles' private expenditures on healthcare.

According to PIU analysts three possible scenarios for further development of healthcare insurance exist:

1. If current legal and business environment remains unchanged, then position of insurance sector in healthcare services will weaken due to medical firms offering healthcare packages, mainly for employees of corporations (based on subscription). Such companies enjoy unfair advantage over the insurance sector, since they are not required to prove their financial stability — in contrast to all insurers — and are not subject to scrutiny by the sector's regulatory body. Insurance companies, on the other hand, are supervised by KNF (Komisja Nadzoru Finansowego — Financial Supervision Commission). Moreover, these medical firms render healthcare services as labor medicine, enjoying additional tax breaks without obtaining proper license required by Polish law. Thus, the medical firms are likely to set up their separate insurers; alternatively they might enter in ownership arrangements with the existing ones, particularly those smaller in size. In effect, quality of medical services offered by these firms is likely to deteriorate at a cost to patients, according to PIU.

2. Alternative scenario calls for equal rights for the medical companies and healthcare insurers, provided that the definition of health insurance is precisely prescribed by legislation. In this case the medical companies and insurance industry could cooperate effectively to the benefit of their clients, jointly developing products and offers: with insurers selling policies and handling risk management, and medical services provided by specialists. Subscriptions to medical services would change to healthcare policies, covering ambulatory, outpatient, and hospital services. The market growth in this scenario would be much faster than in the former scenario, and patients would receive higher quality care, with shorter queues, and lower prices due to an effective supply and demand mechanism. Importantly, a unified regulatory agency would supervise the entire healthcare system, covering financial and medical aspects of healthcare insurance.

3. The final scenario requires the introduction of tax breaks for clients of healthcare insurance companies, who opt for hospital policies. In this situation, according to PIU, interest in hospital policies should grow rapidly, causing a snowball effect, giving them a competitive edge over packages offered by medical services firms (on a subscription basis). PIU predicts around 0.5 million of such policies with hospital option in Poland, which means additional revenue for insurers estimated at 0.6–1 billion PLN. Most of these funds will be transferred to the healthcare system (mainly to hospitals), allowing for further investments and higher quality of services, which is a clear benefit to patients (*Gazeta Ubezpieczeniowa*, 2009).

The new healthcare insurance system proposed by PIU could be presented in Fig. 2, showing organization of public and private healthcare, and the flow of funds between the insured and health industry institutions.

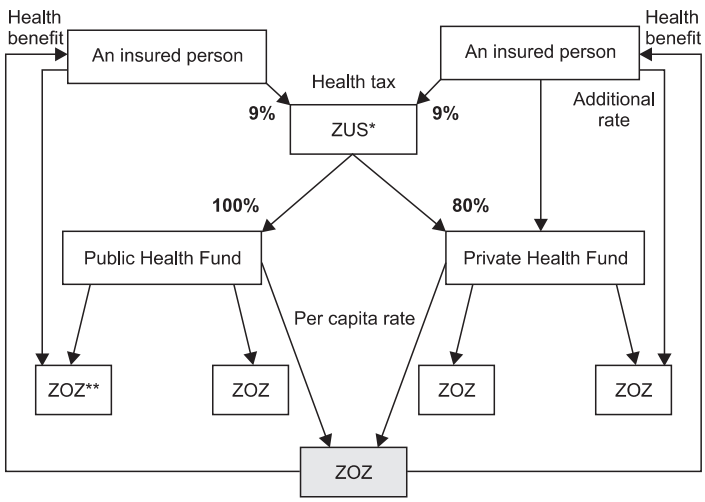

Fig. 2. The new healthcare insurance system proposed by PIU (Polish Chamber of Insurance)

* ZUS — Social Insurance Provider (Zakład Ubezpieczeń Społecznych), public institution responsible for social insurance of all Poles

** ZOZ — a healthcare provider (Zakład Opieki Zdrowotnej), like a clinic, hospital, or medical practice

Source: PIU (2007).

For all the ongoing discussions among insurance and healthcare professionals, academics, managers, and elaborated versions of the comprehensive reforms of Polish healthcare and social insurance authored by PIU experts, this program has yet to be implemented (Dygas, 2008; 2010). According to a source at PIU, under the current government literally nothing has been done to introduce any real changes in healthcare and social insurance systems. Despite several high profile declarations and setting up a special task force at the Ministry of Health, nothing

has been done on the government side to design and launch private health insurance in Poland during 2007–2010. The task force, featuring a PIU representative, met only once during the last 2.5 years without reaching any conclusions, not even on a timeframe for future meetings.

