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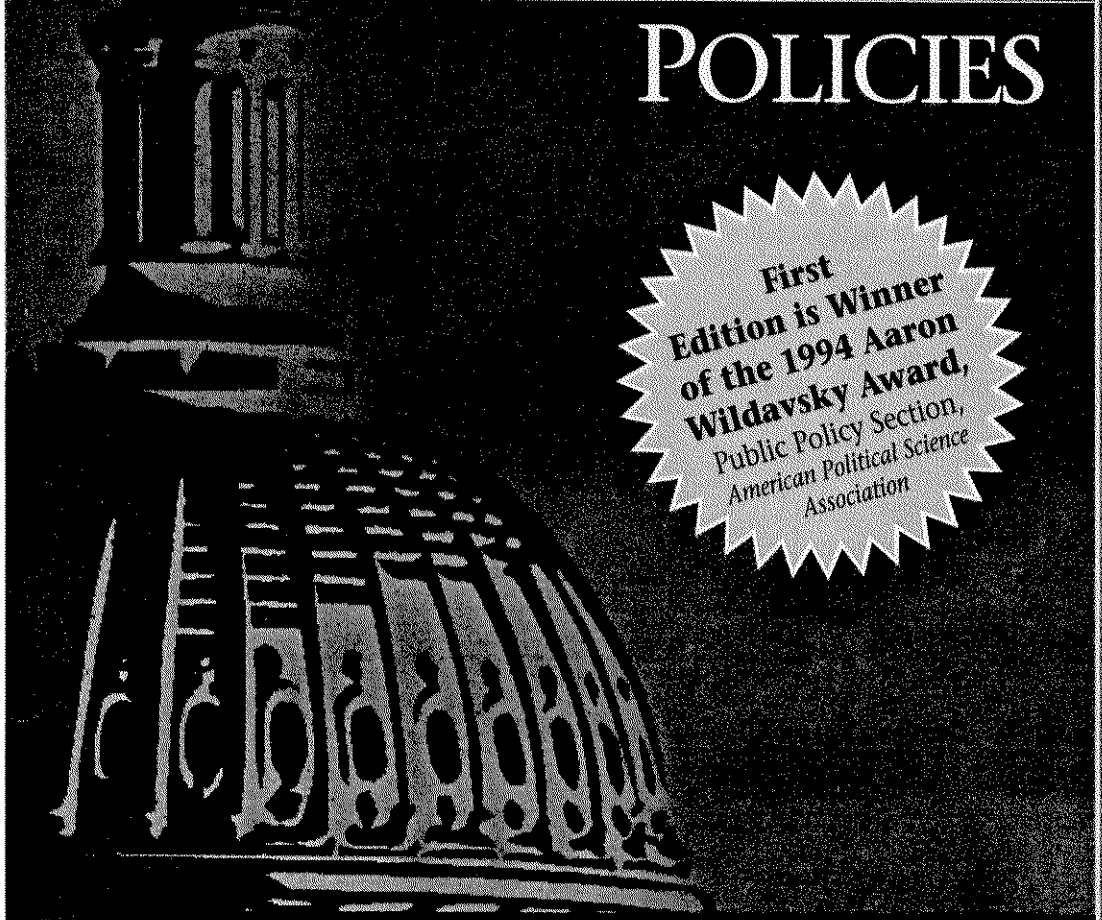
AGENDAS, ALTERNATIVES, AND PUBLIC POLICIES



First Edition is Winner of the 1994 Aaron Wildavsky Award, Public Policy Section, American Political Science Association

SECOND EDITION

Pgs 90-144

CHAPTER 5

Problems

At any time, important people in and around government could attend to a long list of problems. People in transportation, for instance, could conceivably be examining the costs of regulation, infrastructure deterioration, automobile safety issues, production of a new supersonic airplane, the potential collapse of rail service in one or another section of the country, deficiencies in commuter movement, and the costs and shortages of energy. Obviously, they pay attention to some potential problems and ignore others. This chapter considers how problems capture the attention of these people. Sometimes their attention is affected by a more or less systematic indicator of a problem. At other times, a dramatic event seizes their attention, or feedback from the operation of existing programs suggests that not all is well. But problems are also not entirely self-evident. How people define something as a problem is worth some consideration.

INDICATORS

Fairly often, problems come to the attention of governmental decision makers not through some sort of political pressure or perceptual slight of hand but because some more or less systematic indicator simply shows that there is a problem out there. Such indicators abound in the political world because both governmental and nongovernmental agencies routinely monitor various activities and events: highway deaths, disease rates, immunization rates, consumer prices, commuter and intercity ridership, costs of entitlement programs, infant mortality rates, and many others. For example, administrators of health manpower programs monitor the number of physicians being produced by medical

schools, by specialty and by location of employment. They use such figures to assess the degree of shortage or oversupply, and can recommend adjustments in manpower policy to remedy problems.

One of the most common of the routine monitoring activities is following the patterns of federal expenditures and budgetary impacts. People in government know when their budgets are rising or falling, and problems directly affect them through the budget process. One reason that medical care costs dominated the health interviews was that the numbers simply spoke to these people. When I asked one health respondent why cost containment was high on the agenda, his instant reply was, "It is on the agenda of Washington policy makers because it deserves to be. When you start to take a look at HEW, the increasing costs of Medicare and Medicaid just hit you over the head with a two-by-four."

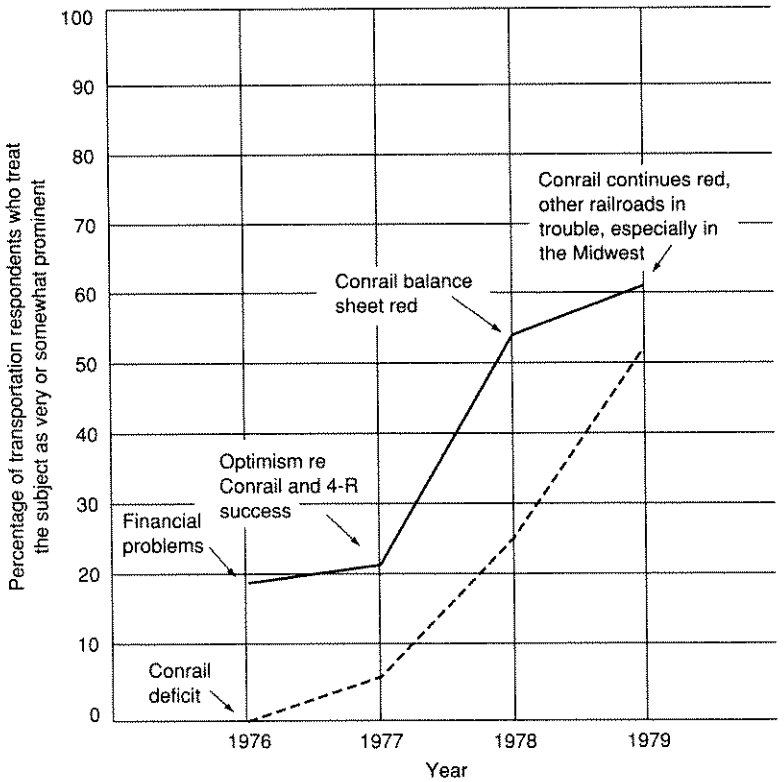
In addition to routine monitoring, studies are often conducted on a particular problem at a given point in time, either by a government agency or by nongovernmental researchers or academics. Such studies may also suggest a problem that might need governmental attention. A survey of the population, for instance, estimates the proportion of households without any health insurance, or with minimal health insurance. Or a statute mandates a study by the Department of Transportation of the problems of the railroad industry, the causes of those problems, and the options that might be considered to remedy them. When I asked one respondent why the studies showing that people could promote their own health by changing their habits (exercising, eating a balanced diet, not smoking) had become so popular in health policy circles, his semi-baffled reply was, "Well, it just makes a lot of sense, I guess. An intelligent idea catches on every once in a while."

Such indicators or studies are not used primarily to determine whether or not a given problem exists; such determination is a matter of interpretation, a subject to which we return momentarily. Rather, decision makers and those close to them use the indicators in two major ways: to assess the magnitude of a problem and to become aware of changes in the problem. At some level, for instance, everyone agrees that some people in the population do not have adequate health insurance. A study of the proportion of the households that have no insurance and that have insurance of various descriptions helps to establish the magnitude of the problem that everyone intuitively knows exists in some form. There will still be disputes about the adequacy of the insurance coverage, whether this is a problem, and, if a problem, whether it is a problem that government should address, but at least some such indicator can establish the magnitude of the condition. Or even if everybody agrees according to personal experience and intuition that highways and bridges need repair, some kind of systematic engineering study still is useful in estimating the magnitude of the deterioration.

Important people in and around government also look for changes in such indicators. A steady state is viewed as less problematic than changing figures. For example, transportation respondents' discussion of the financial problems of the railroads in general, and of Conrail in particular, rose sharply between 1977 and 1978, as Figure 5-1 shows. In 1977, very optimistic talk about

Figure 5-1

Discussion of Rail Financial Problems and Conrail Deficit



Conrail's financial viability was heard, but that evaporated by 1978 with the announcement of Conrail's deficit and its requests for much larger than anticipated infusions of federal support. Several midwestern railroads showed signs during roughly the same period of serious financial trouble, reminiscent in some people's eyes of the Penn Central collapse. One respondent, interviewed in June 1978, dramatized the abruptness of the shift:

> Up until April of this year everybody thought that Conrail was going along pretty well. We knew that it would take a little more money, but there was a confidence around it. This great experiment in keeping railroads in the private sector would work. There has really been an incredible switch over the period of just a couple of months. There has been an amazing turnabout. Now people are anticipating having to face the possibility that Conrail will not make it.

Policy makers consider a change in an indicator to be a change in the state of a system; this they define as a problem. The actual change in the indicator, however, gets exaggerated in the body politic, as people believe the change is

symbolic of something larger and find that the new figures do not conform to their previous experience. Thus indicator change can have exaggerated effects on policy agendas.

Pervasive, Necessary, and Powerful Indicators

Reference to some types of more or less objective indicators of problems is widespread in the interviews. Fifty-two percent of the interviews included prominent discussion of such indicators. They were even more central in the case studies, important in 19 of the 23 cases. There are no major differences between health and transportation. When we think of things that drive items into greater prominence, we are often prone to think of pressure campaigns or dramatic events that bring problems to the attention of important people. These things are important, as this book demonstrates, but people often pay attention to a problem rather straightforwardly because there actually is a demonstrable problem that needs their attention.

Demonstrating that there is indeed a problem to which one's solution can be attached is a very real preoccupation of participants in the policy process. It becomes a major part of the policy debate we will describe in Chapter 6. Constructing an indicator and getting others to agree to its worth become major preoccupations of those pressing for policy change. The need for such indicators can make people grasp for indicators with serious deficiencies. As one respondent summarized the need for indicators, particularly quantitative measures, "It helps for a problem to be countable. You can count beds, you can survey their vacancy rates, and that sort of thing."[1] The countable problem sometimes acquires a power of its own that is unmatched by problems that are less countable. Mass transit people become fixed on ridership, and find it much more difficult and less rewarding to concentrate on such "softer" areas as quality of service. The Professional Standards Review program becomes evaluated according to its impact on utilization and cost control, rather than its impact on the quality of care that Medicare and Medicaid patients receive.

