Liberty without equality is a name
of noble sound and squalid result.

—L.T. Hobhouse

Liberty

Free and *Equal*

BRUCE JENNINGS

America is the child of John Locke, the great philosopher of liberalism and natural rights. This commonplace observation holds a key to understanding the politics of health reform in the United States. The tradition of liberalism (in the philosophical sense of the term) is still the context of our political morality, our constitutional law, and much of our public policy. Liberty is the fundamental value of American politics; not the only one, to be sure, but the fundamental one nonetheless. Liberty has been central to the ethical justification for health reform in the past, and it will continue to be in the future.

As a fundamental value in American life, liberty has several interesting characteristics. It is talked about a lot; the word itself is often used, both in political and everyday speech, but even when the word is not spoken, the idea is there. Liberty is pretty much synonymous with freedom and, in bioethics jargon, with "autonomy." Liberty often goes incognito, its resonance embedded in other values or ideas that on the surface seem to be about something else. For instance, liberty resides in terms like privacy, choice, property, civil rights, entrepreneurialism, markets, dignity, respect, individuality. Values so ubiquitous are often taken for granted and not sufficiently scrutinized. They therefore have great political power yet are vulnerable to cynical misuse and manipulation. Liberty is no exception, and we need to think carefully and critically about its history, meaning, and political implications.

Properly understood, liberty should be compatible with other ethical values that have often been pitted in conflict with it, such as equity. Such a conflict has been thought to arise, for example, when allowing all individuals the freedom to accumulate as much as they can undermines the capacity of the entire society to ensure that each individual receives a fair share. Why is this clash between appropriation and redistribution seen as a clash between liberty and equity? In order to set up this conflict in the first place, one must conceive of liberty as the unbridled expression of possessive individualism. But this is not the only or the most fruitful way to understand liberty. Herein lies my principal point: *progress in establishing an ethical and political justification for health reform depends on reconciling liberty and equity, at least in the arena of health affairs*. We must break out of the ideological grid that sets liberty and equity in opposition, indeed in a zero-sum relationship such that one of these values cancels out the other. The health reform conversation has to be reframed at the grass roots level so that a new way of seeing what liberty is and what it requires will grow out of that conversation. One tenet of this movement should be that equity in access to health care, reduction in group disparities in health status, and greater attention to the social determinants of the health of populations and individuals are all policy goals through which liberty will be *enhanced*, not diminished.

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Unveiling the Statue of Liberty
by Edward Moran

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What Liberty Has Meant

The history and politics of health reform is an object lesson in this regard. In the past, appeals to the value of liberty have most often been made by opponents of governmental involvement and structural change. In the street language of American politics throughout the twentieth century, the main threat to liberty was "socialism" (a.k.a. big government), and the key plank of the indictment against health reform plans, from Woodrow Wilson through Bill Clinton, was the specter of "socialized medicine." The main ally of liberty in the same period was free market competition. Health reformers struggled (mostly in vain, it must be said) against this interpretation of liberty. They countered with an appeal to the language of rights and to the countervailing value of equality. (Equality's aliases are equity, fairness, social justice, solidarity.)

Stepping back, we can see that health reform has been caught in the same web of dichotomies and conflicting values that have ensnared every other facet of progressive and welfare state measures during the last century. Some of the worst snarls in this intricate web are: (1) individual responsibility and choice versus social assistance; (2) market initiative and competition versus governmental regulation and bureaucratic red tape; (3) efficiency versus entitlement; (4) autonomy (rugged individualism) versus elite paternalism (Big Brother, the nanny state, father knows best); and finally, at the personal, gut level, (5) fear of losing current benefits and quality services versus guilt based on a sense of justice and concern for those excluded from the current system, especially children and the "deserving" poor. I believe that we will never be able to resolve these dichotomies or untangle this web. Instead, what we need to do is to change the subject and reconceptualize the terms of these past dead-end debates.

