Alumni

Care Tactics

Betsy McCaughey '76GSAS, a central figure in America's culture war, interprets the health-care bill.

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Betsy McCaughey

Unlike many of those engaged in policy debates, Betsy McCaughey ’76GSAS loves to fluff the pillows and curl up with a good piece of legislation. The densest draft bills are treated like high literature in her Park Avenue apartment.

On a mid-August morning, a particularly well-known (if widely unread) legislative *War and Peace*, a bill that runs to 1017 pages, sits in a binder on McCaughey's dining room table, surrounded by 18th-century clocks, maritime paintings, and a picture of McCaughey with Margaret Thatcher.

Fifteen years ago, McCaughey's reading habits led her to pen a series of articles warning Americans that the Clinton health-care plan would empower bureaucrats to override decisions made between doctor and patient. Her 4500-word piece, "No Exit," in *The New Republic* won a National Magazine Award for excellence in the public interest. Credited with derailing Clinton Care, McCaughey rode conservative goodwill into politics, coming out of nowhere to become Republican lieutenant governor of New York under Governor George Pataki.

Now, once again, the blond, telegenic McCaughey is a central figure in the culture war over American health-care reform.

In a *Wall Street Journal* opinion piece in July, McCaughey concluded that Democratic reforms "will reduce access to care, pressure the elderly to end their lives prematurely, and doom baby boomers to painful later years."

Her frightening scenarios helped stoke a conservative backlash that turned a relatively civil national discussion over health-care reform into a full-blown spectacle that has included wild rhetoric, gun-packing protesters, and defensive political maneuvering by the White House.

By the time of the congressional recess in August, McCaughey's contentions had quickly morphed into Sarah Palin's "death panel" of bureaucrats who would, as one Republican senator memorably put it, "pull the plug on grandma." Suddenly, it was health reform that was on life support.

Sitting in her living room, wearing pearls and a dark, pin-striped skirt suit, McCaughey, now 60, sighs deeply.

"I wish infection prevention was getting this much attention because that's really my major passion in life," she says. "Unfortunately, I've been made the center of attention simply because I'm an avid reader and researcher."

Not that she's been ducking the cameras. Though McCaughey (pronounced McCoy) says she did not anticipate being a vocal critic of health-care reform this time

around — only that she would read the draft legislation and translate obtuse legislative language into plain English — she views her media appearances as a kind of public service. In her effort to make “the legislative proposals accessible to people,” she includes the page numbers of the bills she refers to in her articles, a device that lends an added authority to her claims.

McCaughey came from modest means to earn a fellowship to Vassar College and a PhD in constitutional history from Columbia, where she deepened a predilection for primary sources. After her time in politics, which included a run as Democratic nominee for New York governor in 1998, she became a health-care advocate and founded the Committee to Reduce Infection Deaths. Having worked on reducing hospital-acquired infections, she says she has come to understand that hospital patients, most of whom are elderly, are unlikely to resist a doctor’s recommendations. And in her mind, such medical advice would be tainted if it were to be prescribed by a government more interested in saving money than in saving lives.

“When someone in a white coat who is an authority figure walks into a hospital room to discuss end-of-life options with you, the patient does not say, ‘I’m not interested, I don’t have time,’” she says. “Patients don’t even speak up to say, ‘Would you please wash your hands?’ They are meek, compliant, and receptive. That’s what patients are. They don’t say no.”

When a visitor suggests that providing Medicare coverage for counseling that is already pro forma at many hospitals is not the same thing as promoting cost-cutting euthanasia, McCaughey quickly turns to her primary source on her dining room table.

“I think before we continue this conversation we should go ahead and read those pages,” she says.

She strides past her picture with Ronald Reagan, opens the three-ring binder containing the initial draft of the House Democrats’ health-care bill, and flips to the section on how the government will reimburse health-care providers for counseling patients on end-of-life care (page 424).

McCaughey believes that this system of payment would create a fiasco in which anonymous health-care providers (not a doctor with whom the family has a relationship), reading from a state-sanctioned script, will make vulnerable seniors

feel that they are a burden to their families and to society, and should just go quietly (and cheaply) into that dark night.

The pages don’t say that. McCaughey’s reading of the bill’s language, it turns out, is highly interpretative.

But for McCaughey, the problems are spelled out clear as day: If you doubt it, she’ll give you the page number and you can look it up yourself.

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