The indicator itself is very powerful. Concern over Amtrak's budget rose over my four years of interviewing, from only 14 percent of my transportation respondents discussing it prominently in 1976 to 65 percent in 1979. This increased concern reflected quite straightforwardly the inability of Amtrak to turn the profitability corner. Even Secretary of Transportation Brock Adams, a longtime supporter of Amtrak while in Congress, toward the end of his tenure in office proposed a 43 percent cut in Amtrak mileage. Many observers laid his change at the door of the powerful budgetary figures. As one put it, "Traditionally, Adams was one of those who supported Amtrak against the department. Now he gets in here as secretary, and he comes face to face with the reality of a half a billion dollar deficit for an organization that is running a

[1]This is analogous to quantifying workload. See John W. Kingdon, "A House Appropriations Subcommittee: Influences on Budgetary Decisions," *Southwestern Social Science Quarterly* 47 (June 1966): 68–78.

bunch of empty trains. He still has a desire to be constructive, but that doesn't mean that he's just going to let Amtrak go on as they have been doing." One congressional staffer summarized the point nicely: "As I have observed these things over the years, Congress is impotent in the face of facts in many cases."

Interpretation of the Indicators

Indicators are not simply a straightforward recognition of the facts. Precisely because indicators have such powerful implications, the methodology by which the facts are gathered and the interpretations that are placed on these facts become prominent items for heated debate. For instance, a lively debate always surrounds the question of whether truckers are paying their share of highway construction and maintenance. Studies of fair shares are actually extremely complicated cost allocation problems that turn strikingly on the assumptions the researcher makes about marginal costs. If you assume that highways are basically for passenger vehicles, then trucks are responsible only for the wear and tear above the passenger level; but if you assume that highways are freightways, then truckers would be obliged to assume a much higher fraction of costs. The question is where between these assumptions is the right balance. Debates become even more complicated, delving into such areas as whether miles or ton-miles traveled is the appropriate measure, and whether truck weight or weight per axle is appropriate.

Similar problems of interpretation are evident in the health area. Infant mortality, for instance, is widely taken to be an index of a nation's health. Yet it turns out that the relatively poor performance of the United States on that index is due to the pregnancy rate among teenagers. As one respondent said, "If you take only women over 19, we have the best rate in the world. The reason that the rate is so bad is that young women are getting pregnant long before they should, then they get no care, their nutrition is terrible, and so forth." Uncritical use of the overall indicator misses such subtlety. Even something as seemingly straightforward as the cost of medical care turns out to be difficult to define as a problem. Consider the hue and cry over the fact that medical care had passed 8 percent of GNP in 1976. As one respondent mused, "People say that medical care is consuming more and more of GNP. So it is. But is it too much? If 8 percent of GNP is too much, then why is it, compared to what we spend on, say, automobiles each year? Why shouldn't it be 10 percent? There's no obvious answer as to why the cost we're currently incurring is too high." Thus the data do not speak for themselves. Interpretations of the data transform them from statements of conditions to statements of policy problems. We return to such translation shortly.

FOCUSING EVENTS, CRISES, AND SYMBOLS

Problems are often not self-evident by the indicators. They need a little push to get the attention of people in and around government. That push is sometimes provided by a focusing event like a crisis or disaster that comes along to call attention to the problem, a powerful symbol that catches on, or the personal experience of a policy maker.

Events of this sort are discussed with some frequency in the interviews, although not overwhelmingly. Thirty-five percent of the interviews included a prominent mention of crises, disasters, or other such events, and they were important in 7 of the 23 case studies. But there is a dramatic difference between health and transportation. Fully 63 percent of the transportation interviews included prominent discussion of crises, compared to only 11 percent of health interviews. Similarly none of the health case studies had crisis coded as important at all; but they were very important in half of the transportation case studies. Airplane crashes stimulate concern about air safety; the wreck of the Penn Central prompts government action on railroad finances; bridge collapses focus attention on highway infrastructure deterioration. Consider the following observations of transportation respondents:

> The whole process is crisis. This system responds to crisis. It's the only thing that it does respond to. That's what politics is all about. In the American system, you have to get hit on the side of the head before you do something.
>
> An issue becomes a burning issue when it reaches crisis proportions. Until there's a crisis, it's just one of many issues. Governmental policy always has been, and always will be, a function of crisis.
>
> You have to fall out of bed before you get any help.
>
> The whole legislative process is putting out brush fires, not building a good fire department.

There are rather few comparable health examples. So when we speak of crises and disasters, such references apply almost exclusively to transportation, and very little to health.

Why such a striking difference? One explanation might be the greater public visibility of health. Health is universal, affecting all of us. News of the latest disease and cure appears prominently in the printed and broadcast media, while transportation news is relegated to the business pages. Marcus Welby and Trapper John perform their miracles of healing before our eyes each week, but we do not view a gripping television drama about a railroad traffic manager. Somehow, open-heart surgery means more to most of us than the Alton, Illinois, Lock and Dam 26. Health is naturally on our agendas more of the time. To make an item from a less visible arena move up on a governmental agenda, something must happen, and that something often is a real crisis—the sort of thing government decision makers cannot ignore. Conditions must deteriorate to crisis proportions before the subject achieves enough visibility to become an active agenda item. So as a general proposition, the more visible the policy domain, the less important are crisis and disaster.

Another explanation for the difference between health and transportation involves the structure of the two domains. Crises may be more aggregated in transportation than in health. The basic unit in health is a patient-provider exchange. When something goes wrong, it doesn't show up as a major crisis. If there is to be a crisis-style impact, it must occur in a series of minute changes,

patient by patient, and eventually build to a problem of major proportions, or the individual cases must be aggregated into a study or statistic that proves to be compelling. But in transportation, something that goes wrong is often already preaggregated. An airplane goes down, killing hundreds of people at once rather than killing one patient at a time. The Penn Central collapses, and such a substantial failure has an immediate impact on the entire economy of a region. The health analogy would be the collapse of Blue Cross, a possibility but not as likely an occurrence. One can extend the same logic about aggregation to differences within policy domains, as we will see presently.

Variations on the Focusing Event

Sometimes crises come along that simply bowl over everything standing in the way of prominence on the agenda. Many respondents treated the collapse of the Penn Central railroad that way. As one put it, "It was a threat to the economy of the nation as a whole. It was horrendous and unthinkable to allow service to stop." Such events demand some sort of action so clearly that even inaction is a decision. On the other hand, potential agenda items sometimes languish in the background for lack of a crisis that would push them forward.

But focusing events are not always so straightforward. A couple of variations on the theme are the personal experiences of policy makers and the impact of powerful symbols. Sometimes, subjects become prominent agenda items partly because important policy makers have personal experiences that bring the subject to their attention. Biomedical research, for instance, has such an advantage. Members of Congress and other important people all have had brushes with health disorders, either themselves or among their families or friends. As one respondent said, lobbyists for biomedical research "know the disease of the day, they know which congressman's mother died of which disease and which one's wife has which disease, and they play on it." Patterns of attention to the various transportation modes, for another example, are probably affected by policy makers' personal travel. As one respondent said of aviation, "To policy makers, air travel is very visible. They travel by air a lot themselves, and they do it for pleasure as well as for business. Because they travel by air a lot, they are very quick to pick up anomalies." By contrast, they do not see much of buses, and a social class bias in attention results. One respondent puckishly twitted his fellow transportation policy specialists:

> Buses are used by poor people, and poor people have no clout. A funny thing happened to me a while ago. I went to a conference, and I went on the bus. I got to the conference with all these transportation experts, and as soon as I told them I had come on the bus, they all gathered around me, they asked what happened to me, and how it was riding on the bus.

Despite the credence many people place in personal experiences as forces affecting the agenda, they do not turn out to be very important in our quantitative indicators. Personal experiences were important in only 13 percent of the interviews, slightly more important in health than in transportation. We coded

them as very important in none of the 23 case studies, and as somewhat important in three, all of them in health. Health is thus a bit more apt to reflect the personal experiences of policy makers, probably because it affects them more than their transportation from one place to another. In sum, personal experiences of policy makers are occasionally important, but they are not among the major influences on agenda status. They act more as reinforcements for something else, or as factors that might heighten a problem at the margins, rather than as prime movers.

Another variation on the focusing event is the emergence and diffusion of a powerful symbol.[2] A subject is on the minds of important people anyway, and a symbol comes along to focus their attention. The contributions of technology to the cost of medical care, for instance, became part of the *lingua franca* of health policy people during the 1970s. As they were discussing the problem, they would often refer to the spreading use of the CAT scanner as their shorthand for the proliferation of an expensive technology whose payoff and appropriate uses had not yet been fully determined. They might refer to "the CAT scanner problem," for example, in the midst of a longer discussion. Indeed, during 1976 and 1977, at the height of such talk among my respondents, nearly a third of the health interviews included a mention of CAT scanners by name, without any prompting from me. The Washington METRO became something of a symbol for very high-cost fixed rail transit systems, and was mentioned in at least a passing way in nearly a third of my interviews with transportation respondents.

There can be symbols for political events and policy proposals as well as for problems. The passage of Proposition 13 in California, for example, became symbolic of a perceived restiveness among taxpayers, a shift in public opinion. Politicians had felt something like a taxpayer revolt coming for some time, but Proposition 13 became their shorthand way of referring to it. They would refer in an offhand way to a "Proposition 13 mentality" or a "Proposition 13 atmosphere," meaning a severe public opinion constraint on government spending, higher taxation, and new, expensive programs. Indeed, the symbol diffused very rapidly, probably because it captured the mood rather convincingly, at least as politicians saw it. Proposition 13's passage came in the midst of my 1978 interviews. It was discussed by name as being important in only 2 of the 26 interviews taken before its passage. But 15 of the 38 postpassage interviews (39 percent) contained a spontaneous, nonprompted mention of Proposition 13 by name, quite a remarkable diffusion of a symbol among policy elites over a short period of time.

In general, such a symbol acts (much as personal experiences) as reinforcement for something already taking place and as something that rather powerfully focuses attention, rather than as a prime mover in agenda setting. Symbols catch on and have important focusing effects because they capture in a nutshell

[2]A central discussion of symbols and politics is Murray Edelman, *The Symbolic Uses of Politics* (Urbana: University of Illinois Press, 1967). A more recent treatment is Charles D. Elder and Roger W. Cobb, *The Political Uses of Symbols* (New York: Longman, 1983).

some sort of reality that people already sense in a vaguer, more diffuse way. As one respondent said, "Behind every cliché there is some truth."

How Focusing Events Need Accompaniment

Crises, disasters, symbols, and other focusing events only rarely carry a subject to policy agenda prominence by themselves. They need to be accompanied by something else. We have already made the point, first, that they reinforce some preexisting perception of a problem, focus attention on a problem that was already "in the back of people's minds." One transportation respondent, commenting on the high cost of urban mass transit projects, said, "The Proposition 13 syndrome simply emphasizes some things that have been coming along for some time now. There has already been a lot of questioning by people other than the standard reactionaries about whether the public investment in urban mass transit is not already excessive." Or as another informant very astutely observed of the impact of Lock and Dam 26 on the movement toward waterway user charges, "A fortuitous catalyst was thrown into an existing environment."

Second, sometimes a disaster or crisis serves as an early warning; attention is called to something that could be considered a problem if subsequent consideration really establishes that there was a widespread condition that needs attention. Bridge deterioration is an excellent case in point. In 1967, the Silver Bridge across the Ohio River between Ohio and West Virginia collapsed, killing several dozen people. Such an event could be an isolated fluke or it could be an indication of a more widespread problem. If it is an isolated incident, then a general policy response may not be warranted. But as one respondent summarized the progress of the issue:

> In 1967, a bridge fell into the Ohio River without any advance warning. That led Congress to establish a program for bridge inspection. That program and the studies that have come from it led to the conclusion that there were something like 80,000 deficient bridges. Once that fact became known, Congress started a separate program for bridges. It's a nice example of the progress of an issue. First the problem comes to their attention. Then you have to quantify the problem to see how widespread it is. Then that quantifying leads to a program.