Our source at PIU maintains that the Polish government (namely, the Ministry of Health that is to spearhead healthcare reform) has done practically nothing when it comes to systemic changes, except for developing a so-called "basket of benefits and procedures" that is not crucial for insurance industry. The PIU expert (who prefers to remain anonymous) observed in an e-mail correspondence that "there is no willingness to change, and — even worse — there are no ideas for change at the ministry. Ministry-issued projects — debated by PIU — were all, putting it mildly, poor and released for show […] When contrasted with the Obama administration that made healthcare reform its agenda, for all the many interests, Poland's performance [on healthcare reform] is appalling…"

Needless to say in a situation when the government has only paid lip service to healthcare and social insurance reform, the insurance sector (industry organization, PIU, and major corporations) did not even bother to enlist or register a lobbyist to monitor parliamentary discussions in this area, as the Sejm records show. No one has been registered. Such a situation would be unheard of in the US, where lobbying is an integral part of the legislative process.

Other major difference between Polish and American plans to rebuild healthcare and social insurance is that in Poland these efforts are insurance industry-led, with government lagging significantly behind. By contrast in the US, healthcare reform is the issue of utmost importance for the Obama administration and a kind of litmus test for its credibility and effectiveness. The reform process is context sensitive and involves direct political costs with grassroots lobbying actively pressuring and even initiating changes. For all its complexity and problems, the system holds politicians responsible, which makes the system more responsive and nuanced, not only through legislation. Elected officials are held more accountable to communities of interest, media watchdogs and grassroots pressure and have a vested interest to take initiatives and make them known publically on issues of direct public concern.

American healthcare debate

Why has the American debate over healthcare been characterized as so contentious? Is it true that the two sides hold diametrically opposed views for ideological reasons that cannot be simply reconciled? The healthcare debate has been political fracturing along partisan lines more strictly than in the past with the passage of social legislation. The arguments introduced in the debate prior to the narrow passage of the legislation mostly recycled arguments from past attempts to pass healthcare legislation, with voices in opposition warning against socialized healthcare and government intrusion in the right of individuals to choose.

The PR methods applied have been much more subtle than simple wedging of the debate. In what was said on both sides, it would be too simple to claim, for example, that Republicans are market-driven whereas the Democrats wish to socialize healthcare. For it was ultimately up to the Democrats in power to shape the discussion and make the compromises, with the eye on upcoming November elections and campaign strategy profoundly affecting the character of the debate. The healthcare debate was not principally about healthcare, turning quickly to a debate over values and ideological principles, even contesting the constitutionality of proposed solutions, known as Obamacare. Virginia has become the first of some twenty states contesting the constitutionality of the law after having passed legislation to protect its citizens from the federal mandate to buy some form of healthcare or pay penalties.

The campaign style tactics applied early suggest that the healthcare debate became a testing ground, looking forward to congressional elections that traditionally favor the party out of power. This view is supported by the polls, which consistently show an anti-incumbent mood and serious ambivalence to administration's healthcare proposal. In effect, the next political campaign has begun with the Obama inauguration, using the economy and healthcare overhaul as the key issues. Little can be concluded from the results of special elections, beginning with the "surprise" replacement of senator Ted Kennedy by a moderate Republican Scott Brown in Massachusetts.

Elderly voters are particularly sensitive to healthcare issues, especially to changes in Medicare, even though the main lobbying group for the elderly American Association of Retired Persons (AARP) supports the proposed health overhaul. For this reason president Obama has defended the reforms by addressing wide-spread fears of nationalization, including the rationing of healthcare, amplified by Sarah Palin's branding the funding of "end of life" consultations as "death panels," as well as the proposed changes in Medicare benefits (Palin, 2009).

Conservative media has commonly equated talk of funding of "end of life" consultations with Nazi era forced euthanasia. While the branding was declared as "lie of the year" for 2009 by the non-partisan fact-checking site politifact.com, the administration has not been able to put the argument to rest, even after Palin has modified her position somewhat. The hyperbolic claims had an enduring impact, arousing distrust and fear that healthcare in government hands could be rationed.