The most recent large-scale health reform effort in the United States, during President Clinton's first term in the early 1990s, featured each of these snarls. No doubt there are many reasons why this plan was defeated in Congress, perhaps not the least of which was that big business ultimately decided that it could get a better deal to hold down health care costs from a private managed care approach than it could from Clinton's combination of managed competition and a global health care budget. But at the level of public opinion, the debate tended to center more around individual liberty versus social equity. A mainstay of the attack on the Clinton plan—policy experts dismissed this as obvious nonsense, but it had a significant political effect—was the fear of losing personal liberty, and in particular, fear of losing the freedom to choose one's own doctor and to control one's own health care. The television advertising campaign against the Clinton plan, sponsored by a health insurance industry trade group and featuring the concerned middle-class couple Harry and Louise, focused on the loss of liberty and the erosion of quality that the plan would bring about. These professionally produced ads used the concept of liberty very artfully.

What is it about liberty that turns it into an arrow in the quiver of opponents of health reform? Is there a way to reframe it and to develop an alternative way of using it? Is there any reason to think that such a reformulation would have any traction in forthcoming political debate and the policy process? These will become increasingly important questions, I believe, in the round of health reform debate that is now beginning.

What Liberty Should Mean

Establishing an ethical and political justification for health reform depends on reconciling liberty and equity.

The concept of liberty has two different facets, which are usually referred to as "negative liberty" and "positive liberty." Negative liberty is about being *free from* obstacles or constraints: it is about having freedom of choice—even the freedom to make mistakes and poor choices. Having personal security and civil rights ensures negative liberty. Positive liberty is about being *free to* have options—being enabled or empowered to make choices or realize personal goals. Having the right to freedom of speech is a negative liberty; having access to an education that gives you something thoughtful to say is a positive liberty. Positive liberty is about having others do something for or with you that gives you the opportunity to change your life or achieve your goals. In a nutshell: negative liberty is about "don't tread on me"; positive liberty is about "I need you to help me up."

The libertarian interpretation of liberty and the privatized market model of health care err by focusing too exclusively on the negative side of liberty. Health care is inextricably bound up with the value of liberty, not simply because it prevents illness from limiting your life decisions, but also because it enables you to use your freedom more richly, to live your life in more meaningful and worthwhile ways. Health care is not simply about preserving you from the "outside" interference of others or of disease; it is also about obtaining the active assistance of others so as to enhance the types of activities you can pursue and the kinds of relationships you can have. Thus, health care is as much about positive liberty as it is about negative liberty. And what is true of *health care* is true as well of health itself, or of *health status*.

The positive, relational, and enabling side of liberty is what links it to equity. The zero-sum relationship between liberty and equity is an optical illusion that comes from an exclusive focus on negative liberty. Positive liberty is the concept that reminds us that the well-being of one individual is not a function of isolation but of context, community, and mutual interdependency. Equity is about mutual flourishing; negative liberty is about individual flourishing no matter what the condition of others; positive liberty is about the connection between individual flourishing and mutual flourishing. Positive liberty reminds us that no single individual, no matter how wealthy or powerful, can really be free except in a context of social justice and the common good.

★ Policy Implications ★

The health reform debate of the coming years will have a broader focus than past reform debates. It will not just be about acute-care health insurance reform and access to clinical, treatment-oriented medical services and technologies. Instead, it will take up the larger structural determinants of health and health promotion. The access to acute care and high technology clinical services is very important to particular individuals at particular times, but such access has been shown to have little effect on population health as a whole. And even at the individual level, the most important and challenging policy goal is access to health, not merely access to clinical medical care. Building a system that generates or promotes health requires that people have access to many specific and positive aspects of their natural and social environments. Achieving greater health for the whole population—a healthier nation—will require large-scale social reform and institutional transformation. These changes point in the direction of a more global kind of equity and social justice.

The role of liberty will change in health reform debates when two things happen. First, we must see that health reform involves equitable access to the social preconditions of health, as well as to health care. Second, we must see that when anyone lacks such access, the liberty of all (not just of those who experience the inequity) is compromised. This, I believe, is where the health policy conversation is going in the years ahead, and as this shift occurs we will rethink the meaning and uses of the value of liberty in political argument. Liberty rethought can then be one of the touchstones for a democratic, grass roots movement for health reform that will demand health justice in a nation of free *and* equal persons.★