Even if the Federal Highway Administration estimate of 80,000 was inflated, there was a problem that would be hard for politicians with bridges in their districts to ignore. But in general, a disaster by itself is not enough to create a definition of a policy problem. The disaster acts as an early warning, but then needs to be combined with more solid indication that the problem is widespread.

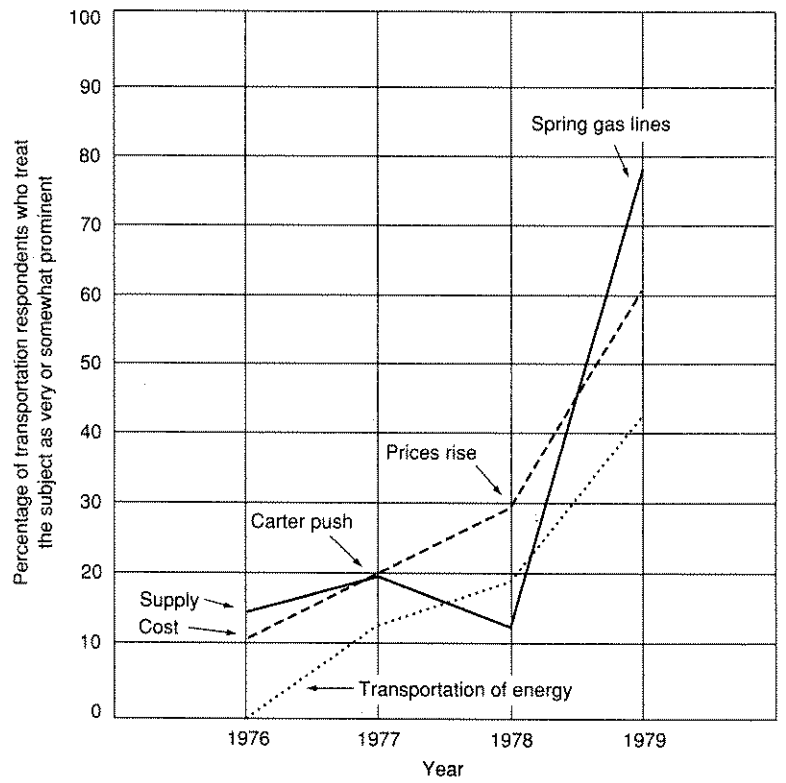
Third, these focusing events can affect problem definition in combination with other similar events. If one bridge collapse, one aviation accident, or one railroad bankruptcy isn't sufficient to create a sense of a general problem, then several of them occurring close together might be. Awareness of a problem sometimes comes only with the second crisis, not the first, because the second cannot be dismissed as an isolated fluke, as the first could. Attention to the subject of energy among transportation specialists illustrates this phenomenon

rather nicely. After the 1973 Arab oil embargo, there was a flurry of interest in energy, and some substantial government action as well, such as the automobile fleet economy standards. But as Figure 5-2 shows, by the mid- to late-1970s, important people in the transportation policy-making community were not discussing the subject a great deal. Policy makers maintained in 1979 (in retrospect) that energy was high on their agendas before 1979, but their actual interview responses indicated otherwise. They simply were not paying very serious attention to the subject from 1976 through 1978. As one said in 1976, "Energy was an issue two years ago, but it is no longer an issue because there are no lines in front of gas stations. The prominence of that issue is tied directly to the length of the lines in front of gas stations."

Then came the gas lines in the spring of 1979. The indicators of attention jumped abruptly, as Figure 5-2 shows. As one respondent said in response to my very first question about the major problems with which he was occupied,

Figure 5-2

Discussion of Supply, Cost, and Transportation of Energy



"If I said anything other than energy, I bet you'd be very surprised." His own discussions during the previous three years had relegated energy to a very minor position on the list of subjects vying for his attention. Many respondents treated this second shortage differently from the first. As one put it, "I can't see it just going away as a policy concern. It did in 1973, but then it came back again, and after a couple of times I think people will start to conclude it's a problem that's not just going to go away." As another respondent succinctly summarized the point, "Even a mule pays attention to you when you hit it a second time across the head."

The aggregation of disasters has a similar effect. We argued earlier that the greater reference to crisis in transportation than in health may be due to the greater aggregation of the disasters. The same happens *within* such a domain as transportation. Consider the difference between highway and aviation safety. Attention to aviation safety is brought about quite directly by crashes. All of the prominent spontaneous mentions of airplane accidents in my interviews over all four years were in 1979, following hard on the heels of the DC-10 crash in Chicago and the midair collision over San Diego. Yet there are far more highway deaths, both per passenger mile and in total. As one journalist stated the importance of aggregation:

> There are 50,000 to 60,000 people killed in transportation every year. But it's not a crisis issue; it's not very visible. Most of it is on highways, and it goes on all the time, an accident here and an accident there. There's no one big catastrophe. Transportation safety would get a lot more action than it does if there were some kind of big highway disaster. In aviation, I think it's fair to say that all the advances in aviation safety have come as a result of a crash. But that's not possible in highway safety.

Some aggregation of highway deaths prompts government attention. Someone does count them up, for instance, and when they reach some magic threshold (e.g., 50,000 per year) then it can be called a crisis. Aggregated disasters do have noticeable public policy impacts. The air traffic control system was developed in response to a midair crash over the Grand Canyon. The San Diego crash led to greater Federal Aviation Administration (FAA) control over general aviation. Indeed, in a somewhat cynical but possibly realistic interpretation, some aviation observers alleged that FAA invented a new measure of a "near-miss report" when there weren't enough actual accidents to justify increases in safety expenditures.

FEEDBACK

In the normal course of events, governmental officials receive feedback about the operation of existing programs. They monitor expenditures, have experience with administering programs, evaluate and oversee implementation, and receive complaints. This feedback often brings problems to their attention: programs that are not working as planned, implementation that does not square with their interpretation of the legislative mandate, new problems that have

arisen as a result of a program's enactment, or unanticipated consequences that must be remedied. We coded feedback from the operation of existing programs as important in 18 of the 23 case studies. It was also discussed prominently in 26 percent of the interviews.

Sometimes, the feedback comes to officials in the form of rather systematic monitoring and evaluation studies. For instance, transportation officials monitor the performance of Amtrak and of urban mass transit systems by regularly following such indicators as ridership, load factors, on-time performance, inflation in construction costs, and operating deficits. And health officials regularly collect data on rates of various types of surgery, incidences of various diseases, hospital utilization and lengths of stay, and manpower distributions by geographical location and by specialty.

Quite often, feedback comes to governmental officials more informally. For one thing, complaints and casework lead to awareness of problems. As John Johannes points out, citizens' complaints to their legislators and requests for congressional intervention in the bureaucracy to straighten out their individual problems lead members of Congress into oversight activities in which they might not have otherwise engaged.[3] As a result, they become more acutely aware of problems that are more general than the individuals' complaints. Travelers and state highway officials complain about deteriorating road surfaces and the lack of funds at the state level to repair them. Businessmen complain about regulation, leading to a more generalized concern with the heavy hand of government.

Quite apart from feedback from the public, bureaucrats themselves become aware of problems through the day-to-day administration of a program. Said one respondent, "Bureaucrats who are administering the program find that it just doesn't work and must be fixed." For instance, the Food and Drug Administration (FDA) found the Delaney amendment's absolute prohibition on any carcinogenic substance, no matter how weak a carcinogen or how much an accumulation of the substance is necessary to produce an effect, most difficult to administer in a case like saccharin. Indeed, speculation was rife about town that the FDA announced their partial ban on saccharin partly to raise the policy question of statutory rigidity. Of course, bureaucrats also have some interest in preventing feedback from reaching policy makers, especially if that feedback might reflect negatively on their stewardship or might raise serious questions about whether their program should be continued. Still, one of civil servants' most important contributions to the agenda, to the extent that they affect the agenda, is their awareness of problems that comes from their experience in administering a program.

Content of Feedback Messages

We have discussed the channels of feedback—systematic monitoring, complaints and casework, and bureaucratic experience. But what information that

[3]John R. Johannes, "Casework as a Technique of U.S. Congressional Oversight of the Executive," *Legislative Studies Quarterly* 4 (August 1979): 325–352.

flows through these channels is interpreted as a problem? The first category of problem is implementation that does not square with legislative or higher administrative intent. Some of that lack of fit seems inevitable. Said one observer, "The process of writing regulations is terribly important. It is a quasi-legislative function, and it is totally hidden from public view."

Either by design or not, implementers sometimes interpret legislative or higher administrative mandates in a way that the authors subsequently argue was not their intent. Interstate Commerce Commission (ICC) interpretation of the deregulation provisions of the 1975 rail act was widely cited by critics as a case in point. The act allowed the ICC to give railroads somewhat greater flexibility in setting rates and abandoning unprofitable lines, except in certain specified circumstances, such as a railroad's domination of a given market. According to critics, the ICC interpreted market dominance so broadly that the possibility for substantial deregulation was effectively throttled. This storm of criticism quickly reached legislators and administration officials. Indeed, nearly half of my transportation respondents in 1979 spontaneously discussed implementation of the rail act as a prominent agenda item. The feedback then contributed both to further legislation and to new, more deregulation-minded Carter appointments to the ICC. It is not clear in such a case where "blame" might lie. It could easily be the fault of Congress for not defining its intent precisely in a conflictual situation—"tossing the hot potato to an agency," as one respondent put it. But the feedback process eventually resulted in further change.

Another type of information that indicates a problem is a failure to meet stated goals. If the administrators of a program have themselves set targets that they then do not meet, various overseers wonder if there is a problem to which they should devote some attention. Many transportation respondents pointed to Amtrak as their example. Amtrak projected many trends in ridership and deficit reduction that, as the years went on, did not pan out according to projection. Even if it were no fault of Amtrak management, the failure to meet targets left their critics outraged and even their supporters edgy. Said one sympathetic congressional staffer in 1977, "Amtrak is getting to the point where they have been in business for six years, Congress has invested one and a half billion dollars in it, and every year they say, 'Wait until next year.' Amtrak is forever promising that they will turn the corner next year." Of course, such experiences create an incentive for administrators to avoid setting their targets too precisely whenever they can, and a countervailing incentive for critics and evaluators to establish such goals as precisely as possible.

Another obvious type of feedback is the cost of the program. Sometimes programs come to be so costly that policy makers rethink future initiatives, and may even cut back the existing programs to save money. As one transportation respondent said in 1979, "While Conrail is not a bottomless pit, it is a much deeper pit than anyone thought three or four years ago." This burgeoning cost resulted in Conrail cutbacks and in further moves to deregulate railroads, to give them greater capital through the reduction of unprofitable operations. It also shelved for the time being any serious talk of nationalization or of further

heavy subsidies. Similarly, the rapid rise in the cost of Medicare led health policy makers first to adopt a series of regulatory programs (Professional Standards Review Organization, Health Systems Agencies, etc.), then to consider reimbursement reform, then to propose various cost containment schemes either on their own or as a part of national health insurance proposals, and then eventually to shelve national health insurance for the time being.