Favoring the administration, the *New York Times* has blamed the opposition for "going viral," to cover up its tracks by recycling the arguments from the Clinton era healthcare proposal (Rutenberg & Calmes, 2009). The administration has not been able to show that covering 36 million uninsured (9.6% of the population according to Congressional Budget Office) would not cost money — or that the rationalization of the system would cut costs. During his presidential bid, Mr. Obama pledged not to raise taxes on individuals making less than $200,000 and couples less than $250,000 a year. Retracting a core campaign pledge could be a major blow to the Democrats in the upcoming elections and could even affect president's chances for reelection.

The tracking poll conducted in June 2010 by the Kaiser Family Foundation has found a modest rise in popularity of healthcare reform since its passage, currently at 48%, up by 7% from May (*Kaiser Health Tracking Pool*, 2010). While the drama somewhat subsided after the historic healthcare vote, the debate continues fraught with contradictions indicating that the arguments against socialized healthcare were politically driven, overlapping with broad opposition to government entitlements that are perceived as costly. As senator John McCain was quick to observe, it is the first time that major social legislation was passed mainly by the Democrats, without bipartisan support.

Nowhere was this overlapping of issues more visible than in the viral Tea Party campaign that used social media and guerilla marketing rallies to promote its agenda. While seemingly non-partisan in its statements, the Tea Party leadership largely sprang from the disaffected, more populist elements of the Republican Party, with several political figures and commentators, most visibly the former governor of Alaska and vice-presidential candidate Sarah Palin, jostling for leadership of the movement. PBS Newshour analysis puts the Tea Party at about 56,000 registered members and growing based on Richard Armey's Freedom Works and Tea Party Patriots website registrations (Chinni, 2010).

The Tea Party movement has been fundamentally against entitlements, including any form of healthcare modification. It is worth noting that the Tea Party anti-Wall Street bailout agenda began with the Obama inauguration and could be seen as an attempt to take over and revitalize the Republican Party by building a consensus against an entitlements agenda.

The Tea Party movement has been only somewhat successful in appealing to disaffected independents, keeping doubters alert to new administration stumbling, especially in its attempts to pass the overhaul of the health system. In the past, healthcare reform was a major defeat for the Clinton administration and, as an issue, has the potential to bury the Obama administration. Seeing that the campaign has already started former president Bill Clinton has hit the campaign trail, trying to stem the tide by helping democratic candidates in Pennsylvania and Arkansas, and trying to defeat Tea Party leader Sharron Angle running in Nevada as a Republican with a convincing lead over the Democratic incumbent Harry Reid in opinion polls.

The conservative Tea Party activists, many in their fifties, are unlikely to be significantly affected by the healthcare reform. They are against higher taxes and their issue with most traction is mandatory participation in the healthcare plan that they perceive as impinging on individual freedoms. The question of affordability has probably been a more convincing argument. Still, to what extent the opposition to healthcare reform has been driven by a political agenda anticipating future defeats for the Obama administration is important to consider, especially in view of significant lobbying against the healthcare overhaul.

Arguably, at the core of the Tea Party agenda is really a struggle over the leadership of the Republican Party, to move it to the right while at the same time appealing

to independents in swing districts. It is worth noting that conservative polls, like that of the Resurgent Republic in April, suggest that the Party is out of sync with the mainstream on the healthcare bill in demanding repeal rather than modification (Vogel, 2010). Hence the question of the long-term impact of the steering could have considerable implications for the future of the Republican Party and its chances to return to power.

Extreme rhetoric and guerilla marketing tactics by the Tea Party right, reminiscent of leftist agit-prop antics, had drawn mainstream media attention, at times severely critical; thus far the campaign has not worked well with appealing to independents. At the same time, the confrontational politics energized rural and Evangelical elements of the Republican Party with some fearing the GOP could alienate its activist core. The impact of the social media wars on the voter is difficult to gauge. However, Sharron Angle's quick jump in the polls in the Nevada race from relative obscurity and mere 5% to beat out the Republican front-runner Nevada GOP chair Sue Lowden, with $411,000 spent on her behalf by the Tea Party Express, gives GOP leadership some pause. The Tea Party Express reportedly has been able to raise $4.4 million since its origins and is one of the best organized Tea Party organizations, operating as a PAC (Political Action Committee) (Good, 2010).