Finally, unanticipated consequences of a public policy come to the attention of decision makers. Negative consequences that are anticipated create enough problems. But consequences that have some major impacts and that are not anticipated create a sharper sense that something is amiss and should be examined. When interstate highway construction was being considered, for instance, few involved people anticipated many of the side consequences that ensued: deterioration of the railroads due to truck competition for freight, dislocation and unplanned sprawl in urban areas,[4] and sharply rising maintenance costs that imposed tremendous burdens on state governments. Few health policy makers anticipated the raft of regulatory programs that would ensue from the enactment of Medicare and Medicaid. Occasionally, the unanticipated consequences are positive. The 55 mile per hour speed limit, enacted for fuel-saving reasons, resulted in greater highway safety which, in turn, became a powerful argument for keeping the lower speed limit. Even for the best plans laid by the smartest people, some unanticipated consequences seem to be inevitable.[5]

WHY PROBLEMS FADE

Why do issues drop from agenda prominence? Sometimes people in government feel they have solved a problem. The interstate highway system was built, for instance, which did result in easier movement of automobiles and trucks from city to city. And Medicare's passage did result in the payment of large portions of elderly people's medical bills. Not all problems are solved by such enactments, of course, and new problems are spawned in the course of implementing such initiatives. But in the process of concentrating on these new problems, we should not lose sight of the fact that government programs sometimes actually do accomplish fair portions of their objectives.

Even if it is questionable whether governmental officials have solved a problem, they sometimes feel that they have addressed it by passing legislation or making an administrative decision. If they have, they turn their attention elsewhere, and then that subject drops from their agendas. The waterway user charge became virtually invisible in my interviews, for instance, one short year

[4]For an account of impacts on urban areas, see Alan Altshuler, "Changing Patterns of Policy," *Public Policy* 25 (Spring 1977): 176; and Donald Haider, *When Governments Come to Washington* (New York: Free Press, 1974), p. 154.

[5]For a discussion of unanticipated consequences, see Aaron Wildavsky, *Speaking Truth to Power* (Boston: Little, Brown, 1979), pp. 69–71.

after it was passed. To strategists pressing for a fuller solution, such a result may be more distressing than no passage at all. Said one health staffer:

> People told me before I came here, and it's absolutely true, that Congress legislates something, and then there's a great tendency to say that has solved the problem. That means that they don't pay attention to it after that. You might sometimes prefer *not* to have legislation, because then it keeps attention focused on the problem.

Other problems, even though not solved or addressed by the federal government, fade from view. Malpractice was a major agenda item in the early 1970s, for instance, due to doctor strikes and large legal settlements. By the time of my interviewing, however, it had faded almost completely from view, largely because sufficient state action made the more extreme consequences less frequent. And the Concorde landings occupied a lot of Department of Transportation time, but faded from view as people became used to the noise and other disadvantages of the landings around Dulles and Kennedy airports.

A corollary of addressing a problem is that growth inevitably levels off. Jack Walker shows that Congress ran through all the safety legislation they could think of—auto, mining, occupational—and stopped when they had simply played out the string.[6] It's also possible for programs to grow until there is negative feedback, as there was with occupational safety regulation. And sometimes expansion levels off just because it is not sustainable. As one respondent pointed out, if biomedical research expenditures had continued to grow at the 1960s rate, "By 1985 you would have an astonishing proportion of the gross national product going into biomedical research. You could not have kept up a continuation of that growth."

Failure to solve or even address a problem, as well as success, may result in its demise as a prominent agenda item. It takes time, effort, mobilization of many actors, and the expenditure of political resources to keep an item prominent on the agenda. If it appears, even after a short time, that the subject will not result in legislation or another form of authoritative decision, participants quickly cease to invest in it. As one respondent aptly put it, "Congress is easily fatigued. It gets to a point after a while, after everybody's been hassling them and it doesn't look like anything will pass, that they say, 'Go away, don't bother me.'" In fact, such exhaustion is true of the problems that are addressed as well. One heavily involved congressional staffer said in 1976 after the passage of the railroad act, "Right now, we are all exhausted over railroad reorganization, and we don't have a lot of energy left to start something new." In either case, addressing or not addressing the problem, the subject fades: people figure either they solved it, or they did the best they could and the issue must lie fallow for a time until they make another try.

If Anthony Downs is right, problems often fade from public view because a short period of awareness and optimism gives way to a realization of the financial and social costs of action.[7] As people become impressed with the sacrifices, dislocations, and costs to be borne, they lose their enthusiasm for addressing the problem. For example, ecology runs afoul of the realization that mobility by automobile, jobs, or the convenience of abundant energy might be affected.

[6]Jack L. Walker, "Setting the Agenda in the U.S. Senate," *British Journal of Political Science* 7 (October 1977): 423–445.

Respondents occasionally even portrayed the rise and fall of interest in an issue or idea as faddish. A subject gets attention when it is novel. When it is no longer novel, people's attention may turn away from the subject even though it may still be valid or important, largely because it is boring. There was no solution, the idea still may be potentially useful, but the fad has passed. Said one respondent:

> In Washington, the world of ideas is like the world of fashion. Ideas don't last for more than four or five years. They catch on, they become very popular, and because of that, they burn themselves out in a burst of growth, and others take their place. It's like a hula hoop craze. How do you start a hula hoop craze? I can't answer that. There's this guy in New York who goes around clothing animals. He's been doing it for years and years, and every few years, he gets into the media again. Someday, his idea will catch on, and we'll all be diapering our horses.

BUDGETS: A SPECIAL PROBLEM

The budget constitutes a particular kind of problem that deserves a section of its own. Money makes the world go around, as the saying goes. Even if it does not quite do that much, the budget is a central part of governmental activity. Programs, agencies, and professional careers wax and wane according to their budget share. A budget pinch very directly affects both bureaucrats and legislators since the programs in which they have a personal career stake are affected. Budgetary considerations sometimes force items higher on the governmental agenda, acting as a promoter. At other times, budgets act as constraints, holding some items low on (or even off) the agenda because the item would cost more than decision makers are willing to contemplate.

Budgetary considerations certainly loom large in the data generated for this study. In the interviews, budgets were important in 70 percent of the interviews, and in 15 of the 23 case studies. They are slightly more prominent in health than in transportation[8] for two reasons. First, federal government expenditures for health are simply much higher. When the highway program was

[7]Anthony Downs, "Up and Down with Ecology—The 'Issue-Attention Cycle,'" *The Public Interest* 28 (Summer 1972): 38–50.

[8]The figures are as follows: 74 percent of the health interviews rated budgetary considerations as very or somewhat important, compared to 64 percent of the transportation interviews; 9 of the 11 health case studies showed budgets very or somewhat important, compared to 6 of the 12 transportation studies. In the highest year for budgetary concern, 1978, fully 94 percent of health interviews included a very or somewhat prominent discussion of budgets, compared to 81 percent for transportation.

costing about $6 billion, Medicare and Medicaid cost $40 billion. Not only is the magnitude vastly different, but the rate of inflation in medical care, including in government programs, is also much more marked. Within two years of the passage of Medicare, policy makers were astonished by the steep rise in the cost. Sometimes the budget constraint can be so severe that it virtually paralyzes people. As one health respondent despaired of any action, "Nothing is on the front burner. Everyone is just stymied. They are sitting there looking at the costs rising, watching the red meter shooting up."

Let us distinguish between the budget as a constraint, which obliges important people to reduce the cost of proposals or to ignore some options altogether because of a perceived prohibitive cost, and the budget as a promoter, which pushes some items higher on a governmental agenda. An excellent example of the budget as a promoter is the concern over the costs of medical care. During the period of my interviewing, cost was clearly the number one problem on the minds of health respondents. As one put it, "The word 'preoccupation' is too mild. It is an obsession. It just pervades everything. The cost consideration has found its way into every program." When asked whether governmental policy makers were concerned about cost to government itself or to such other entities as private insurers or individuals, their overwhelming response was that the federal budget itself prompted the high ranking of this problem ahead of many others. As one analyst said, "The estimates are that health expenditures in the federal budget will double every five years. The budgetary pressures are just unbelievable." In the process of worrying about cost, other problems, such as access to or the quality of medical care, were shunted aside. As one former bureaucrat rather wistfully phrased it, "We had this big reform agenda in the Public Health Service, but couldn't get any money for it because of Medicare and Medicaid. It was as if we were tossing leaves into a stream, and the leaves were just floating away, carried along by this tremendously strong current that is Medicare and Medicaid."

Probably the foremost concern about budgets, however, is as a constraint. Budgetary considerations prevent policy makers and those close to them from seriously contemplating some alternatives, initiatives, or proposals, or at least oblige them to revise their proposals to reduce estimated expenditures. Some options are ignored altogether. Transportation planners, for instance, came to the point of ruling out future federal expenditures on large-scale fixed rail subway systems because of the high cost of San Francisco's BART and Washington's METRO. In the health area, long-term care was not prominently discussed in my interviews, despite the demographics pointing to increased need for it. The highest proportion of respondents discussing any item related to long-term care was only 13 percent. When asked why such an obvious problem was not prominent on the agenda, most respondents immediately concentrated on the budget constraint. Said one, "Here's the chain of logic: The problem is the care isn't adequate. The solution is to spend money. Do we have money? No. Zip, to the back burner."

So some potential agenda items never make it to agenda status because they do not pass the hurdle of the budget constraint. Other items that do achieve some prominence on the agenda are affected greatly by budgetary considerations. Proposals for national health insurance during the late 1970s constitute a nice example. As advocates of various plans plied their wares during 1977 through 1979, they all came face to face with the fact—and it was treated as a simple fact—that the federal budget could not accommodate a comprehensive plan, what one opponent called a "lust to dust" plan. As a congressional staffer summarized it, "You're faced immediately with this fierce budget constraint. That's a very, very significant factor. I can't stress it too strongly." So everybody jockeyed to see how much of their plans they could get off the budget. Even advocates of comprehensive insurance proposed mandated private coverage as a substantial part of their package. Others cut back on coverage or benefits, retreating from a completely comprehensive plan. One respondent summarized the operation of the budget constraint very nicely:

> Ever since I've been dealing with these things, it's been my impression that the single overriding issue is the impact on the federal budget. You can take all the analysts and get them in a room, and they'll talk and talk and talk, but when you get into a serious discussion with the president or with a committee chairman, the first thing they begin with is, "I think we can spend *x* dollars." And *x* dollars is what you come up with. That happened with welfare reform. I would guess that if you asked anybody proposing welfare reform, "Why five billion," they'd say, "That's what we can buy right now." They'd probably say it's the wrong thing to do too, but that's what we can buy.

In times of severe budget constraint, inexpensive programs come to the fore. They are of three general types. First, some of them attempt to regulate, to control the rise in costs. The alarming rise in Medicare and Medicaid expenditures, for instance, led to several regulatory programs and proposals. Health planning legislation was designed to retard the growth of capital expenditures on the assumption that some of the rise in medical care costs was due to a surplus of beds and to an increase in the availability of high-technology care. The Professional Standards Review Organization program, an attempt to regulate unnecessary utilization, came on line. Fraud and abuse legislation was passed, and hospital cost containment was proposed. These programs, as implemented, enjoyed varying degrees of success, but our main purpose is understanding why attention turned to them in the first place. They became agenda items because they had two virtues during a time of budgetary pressure: They cost little on their own terms, and they held some promise for controlling rising costs.

The second type of inexpensive program is not directly regulatory, but policy makers become convinced that it will save money. Health Maintenance Organizations took off, for instance, partly due to the argument that their introduction would provide competition for traditional fee-for-service medical practice, saving money over the long run both for consumers and for government. Health policy makers turned increasingly during the 1970s to the promotion of good health habits because it was a good idea, but also because keeping people well would keep them out of the medical care system, thus saving money. The percentage of my health interviews including a prominent mention of prevention rose from 13 percent in 1976 to 42 percent in 1979. On the transportation side, rail deregulation was spurred along by the argument that the federal government had come to a turning point: Either it would be obliged to sink more

and more subsidy into entities like Conrail, or government should deregulate, allowing railroads to make it or fail in the marketplace.

Third, at a time when no large-expenditure initiatives (such as national health insurance or fancy subway systems) are possible, attention turns to initiatives that cost little, even if they would not necessarily contribute to actual cost savings. In Chapters 6 and 8, we will describe the activities of policy entrepreneurs in some detail. Suffice it to say here that they are engaged in a restless search for something to propose. If they cannot propose large-ticket items, they will search for proposals that are less expensive. In health, for instance, attention might turn to FDA reform or clinical laboratories, and in transportation, to such low-capital improvements as bus lanes, van pooling, traffic management, and pedestrian malls. One health respondent, while discussing current interest in child health, put this search for inexpensive items during a time of tight budgets very well: "With kids' stuff in general, kids are cheap. You can do what you have to do with kids in the medical area without spending a lot of money because, basically, kids are well. So if you're looking for something to do in health and you don't want it to cost a lot, do kids."

The budget constraint is related more generally to the state of the economy. Constraint is not entirely due to the shape of the larger economy, but when the economy is not growing rapidly, when government revenues fall off and various entitlement expenditures rise, the budget constraint becomes severe. When the economy is growing, on the other hand, more slack resources are available to government for innovation. One reason for government expansion in the 1960s, for instance, was the relatively robust economy. Officials' preoccupation with national economic conditions affects agendas indirectly as well. When President Carter was concerned about inflation, for instance, he was unusually receptive to proposals that could be tied to that particular battle. His continued interest in hospital cost containment, far past the time that the proposal had any realistic chance on the Hill, was due in large part to his desire to point to some initiatives he had taken in the general fight against inflation, rather than to any dynamic in the health area itself.

Some of the budget constraint is perceptual. There are objective facts about such things as the state of revenues or the financial obligations of entitlements, but the budget constraint is also subject to interpretation. Some policy makers can find a deficit of a given size as tolerable, for instance, while others would find it outrageous. The budget constraint can be cited as an argument against a proposal that one does not favor on other grounds, and can be sidestepped for proposals that one does favor, by underestimating their cost or ignoring their long-range cost altogether. Even with a hard-headed estimate of cost, governmental officials still have at their disposal, at least conceptually if not politically, the option of raising revenue for programs that they favor strongly. As one budget official said, "There's always room in the budget if you are willing to raise taxes or if you are willing to cut other programs. The budget constraint isn't so much there, as it is a question of how you handle the budgetary implications."

Usually, budgets form a real constraint: Policy makers anticipate costs and revenues, and if necessary trim back initiatives to make them fiscally manageable. There may be disagreements over the realism of the estimates, but at least they try. Occasionally, however, if they find the circumstances sufficiently compelling, policy makers simply ignore the budget. The program to finance kidney dialysis, for instance, was added as a rider on the floor of the Senate, apparently without any thought to the costs that would ensue. Politicians found that the moral inequity created by having this dramatic life-giving therapy available to some but not to all was simply intolerable. The program burgeoned within two or three years into a billion-dollar expenditure. One knowledgeable respondent claimed, "Those who voted for it had no idea of the cost that would ensue. Even if they had known of the cost, it wouldn't have made any difference."

Finally, these comments about budgetary constraints can apply in many respects to slack resources in general. We have argued that the availability of money makes possible governmental innovation that would be impossible in times of severe budgetary constraint. As one respondent said, "When you're looking at a large deficit that you have to make up somehow, you don't have very many new ideas." The same argument can be applied to the availability of resources other than money. Tight times lead people to be conservative, to protect what they have, and to avoid big changes. Slack resources free up organizations. They have more room for experimentation and more resources to sink into the production of innovations. For instance, problems involving inadequate quality in clinical laboratories and unnecessary lab tests had been known for some time. Congress got moving on bills regulating clinical laboratories in the mid-to late-1970s when a Robert Wood Johnson Foundation fellow came onto the staff of the Senate health subcommittee, and the head of the minority staff saw this as an opportunity to do something about clinical labs. The available slack in the form of a new and unassigned staffer enabled the subcommittee, then the House subcommittee, and finally the HEW bureaucracy responding to the legislative pressure to make substantial changes in their regulatory procedures.

PROBLEM DEFINITION

There is a difference between a condition and a problem.[9] We put up with all manner of conditions every day: bad weather, unavoidable and untreatable illnesses, pestilence, poverty, fanaticism. As one lobbyist said, "If you have only four fingers on one hand, that's not a problem; that's a situation." Conditions become defined as problems when we come to believe that we should do something about them.[10] Problems are not simply the conditions or external events

[9]I would like to thank James Q. Wilson for highlighting this point for me.

[10]Wildavsky says, "A difficulty is a problem only if something can be done about it." See Wildavsky, *Speaking Truth to Power*, op. cit., p. 42. In my usage, a condition is a problem when people want to change the condition, not necessarily when they actually have a solution. I would like to thank Herbert Jacob for calling to my attention some problems that stay prominent on agendas without solutions attached (e.g., crime in the streets).

themselves; there is also a perceptual, interpretive element. As one respondent replied, when I asked him why a new initiative on smoking should come from HEW at the time that it did:

> I don't know. I don't know if there is any answer to that kind of question, even in the abstract. People just finally decide that they have to do it. That sort of thing has happened with a lot of social problems. We live with these social problems for a while, and then we finally decide that if we're serious about them we should do it. The problem doesn't have to get any worse or any better. It doesn't have to be some major change in the problem. Take poverty. Poverty didn't get any worse. Lyndon Johnson just decided to undertake this war on poverty. Why one moment seems better than another I don't know.

There are great political stakes in problem definition. Some are helped and others are hurt, depending on how problems get defined. If things are going basically your way, for instance, you want to convince others that there are no problems out there. One respondent associated with freight shippers told me that all of the recent legislative and implementation changes "have gone the way that the shippers would like them to go. Basically, we don't have a lot of problems with what's been happening." But when less comfortable changes come your way, as Robert Walters points out, you attempt to define the problem in such a way as to place the burden of adjustment elsewhere, and to avoid changing your own pattern.[11] The automobile companies, for instance, defined their market share problem in the 1970s as unfair foreign competition and repressive government regulation. If others agree on their definition of the problem, adjustments must be made elsewhere, particularly by the federal government. But their problem could as easily have been defined as plush union contracts, poor quality control, and inept management decision making (e.g., decisions to produce large cars). Auto manufacturers preferred not to define problems in these ways, however, because the burden of doing something about them would then rest on their own shoulders. Thus problem definition and struggles over definition turn out to have important consequences.

How do conditions come to be defined as problems? Values, comparisons, and categories contribute to the translation.

The Place of Values in Problem Definition

The values one brings to an observation play a substantial role in problem definition. A mismatch between the observed conditions and one's conception of an ideal state becomes a problem. Conservatives and liberals might agree that there is a given income distribution in the population, for instance, and might even agree that some people are poor by any classification. But those who believe in using government to address poverty would define the presence of poor people as a problem; those who do not believe in using government for such

[11]Robert S. Walters, "The Steel Crisis in America," in H. K. Jacobson and D. Sidjanski, eds., *The Emerging International Economic Order* (Beverly Hills: Sage, 1982), pp. 101–128.

purposes would define poverty as a condition. That tendency is accentuated if one adds the phrase, "appropriate for governmental action." Some conservatives might grant that poverty is a problem, but not a problem "appropriate for governmental action."

One prominent set of arguments in health policy—over whether or not access to medical care is a right—revolves quite nicely around such ideological factors. If one sees access as a right, then government presumably should guarantee that right. If some people do not have access to medical care, that condition is defined as a problem, and particularly as a problem appropriate for governmental action. On the other hand, if one views medical care as something that might be nice to have, but not as a right, then differences in access are defined as a condition rather than a problem. To the extent that a definition of medical care as a right becomes diffused both in the population and among specialists in health policy, the pressure for such government action as comprehensive national health insurance becomes much greater.

Comparisons and Problem Definition

Problems sometimes involve comparisons. If one is not achieving what others are achieving, and if one believes in equality, then the relative disadvantage constitutes a problem. If Alexis de Tocqueville's belief that Americans place a particular emphasis on equality was right, then unfavorable comparison creates many problems in the United States. Thus the fact that some receive high-quality medical care and others do not would be regarded as a problem because of the comparisons involved. Sometimes people make these comparisons across nations. It can often be a powerful argument that the French have high-speed trains or the Canadians have national health insurance. The Soviet launch of the first Sputnik set off a dramatic chain of initiatives—including aerospace initiatives but extending far and wide into research, development, and education—designed to catch up. The mere fact of being behind in "the greatest country on earth" is enough to constitute a problem for some people.

Categories

The first cut at analyzing anything is to place it in its proper category. People will see a problem quite differently if it is put into one category rather than another. Thus much of the struggle over problem definition centers on the categories that will be used and the ways they will be used. You may not be able to judge a problem by its category, but its category structures people's perceptions of the problem in many important respects.

For example, one of my respondents attributed the passage of a waterway user charge partly to a change in categories. As he put it, "Navigation always used to be considered a part of water resources policy. It is only recently that it has come to be thought of as transportation." This change had an important ef-

fect. If waterways are categorized as water resources, then such navigation projects as locks and dams, canals, and dredging would be compared to such projects as reclamation and irrigation. But if waterways are viewed as corridors of transport, then a barge's use of locks and dredged channels without paying any user fee is unfair when compared to the fuel taxes paid by users that finance highway construction and maintenance, the ticket tax on airline travel that finances airport construction, and the railroads' own expenditures for right-of-way construction and maintenance.

A second and most interesting example of the importance of categories is the transportation of the handicapped. During the 1970s, handicapped activists agitated for and eventually won statutory language and regulatory interpretations which mandated retrofitting of existing subway systems for elevators and other devices that would make public transit accessible. Transit operators and even many handicapped people themselves argued that the handicapped could be transported more cheaply and more conveniently around urban areas with dial-a-ride service or in subsidized taxis. The issue turned on how one classified the problem. If it was defined as a civil rights issue, then equal access to subways was called for because separate is not equal. On the other hand, if it was a transportation issue, then equal access was not necessary and other solutions were appropriate. The category into which the issue was placed made a tremendous difference.

Old categories and old means of classifying subjects into those categories tend to persist. But what of changed circumstances? In the face of changed needs or new problems, government's first instinct is to preserve the old categories as long as possible. A change in categories represents a threat to somebody's interests, and politicians like to put off that day of reckoning as long as they can. Thus it had been the accepted theory that the federal highway program would help construct highways, but the states and localities would be responsible for maintaining them once constructed. As the 1960s and 1970s wore on, it became clear to most knowledgeable people that the states simply could not or would not keep pace with the maintenance requirements. Yet if the federal government simply agreed to pay for maintenance, the expense would be enormous, and the distinction between a local responsibility (e.g., a rural county road) and a federal responsibility (e.g., an interstate highway) would be increasingly difficult to draw. The burden of adjustment, to return to a previously discussed concept, would be placed on the federal government. So the first step was to define some maintenance activities as construction. The federal government might not pay for filling potholes, but it would treat reconstruction the same as new construction. Resurfacing, spreading a whole new sheet of asphalt on an existing road, would be called construction and paid for by the federal government. Thus one congressional committee staffer said that the distinction between construction and maintenance "still is the theory, but the definition of what constitutes construction has been altered over the years. There are some things that are being included now that once were considered maintenance."