The government took its own case to the voters using social media. Even though the law will not come into effect until 2014, the Health and Human Services Department has rolled out a consumer-minded comparison-shopping healthcare website, built over three months, which went online on July 1, 2010: http://www.healthcare.gov/ along with a twitter feed. The website includes information on over 1000 insurance providers nationwide, as well as 5561 available public and private plans for individuals and small businesses with pricing made available by October. The website, which has received much media praise, contains over 500 pages with information about the new law, the Affordable Care Act Medicaid, preexisting conditions and programs for children. The initiative to stimulate competition is also aimed at Obama critics and intended to build trust in government.

Importantly, what seemed lacking in media coverage of the debate, perhaps because it took place in the period of an economic downturn, is a relative lack of concern for growing administrative costs of healthcare in an industry that is expected to generate 3.2 million new jobs in the next decade as US population ages. Elimination of costly paperwork through automation and improved record-keeping are only part of the problem since the sector is bloated and inefficient. At the same time, the critics of the reform proposal point to huge costs that could deepen the nation's growing budget deficit.

Actually, the identification of healthcare reform with socialism is an old argument that goes back at least to FDR's attempt to pass social security legislation that later reemerged in the debate over Medicare. It is essentially a recycled argument playing on public fears of government manipulation, leading to parceling out of resources that would curtail individual choice. The campaign was sufficiently effective

to persuade experts that the important professional associations, such as the American Medical Association, the pharmaceutical industry and the hospitals, support healthcare reform.

The polarization is the result of applying campaign marketing strategies to policy debate, using wedge issues to dramatize differences. This was in part driven financially. According to CREW's study, the total amount of healthcare dollars that since 2005 went to the campaign coffers of 21 lawmakers participating in the healthcare summit and the president was $46.6 million, splitting more-or-less evenly between Republicans and Democrats and representing a major source of funding. The industry clearly felt threatened by the public healthcare option and used its significant resources, about $1.4 million a day and more than 350 lobbyists, to kill it (CREW, 2010). The conservative so-called "blue dog Democrats," who were instrumental in shaping legislation, received significantly more than their share, according to the Center for Public Integrity.

Is it true, as some have suggested, that the outcome of the debate is likely to be highly consequential, not just for financing and delivering healthcare, but also for the US economy and its political institutions? Such high-stake claims have been made but they also have been largely deflated once Congress took action to pass the legislation. The healthcare debate has been played out politically with many believing that the principle goal has been to weaken or neutralize the Obama administration.

According to recent assessment by the non-partisan CBO, healthcare reform will not lower the budget significantly to make a difference, substantially taking steam out of the Democratic argument that healthcare will save billions. In fact, over the next decade, the federal outlays will increase. If the latest projections are correct, significant cost-cutting measures and other sources of revenue — including tax hikes — will have to come from elsewhere and require bipartisan support (Congressional Budget Office, 2010). One might conclude that future elections will depend on the health of the economy more than on healthcare and that the healthcare industry has poured substantial funds into the debate to shape policy without being directly held accountable for it.

Findings and discussion

Having described reputation of the management methods and presentation of branch interests by insurance sectors, we follow with brief comparison between Polish and American PR markets. Juxtaposition of PR programs surrounding similar issues (healthcare and social insurance reforms) shows how different both PR markets are, how politics, economy, and the media remain unique, and — most of all — that in Poland PR programs rather than addressing real issues, as in the US, respond to campaign slogans and "smoke and mirrors."

US insurance industry has a very elaborate and subtle lobbying system, having developed and implemented nuanced communication strategies and techniques

across the spectrum to shape public opinion. It has demonstrated its ability to adapt to new situations, build coalitions, recruit allies among citizens and politicians, and — most of all — to achieve key goals for the whole industry. The complex PR programs in the US healthcare debate included also reaching out to emerging social and political movements, such as the highly diversified and even conflicted Tea Party, partisan and non-partisan watchdog groups. The industry campaign has been able to react to whistleblowers accounts and, when it merits, manage the situation in its favor, as in the case of limiting awards in medical liability suits, which have been widely blamed for rising cost of healthcare. One could argue that the US PR approach in some measure "created" the forum for the debate by providing the impetus (structured information and funding) and introducing methods that dramatized the differences in positions, for example, in the widespread use of viral campaigning.