Eventually, the fit between the categories and reality becomes so weak that new categories emerge. The number of cases that do not fit the old categories

increases so dramatically that people must use new categories simply to make themselves understood. To return to the previous example, at least some people admit that the federal government is indeed financing highway maintenance. But during the 1960s and 1970s, other modes of transportation were deteriorating, including railroad rights-of-way, and locks and dams. Eventually, transportation people began to think in terms of "transportation infrastructure deterioration," rather than of the separate deterioration of each of the modes' infrastructures. The emergence of that category has important implications for the way people see problems. They make explicit connections between the experiences of the railroads and highways, arguing that if we defer maintenance on highways and bridges as the railroads did on rights-of-way, we will be in a similar mess. The new category also creates the sense that there is a much more massive problem than if people were seeing each of the pieces separately. That in turn argues for the devotion of more resources to rebuilding.

The emergence of a new category is a signal public policy event. When people start thinking of transportation or energy, for instance, instead of their separate components classified into other categories, entirely new definitions of problems and conceptualizations of solutions come into play. In important respects, the categories define our ways of looking at the problems.

CONCLUSION

This chapter has considered how governmental officials fix their attention on one problem rather than another. Various mechanisms—indicators, focusing events, and feedback—bring problems to their attention. They use indicators to assess both the magnitude of and the change in a problem. Their interpretation of indicators turns out to be a process more complicated than a straightforward assessment of the facts. Focusing events, including disasters, crises, personal experience, and symbols, are important, but need accompaniment in the form of preexisting perceptions which they reinforce, firmer indicators, or combinations with other such events. Feedback gives information on current performance that may not square with legislative or higher administrative intent, indicates a failure to meet stated goals, or suggests unanticipated consequences. Just as a problem can rise on an agenda, it can also fade from view. Government may address the problem, may even solve it after a fashion. If there is a failure to address the problem, the result may be frustration and a turn to something more tractable. Problems may also fade simply because their growth rate levels off, because people become used to the condition, or because attention is faddish.

Budgets constitute a special kind of problem. Sometimes budgetary conditions act as an impetus to the emergence of a set of concerns or proposals into prominence. More often, the budget acts as a constraint, dampening enthusiasm for expensive proposals or for attending to problems whose solution would be expensive. The presence of slack resources in the economy makes the budget constraint less severe. In general, slack resources make innovations possible.

Once again, the budget constraint is not necessarily obvious on its face, but is subject to a variety of interpretations.

In general, not every condition is seen as a problem. For a condition to be a problem, people must become convinced that something should be done to change it. People in and around government make that translation by evaluating conditions in the light of their values, by comparisons between people or between the United States and other countries, and by classifying conditions into one category or another.

The Importance of Problem Recognition

Sometimes, the recognition of a pressing problem is sufficient to gain a subject a prominent place on the policy agenda. The collapse of the Penn Central Railroad, for example, was reason enough for government to pay attention to the imminent cessation of service and its resultant economic dislocation, and to take action. But just as often, problem recognition is not sufficient by itself to place an item on the agenda. Problems abound out there in the government's environment, and officials pay serious attention to only a fraction of them.

Nor is solving a problem the only reason government enacts a solution. Several considerations independent of problem solving prompt government to act. Politicians cast about for ways to make their mark. Bureaucrats propose initiatives designed to help them keep their jobs or expand their turf. Prevailing values change, resulting in new problem definition. Simple interest group pressure or other expressions of preferences may gain issue prominence, independent of a problem being solved. There are many reasons for agenda status, apart from the straightforward impulse to identify problems and solve them.

National health insurance quite nicely illustrates this attention to solutions before problems. Its advocates argue that there are a number of problems in the health care system that national health insurance is supposed to address, including gaps in private insurance coverage, lowered access to medical care for those who have inadequate coverage, heavy financial burdens on some parts of the population, and an inability on the part of government or anyone else to control rapidly rising costs. While all of these problems might have existed in some sense during most of the years of my interviewing, most of my health respondents did not emphasize them. Rather, they seemed to share one congressional staffer's sense that the problems are not particularly pressing:

> The bulk of the working people have reasonably good coverage right now. Low-income people are covered by Medicaid, even though they might not be covered as well as they could be. The aged and disabled are covered under Medicare. So actually, there is quite a bit of coverage out there. Medicare was easy to make the case for, because there really were a lot of people out there who didn't have coverage, who weren't getting the right kind of health care, and who really needed it too. This national health insurance issue is not like Medicare at all.

Yet between 1978 and 1979, there was a dramatic increase in the proportion of my respondents who said that there was in fact a need or constituency for national health insurance. In 1978, only 3 percent of them prominently discussed that possibility; in 1979, 42 percent of them did. It is extremely unlikely that the problems became that much more serious in one year's time. What happened was that Senator Russell Long started pushing a bill in the Finance Committee, and the Carter administration produced their proposal. The prominence of these proposals on the agenda affected the prominence of the problems which the proposals were supposed to solve. The events brought to the fore all of the problems and needs that "everybody knew were out there all along."

It does seem true, however, that linking a proposal to a problem that is perceived as real and important does enhance that proposal's prospects for moving up on the agenda. While the emergence of a widespread feeling that a problem exists out there may not always be responsible for prompting attention to a subject, people in and around government still must be convinced somewhere along the line that they are addressing a real problem. One would not consider national health insurance, for example, unless one were convinced that it would address real problems. Or as one respondent said of moves to control rising hospital costs, "Of course, the indicators of cost are used in the argument. You wouldn't start a cost containment program if the indicators were going down. You'd be laughed out of court."

Focusing attention on one problem rather than another is often no accident. Activists invest considerable time and energy in their efforts to bring problems to public and governmental attention. We will reserve most of our discussion of policy entrepreneurs—those willing to make investments of their resources in return for future policies of which they approve—for Chapters 6 and 8. But here, it is important to recognize that they affect attention to problems. They highlight indicators, for instance, by press releases, hearing testimony, speeches, and other devices. They try to bring problems into the personal experiences of important people by giving them a first-hand look. A Seattle pediatrician, Abe Bergman, highlighted the problem of flammable children's clothes by inviting Senator Warren Magnuson to view horrible burn cases in the hospital. These entrepreneurs make a point of generating feedback in the form of letters, visits to decision makers, and protest activity. They also push for one kind of problem definition rather than another.

Getting people to see new problems, or to see old problems in one way rather than another, is a major conceptual and political accomplishment. Once a particular problem comes to capture the attention of important people, some whole classes of approaches come into favor and others fall from grace. If the cost of medical care is seen as "the" problem, for instance, attention to more costly initiatives is dampened, and all present and proposed activities are scrutinized according to their contribution to cost. Or if the efficiency of the economy becomes "the" national problem rather than inequality of income, then the enactment of more ambitious welfare and regulatory programs becomes less likely than moves toward deregulation and spending cuts. The process of fixing attention on one problem rather than another is a central part of agenda setting.

CHAPTER 6

The Policy Primeval Soup

I took [the draft bill] into the Senator—I was an eager young fellow at the time—and we engaged in pleasantries. After about twenty minutes, he indicated that I should leave. I said to him, "But Senator, don't you want to ask me any questions about this, discuss the policy implications or anything?" "No," he said, "I'll just introduce it tomorrow." "But Senator," I said, "aren't you even going to read the bill?" "No," he said, "I'll just introduce it tomorrow." Then he said, "Let me tell you something. We'll introduce this tomorrow, but it will take twenty to twenty-five years for it to be brought into being. If it takes that long, there's not much point in my looking at the bill now, is there?"

—a respondent who had worked with collaborators for more than a year on a landmark bill

Picture a community of specialists: researchers, congressional staffers, people in planning and evaluation offices and in budget offices, academics, interest group analysts. Ideas float around in such communities. Specialists have their conceptions, their vague notions of future directions, and their more specific proposals. They try out their ideas on others by going to lunch, circulating papers, publishing articles, holding hearings, presenting testimony, and drafting and pushing legislative proposals. The process often does take years, as the quotation above illustrates, and may be endless.

Generating alternatives and proposals in this community resembles a process of biological natural selection.[1] Much as molecules floated around in what biologists call the "primeval soup" before life came into being, so ideas

[1]Robert Axelrod's work is a brilliant combination of biological natural selection and social science mathematical models. See his "The Emergence of Cooperation Among Egoists," *American Political Science Review* 75 (June 1981): 306–318; his *The Evolution of Cooperation* (New York: Basic Books, 1984); and his article coauthored with William Hamilton, "The Evolution of Cooperation," *Science* 211 (27 March 1981): 1390–1396. For another application of evolution in social sciences, see Richard Nelson and Sidney Winter, *An Evolutionary Theory of Economic Change* (Cambridge: Belknap Press of Howard University Press, 1982).

float around in these communities.[2] Many ideas are possible, much as many molecules would be possible. Ideas become prominent and then fade. There is a long process of "softening up": ideas are floated, bills introduced, speeches made; proposals are drafted, then amended in response to reaction and floated again. Ideas confront one another (much as molecules bumped into one another) and combine with one another in various ways. The "soup" changes not only through the appearance of wholly new elements, but even more by the recombination of previously existing elements. While many ideas float around in this policy primeval soup, the ones that last, as in a natural selection system, meet some criteria. Some ideas survive and prosper; some proposals are taken more seriously than others.

This chapter describes the policy primeval soup and the selection process. We begin by describing the policy communities; then we consider how ideas float around, and how the community of specialists and the public is "softened up." We present various criteria for survival of an idea, analyzing how some ideas become more prominent than others. Finally, the presence of an available alternative is portrayed as another important factor that makes it likely a subject will achieve lasting high agenda status.

POLICY COMMUNITIES

Policy communities are composed of specialists in a given policy area—health, housing, environmental protection, criminal justice, to name a few. In any one of these policy areas, specialists are scattered both through and outside of government. Some of them are on committee staffs in Congress, or in such congressional staff agencies as the Congressional Budget Office or the Office of Technology Assessment. Others work downtown, in places like planning and evaluation offices and budget offices. Still others are academics, consultants, or analysts for interest groups. But they have in common their concern with one area of policy problems.

They also have in common their interactions with each other. People in the health community know each other's ideas, proposals, and research, and often know each other very well personally. As an unobtrusive indicator of these interactions, I asked respondents to name others to whom I should speak. The same names would rather quickly surface as I went from one person to the next, suggesting that the circle of specialists was fairly small and fairly intimate. More than once, an interview was interrupted by a telephone call from someone who was also on my list of respondents.

This community of specialists hums along on its own, independent of such political events as changes of administration and pressure from legislators' constituencies. These specialists are affected by and react to the political

[2]For an excellent discussion of evolution and its various implications, see Richard Dawkins, *The Selfish Gene* (New York: Oxford University Press, 1976). His description of the primeval soup is on p. 16. The word "primordial" could also be used, but I have chosen to follow Dawkin's usage. Another discussion is in L. E. Orgel, *The Origins of Life* (London: Chapman and Hall, 1973).

events, to be sure. But the forces that drive the political stream and the forces that drive the policy stream are quite different: each has a life of its own, independent of the other. As one astute journalist observed: "There are a lot of technicians in medical policy, and that world follows a separate track from the political. Welfare reform is an example of that. The formulation of the Nixon administration proposals came out of that community of welfare professionals, and it has lived on in that community as well."