The Polish PR programs on the subject were much less sophisticated and limited to basic public information model activities and general education addressed mainly at politicians and financial media, with little impact on or concern for the general public. Since ongoing politicking hindered Polish government's reform plans, the insurance sector tried to introduce better ideas for future healthcare and social insurance overhaul to have relevant projects handy when they are needed. When confronted with the American communication programs on healthcare and social insurance, the Polish efforts seem miniscule, rather basic, and corralled in a traditional PR mindset. Polish PR has lagged behind in employing Web 2.0 techniques, blogs, and generally paid little attention to the usefulness of mustering Internet support, which is surprising given the appeal of social media and emerging technologies to the millennial generation ("echo boomers") that has a major stake in the future of these reforms. After all, this increasingly socially-minded and technologically-savvy segment of the population is likely to bear the biggest burden of the cost of healthcare and should be represented in the decision that will affect its future.

Descriptions of the Polish and American programs prove that their predominant differentiating factor was their main objective: the American insurance companies wanted to preserve the *status quo*, or — at least — try to limit government-imposed changes in healthcare and social insurance to a minimum. In Poland it was the insurance sector that has come up with new ideas for healthcare insurance overhaul, with the government lagging behind business.

US insurance industry made every effort to frame the debate on healthcare and social insurance as a dilemma between proven solutions (even if these need some tweaking) and an uncertain future that — without public oversight — would be left to government officials and their unclear, seldom viable and often costly visions of reform in health and social welfare sectors. The distrust of expanding and costly government has been a resounding mantra.

The PR and communication methods employed by the US industry, while sophisticated and nuanced, involving much expense and diversity of channels, were

nonetheless visible to the media, watchdog groups, and even the general public, which has acquired critical knowledge over the years of public access to information and "public" resources, such as PBS and CSPAN. The American debate has been much more inclusive in sheer number of participants, both online and in real life. Information, while at times conflicting and sometimes spun, is readily available for public inspection. By contrast, Poles limit their efforts to education, public information, some informal lobbying efforts in meetings with politicians, broad media announcements, industry-inspired editorials, and — very rarely — common industry stances by PIU associations, and major players on private insurance.

Even though both industries are concerned about their reputation, US firms and associations are more aggressive in their efforts to block or amend new laws on healthcare, with the help of massive advertising and public information campaigns. By contrast, in Poland healthcare reform seemed almost as if it were a non-issue, and dramatic measures to engage in public debate were regarded as inappropriate to the industry and PIU. The contrast for an outsider is striking and not all together normal for a publically accountable system. After all the taxpayer, who is affected as the healthcare system's client, should have the right to know and be a vocal participant in any reform that involves public funding.

Major differences between Polish and American PR visions are also deeply rooted in the size of the sectors (in terms of revenue, number of clients, and role in decision-making process), business acumen, and development of PR market in both countries. Since similarities between Polish and American healthcare reforms were only cosmetic, respective healthcare industries, interest groups, and insurance entities behaved routinely adjusting to the system in which they functioned, without regard to the outside. Were the governments genuinely willing to introduce real changes to affect "their turf" — as the Obama administration had tried — they would act applying similar methods, irrespective of business, cultural, and national differences. They might apply a different mix of communication channels and PR techniques to convey their message, but their objective would be the same — to actively manage change. Polish PR still performs its "transitional" duties — as Ławniczak observed — to facilitate change and transfer of arrangements and solutions from other markets (Ławniczak, 2001).

Framing the public debates in both countries in a climate favorable to the insurance sector (as a proven solution opposed to an uncertain future) is a key differentiating concept, developed by insurance industries. The US debate strikes one as firmly grounded in the *status quo* with regard to healthcare, while Poles, by contrast, are trying to educate key stakeholders (politicians, financial media, academics, etc.) about proven solutions in other countries. This difference between traditionalism and importation is instructive for shaping the direction of future PR strategies, involving major social issues, not necessarily just healthcare or social insurance reform.

As the subject of healthcare and social insurance reforms in both countries evolves over time, research should investigate formal and informal lobbying efforts,

identify possible "front organizations," and measure the increasing role of Internet-based PR techniques. By contrast, Poland could use greater transparency and more objective watchdog channels that would keep the various strata of the public informed and able to contribute to the debate. The impact of social media in public debates over public policies, such as healthcare reform, should not be underestimated, especially in Poland.

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