Fragmentation

From one policy area to another, the relevant communities of specialists vary tremendously in the degree of fragmentation. Some communities are extremely closed and tightly knit. Others are more diverse and fragmented. Health and transportation provide an instructive contrast because health is far less fragmented. The health community does have diverse elements, including biomedical researchers, manpower specialists, health insurance advocates, and budget makers. But most health specialists deal with problems related to making people healthy and paying for their medical care, and there is a fair amount of interaction among the admittedly diverse elements. One health analyst perhaps overstated the point by saying, "Everybody knows everybody. This system is very inbred." During my years of interviewing, the interaction was even formalized in a tradition called the Health Staff Seminar, funded primarily from foundation grants, which brought together health specialists working in government from all over town to hear presentations, think about common problems, and meet one another in a quasi-social context. In the process, they exchanged information, developed more common ways of looking at problems, and cultivated their informal contacts in the health network.

The transportation community is much more fragmented, partly because it is divided into the different modes. I would ask a congressional committee staffer, for instance, about the major problems in transportation, and he would reply, "We're railroads here." Or it might be urban mass transit, or highways, or aviation. It was not unknown for health respondents to say at the beginning that they were only going to deal with biomedical, or manpower, or Medicare, but such a disclaimer was far more common in transportation. The technologies involved in the modes are different from one another, the industries and interest groups tend not to cut across modes, and the jurisdictions of both the administrative agencies and the congressional committees are defined by mode. Thus there are communities of specialists in rail, highways, aviation, urban transit, and waterways, but very few people are concerned with issues that involve two or more of these modes.

Nor is modal fragmentation in the transportation community the only kind. There is also a division between those involved in regulation and those involved in federal grants programs. Both the Interstate Commerce Commission and the Federal Highway Administration deal with truckers, for instance, but the regulatory and grants worlds are completely different. Then there is the freight world versus the passenger world. There may be other dimensions of fragmentation as well.

A few structures in transportation bridge these various sources of fragmentation. The Department of Transportation does act as an umbrella under which various modes must gather. For the most part, the Department is only a collection of the separate fiefdoms, but some degree of cross-modal planning and competition does take place that would not occur in the absence of the Department. The Office of the Secretary examines the work of the various modal administrations, coordinates approaches to the White House and the Hill, and introduces some modicum of communication across the modes. As one observer put it, "You couldn't have them together in the same department for too long before it became obvious that these things related to each other. You could see right away that highways were related to mass transit, for instance." Such a bridging departmental structure might encourage at least some people to think of such proposals as intermodal passenger terminals that would accommodate train, bus, and commuter traffic; multimodal freight transportation through containerization; or even multimodal trust fund arrangements in which user charges from various modes would be brought together into a single fund with allocations considered tradeoffs among the modes. There are limits to the efficacy of such a structure knitting together an inherently fragmented system, but at least some integration has taken place.

Consequences of Fragmentation

The first consequence of system fragmentation is policy fragmentation. The left hand knows not what the right hand is doing, with the result that the left hand sometimes does something that profoundly affects the right hand, without anyone ever seeing the implications. Transportation respondents often cited the beginning of the interstate highway program as their case in point. Basically, the debates at the beginning swirled around highway issues themselves—how the financing would be arranged, trust fund versus general revenues, the extent of the system, and the location of the highways. Yet the construction of the system, in addition to reaping all of the benefits of convenient long-haul passenger and freight transportation, also created tremendous problems for the railroads and for urban areas. The railroads found themselves extremely hard pressed by long-haul trucking competition, which was one major factor (among several) leading to the deterioration of railroad service. Urban areas experienced considerable dislocation as multilane highways were built: new land-use patterns, the spread of both residences and industry from the central city, and the leveling of whole neighborhoods to make room for highways. One might find after diligent searching that somebody, somewhere had anticipated these consequences. But according to several respondents, such consequences received only scant attention at the time, due quite directly to the fragmentation of the transportation policy community.

Second, a more closely knit community generates common outlooks, orientations, and ways of thinking. These common features, a result of the relatively tight integration of the community, in turn strengthen that integration. As people have a common language, they can better communicate with one another. A fascinating example occurred in my health interviews. As I asked people in

health what the major problems were, respondent after respondent referred to what one of them called "the big three": cost, access, and quality. They often started with the cost of medical care to consumers, insurers, and government. But they would also discuss gaps in access to medical care, and the quality of care that people receive. Over and over, health respondents discussed these concepts in general terms, and used exactly the same three labels to refer to them. It could be that this magic triumvirate was first mentioned in some by-now-ancient commission report, or that it has come to be a common paradigm in public health instruction around the country. But even for people not socialized in these circles, the triumvirate had entered *lingua franca* in the trade.

Nothing like this common paradigm emerged in transportation. There could in principle be such a paradigm, as respondents might classify the world into passenger versus freight, regulation versus finance, interstate versus commuter, or air versus surface. Indeed, each of these classification schemes would be entirely recognizable among transportation specialists, entirely commonsensical, and implicitly used every day. But the striking feature in the interviews was that health respondents spontaneously produced an explicitly common paradigm, using exactly the same terminology, whereas transportation respondents did not. Such a paradigm not only indicates an integrated community, but it also enhances the integration.

Finally, fragmentation begets instability. There have been previous hints of greater stability in health than in transportation: Crisis events were far more important in transportation; similarly, fewer health than transportation variables exhibited change over the four years (Table 4-3). Let us now observe directly the agenda stability in the two domains.

Table 6-1 shows the intercorrelations among groupings of variables across the four years in health and in transportation. Substantively, a high correlation between two years means there was a high degree of stability within the groupings. The cost of health care, for instance, was prominently discussed each year, so that the values for cost remained high across the four years. On the other hand, mental health was mentioned quite infrequently in each of the four years. But with both cost and mental health, there was a high stability—cost remained prominent in the interviews, mental health remained low—and the values did not fluctuate much from one year to another. For the regulation grouping in transportation, by contrast, the highest-valued variable jumped abruptly between 1978 and 1979. If there were many such changes, the correlations from one year to the next would drop, indicating less stability.

Note in Table 6-1 that the correlations for health are noticeably higher than for transportation. The highest transportation figure is lower than the lowest health figure, and the mean correlation is much higher for health than for transportation. This indicates that the agenda changed from one year to another a good bit more within transportation than within health. Between 1978 and 1979 in transportation, for instance, the correlation is quite low indeed, due to the rapid take-off of the deregulation and energy-related variables and the sharp decline in others (including highways and waterways).

I believe that agenda stability is due to what we might call "structural anchors to the agenda." Transportation, with its greater fragmentation, fewer

Table 6-1
*Correlations Among High-Valued Variables Across Year**

	Health (N = 17)		
	1976	1977	1978
1977	.81		
1978	.83	.93	
1979	.83	.83	.86
	Mean correlation for health = .85		
	Transportation (N = 20)		
	1976	1977	1978
1977	.79		
1978	.66	.72	
1979	.60	.59	.39
	Mean correlation for transportation = .63		

*I first defined a "grouping" of variables. All of the variables related to the cost of medical care, for instance, would constitute a cost grouping within the health domain. I then noted the variable within the grouping that had the highest value (the highest percentage coded "very" or "somewhat" important) for each year. In the health cost grouping, for instance, the highest-valued variable in 1976 was 83 percent, in 1977, 81 percent, in 1978, 82 percent, and in 1979, 71 percent. Thus there was not a great deal of change within the health cost grouping over the four years, with cost always being very prominent. But for the "transportation regulation" grouping, the comparable values were 43, 44, 45, and 83, indicating an abrupt change upward in 1979. There were 17 such groupings for health, and 20 for transportation.

I then made up a data matrix in which the four variables were the four years (1976–1979), and the cases within each variable were the groupings. Thus the values for the cost grouping within the health domain would be 83, 81, 82, 71 (the percentage values for that grouping ranged across the four years or four variables). I entered analogous values for each of the 17 health and each of the 20 transportation groupings. I could then correlate the values among the years. A high correlation would show that there was high stability from one year to another, whereas a low correlation would show that the values flopped around a good bit from one year to another.

agreed-upon paradigms, and greater susceptibility to crisis, is simply less completely structured. That relative lack of structure leaves the agenda free to shift from one time to another in a more volatile fashion. In the more tightly knit health community, with its greater sharing of paradigm, there is less chance for the health agenda to shift abruptly. The fragmentation of a policy system affects the stability of the agenda within that system.

COMMUNITIES AND THE SOUP

Within the policy communities we have just described, many, many ideas are considered at some stage and in some way. Many people have proposals they would like to see considered seriously, alternatives they would like to see be-

come part of the set from which choices are eventually made. They try out their ideas on others in the policy community. Some proposals are rather rapidly discarded as being somehow kooky; others are taken more seriously and survive, perhaps in some altered form. But in the policy primeval soup, quite a wide range of ideas is possible and is considered to some extent. The range at this stage is considerably more inclusive than the set of alternatives that is actually weighed during a shorter period of final decision making. Many, many things are possible here.

To deal with the deteriorating condition of the railroads, for instance, many ideas and proposals have floated among those who make policy or are close to policy makers in the rail area. Over the past decade or two, these ideas have included complete nationalization, nationalization of the roadbed only, regional nationalization, subsidies for equipment or operating expenses, loan guarantees, greater freedom from regulation to allow railroads to abandon unprofitable operations and gain greater pricing flexibility, merger reform, government-operated passenger service, a free marketplace that lets economically sick railroads go under, and even a proposed pneumatic tube to suck passengers in capsules from Washington to New York. To deal with rising medical care costs, health specialists have contemplated comprehensive national health insurance, catastrophic insurance, various regulatory programs, reimbursement reform, direct government delivery of medical care services, various ways of introducing competition into the system, and essentially doing nothing.

The range of possibilities is really quite impressive. Interviews were filled with comments like: "There are lots of things that people are studying." "There are lots of good ideas around." "I honestly don't think there was any option that was not surfaced somewhere along the line." "These things float around all the time." One of my more sharp-tongued respondents dryly observed, when asked if nationalization of railroads was being considered, "Yes, sure, it's being considered. There's hardly a bad idea that isn't being considered. If you think of a bad idea that isn't being considered, call me up collect. I'd like to hear about it."

Incentives and Policy Entrepreneurs

We have spoken of advocates for proposals or for the prominence of an idea. Let us label these advocates policy entrepreneurs.[3] These entrepreneurs are not necessarily found in any one location in the policy community. They could be in or out of government, in elected or appointed positions, in interest groups or research organizations. But their defining characteristic, much as in the case of a business entrepreneur, is their willingness to invest their resources—time, energy, reputation, and sometimes money—in the hope of a future return. That return might come to them in the form of policies of which they approve, satisfaction from participation, or even personal aggrandizement in the form of job security or career promotion.

[3]For a few previous uses, among many, of the concept of policy entrepreneur, see Jack L. Walker, "Performance Gaps, Policy Research, and Political Entrepreneurs," *Policy Studies Journal* 3 (Autumn 1974): 112–116; Walker, "The Diffusion of Knowledge, Policy Communities and Agenda Setting," in John E. Tropman, Milan J. Dluhy, and Robert M. Lind, eds., *New Strategic Perspectives on Social Policy* (New York: Pergamon Press, 1981), pp. 75–96; and Robert H. Salisbury, "An Exchange Theory of Interest Groups," *Midwest Journal of Political Science* 13 (February 1969): 1–32.

Why do they advocate? Or more broadly, what incentives prompt advocacy? What purposes might a given proposal serve? One fairly straightforward possibility is that people sense there is a problem, and they advocate solutions to solve the problem. Some portion of the time, such problem solving does take place. But people in and around government sometimes do not solve problems. Instead, they become advocates for solutions and look for current problems to which to attach their pet solution. What makes the solution a "pet"?

One incentive that prompts advocacy is the promotion of personal interests. This might mean the protection of bureaucratic turf—keeping one's job, expanding one's agency, promoting one's personal career. The legendary battles between the Federal Highway Administration and the Urban Mass Transit Administration within the Department of Transportation are in part battles for bureaucratic turf: protecting and expanding their budgets, employees, and programs. In the case of a lobbyist, advocacy of a proposal might be prompted by the group's interest. The American Medical Association advocated a version of national health insurance in the mid 1970s, for instance, not because they were particularly enthusiastic but because they felt they should be a part of the discussions in order to protect the interests of their members. In the case of a politician, advocacy has electoral benefits. Members of Congress become active in order to claim credit for some accomplishment or to gain publicity. Presidential candidates need policy proposals to make their campaigns credible. These considerations are akin to what James Q. Wilson calls "material" incentives—direct, personal, concrete gain is at stake.[4]

Second, people sometimes advocate proposals because they want to promote their values, or affect the shape of public policy. Advocates of comprehensive national health insurance, for instance, generally have a rather well-articulated vision of a complete package of social insurance programs. Their ideology about the proper role of government in social insurance prompts them to advocate national health insurance as a part of that package. The activists who comprised the first Reagan administration had a vision of smaller government, balanced budgets, and lower taxes. Their ideology prompted them to advocate the curtailment of domestic spending that became a major hallmark of Reagan's first year in office. Advocacy sometimes serves Wilson's "purposive" incentives.

Finally, some of these entrepreneurs are what we might call policy groupies. Much like people who participate and join for "solidary" incentives, some entrepreneurs simply like the game. They enjoy advocacy, they enjoy being at or near the seat of power, they enjoy being part of the action. They make calls,

[4]James Q. Wilson, *Political Organizations* (New York: Basic Books, 1973), Chapter 3. See also Peter B. Clark and James Q. Wilson, "Incentive Systems: A Theory of Organization," *Administrative Science Quarterly* 6 (September 1961): 219–266. My discussion of incentives is quite similar to their material-purposive-solidary typology.

have lunch, write memos, and draft proposals, probably for the other reasons we have discussed as well, but in combination with the simple pleasure they take in participating.

Origins, Mutations, and Recombinations

We have just discussed the variety of incentives that lead entrepreneurs to advocate their favorite proposals. Much as we argued in Chapter 4, however, a concentration on origins tells only a small fraction of the story. In fact, many, many proposals are possible—a theoretical infinity of them. This policy primeval soup does not closely resemble a rational decision-making system with a few well-defined alternatives among which decision makers choose. Instead, for the reasons just discussed, a very large number of proposals are considered somewhere along the line. The process is evolutionary, a selection process in which some of these ideas survive and flourish. With this reasoning, the origins become less important than the processes of mutation and recombination that occur as ideas continuously confront one another and are refined until they are ready to enter a serious decision stage. Thus the order ideas are tried out sometimes approaches randomness, but the key to understanding the process is knowing the conditions under which ideas survive.

Many theorists of evolution have come to distinguish between mutation and recombination.[5] According to some current thinking, evolution proceeds not so much by mutation, or the sudden appearance of a wholly new structure, as by recombination, or the new packaging of already familiar elements. Similarly, creative activity usually involves recombination of old elements more than fresh invention of new ones.[6] New musical or artistic forms are found, on analysis, to be new combinations of familiar forms. Likewise, breakthrough scientific discoveries usually build on a lot of previous research.

So it is with the evolution of public policy ideas. Wholly new ideas do not suddenly appear. Instead, people recombine familiar elements into a new structure or a new proposal. This is why it is possible to note, "There is no new thing under the sun," at the very same time change and innovation are being observed. Change turns out to be recombination more than mutation. One of my respondents captured this change process in a particularly apt analogy, arguing that the elements that go into a policy change can be understood better than how they came into contact and were combined with one another:

> It's like the right combination of gases at the creation. You don't know exactly how the creation took place, except that the right combination of elements was present. The gases sort of swirled around until the right ones came into contact and created the right molecular structure.

[5]This distinction goes by different names with different authors. Some describe a process of crossing-over, for instance, not recombination, to label an exchange of previously existing genetic material. Inversion is another form of genetic change, in which previously existing chains of cells are turned end-to-end. But the general distinction between mutation and recombination is maintained in some form. For a general discussion, see John Maynard Smith, *The Theory of Evolution*, 3rd ed. (Baltimore: Penguin Books, 1975), Chapters 3–5. See also Dawkins, *The Selfish Gene*, op. cit., Chapter 3, especially pp. 32–33. For a more technical treatment, see John H. Holland, *Adaptation in Natural and Artificial Systems* (Ann Arbor: University of Michigan Press, 1975), Chapter 6, especially p. 110.

[6]For example, Koestler argues that an act of creation involves "bisociation," or the combination of diverse but familiar elements in unexpected ways. See Arthur Koestler, *The Act of Creation* (London: Hutchinson, Danube Edition, 1969), especially Chapters 1 and 23.

Ideas, Not Pressure

Political scientists are accustomed to such concepts as power, influence, pressure, and strategy. If we try to understand public policy solely in terms of these concepts, however, we miss a great deal. The content of the ideas themselves, far from being mere smokescreens or rationalizations, are integral parts of decision making in and around government.[7] As officials and those close to them encounter ideas and proposals, they evaluate them, argue with one another, marshal evidence and argument in support or opposition, persuade one another, solve intellectual puzzles, and become entrapped in intellectual dilemmas. This mode of working through problems and proposals, in contrast to working through them by lobbying muscle or mobilization of numbers of people, is particularly true of the policy community we are discussing in this chapter. As John Maynard Keynes said, "The ideas of economists and political philosophers, both when they are right and when they are wrong, are more powerful than is commonly understood. Indeed, the world is ruled by little else. . . . I am sure that the power of vested interests is vastly exaggerated compared with the gradual encroachment of ideas."[8]

Governmental officials often judge the merits of a case as well as its political costs and benefits. By most informed accounts, for example, the arguments of academic economists in favor of airline deregulation really did play a major role in its passage. One of my respondents, in fact, took me through the arguments marshaled by the airlines against deregulation, and showed me how their arguments were "simply destroyed" during the course of the hearings. Another portrayed the originally skeptical senators as being persuaded by the arguments and evidence, rather than by some lobbying campaign or the anticipation of electoral consequences. Then the arguments were carried over into the trucking and rail cases, once airline deregulation had passed. When I asked one respondent why there was movement in the trucking case, despite the formidable opposition of the regulated truckers and Teamsters, he replied, "Well, I hate to say it, but by God, every once in a while in this town, somebody stands up and says something because it's right. You have to allow for the possibility that something is being talked about because it's the right thing to do." Its "right-

[7]For a discussion of the difference between politics as learning and as power or influence, see Hugh Heclo, *Modern Social Politics in Britain and Sweden* (New Haven: Yale University Press, 1974), pp. 304–322.

[8]John Maynard Keynes, *The General Theory of Employment, Interest, and Money* (New York: Harcourt Brace, 1936), p. 383.

ness" was in dispute, but his point is well taken: People often advocate proposals or become persuaded "on the merits."[9]

Policy making is often a process of creating intellectual puzzles, getting into intellectual binds, and then extracting people from these dilemmas. Items might be held off of a public policy agenda for a considerable amount of time while such puzzles are being solved. The key break in the logjam over an interstate highway system, for instance, was an idea—the notion of earmarking funds. Everyone wanted to do something about traffic congestion and clogged highways, but nobody wanted to pay the bill. When the Clay Committee appointed by President Dwight Eisenhower advocated an earmarked trust fund so that the interstate system could be financed from user charges (a fuel tax), the dilemma disappeared and the idea very quickly found its way into enactment.

Preoccupation with rising costs creates a similar bind for health policy makers. As they have wrestled with cost control, they have developed theories to explain the persistence of the problem. These theories concentrate on the fact that because insurance pays, neither providers nor patients have much incentive to reduce costs. The widespread acceptance of this theory has then implied that some solutions gain acceptance more easily than others. Various regulatory programs, and allowing greater marketplace competition to act as a regulator, for instance, seem to show some promise for extracting health policy from its basic dilemma. By contrast, more insurance, while seriously considered during the Carter years, was not enacted in the end. Indeed, some observers argued that the administration's insistence on hospital cost containment as a precurser to national health insurance locked the administration into a logical bind: If cost containment proposals were not adopted, as happened eventually, the administration could not very well advocate national health insurance after arguing that cost containment was a necessary first step.

Even if argumentation is nothing more than rationalization, it is still important. Some events may be governed by lobbying influence or by judgments about clout at the polls, but governmental officials still try to reason their way through problems. Lobbyists marshal their arguments as well as their numbers. The regulated truckers and Teamsters, for instance, known in popular lore for their pressure tactics, employ many experts and analysts who worry constantly about refuting the calculations and arguments of their opponents concerning the likely effects of deregulation. Representatives of barge owners feel their cause really is seriously damaged by arguments about environmental effects of rivers and harbors projects, so they go to considerable lengths to show that water navigation is environmentally sound. One bureaucrat stated the point nicely after referring to a refurbished lobby for intercity buses as a "very dynamic organization." I asked how he judges the dynamism—whether by volumes of letters, or what:

[9]For an excellent discussion of the translation of academic economists' arguments into deregulation proposals, see Martha Derthick and Paul J. Quirk, *The Politics of Deregulation* (Washington, D.C.: The Brookings Institution, 1985), Chapter 2.

> No, there are not a lot of letters. It's mostly in the sophistication of their talk when they come in to see you. They talk about the number of people that buses carry, the kinds of financial problems they face. They really make a good case.

Superior argumentation does not always carry the day, to be sure. But in our preoccupation with power and influence, political scientists sometimes neglect the importance of content. Both the substance of the ideas and political pressure are often important in moving some subjects into prominence and in keeping other subjects low on governmental agendas.

Finally, sometimes ideas fail to surface in a policy community, not because people are opposed to them, not because the ideas are incompatible with prevailing ideological currents, but because people simply find the subjects intellectually boring. Among my health respondents, for instance, the subject of fraud and abuse did not receive much attention. Over the four years of my interviewing, the highest proportion that discussed any facet of fraud and abuse as a prominent agenda item was 11 percent. This occurred despite the fact that it received a great deal of press play during the same period, and despite the fact that legislation was passed on the subject. A major reason for this lack of interest, it seemed to me, was that policy makers just found the subject boring: messy, unlikely to produce much cost savings, and, most important, not really tied to their intellectual preoccupations with things like market structures, third-party payment, and the contributions of high technology to burgeoning medical care costs. These policy communities are a bit like academic disciplines, each with their own theories, ideas, preoccupations, and fads.

The tendency to concentrate on interesting subjects and avoid boring ones has important implications. First, one who advocates a position tends to oversell it. If a specialist qualifies his or her analysis appropriately, others will lose interest. As one observer put it:

> If you try to sell an idea by saying, "Well, this might work but on the other hand, there are problems with it, but the data show this, but there are problems with the data, so we have to qualify it, but nevertheless I think we should perhaps try this out," you won't get anywhere. You have to go in there and say, "This is the greatest thing to come along in years."

Second, to the extent that policy communities are swept by intellectual fads, attention to subjects will naturally decay as well as advance. Part of the atrophy is due simply to the fact that the subject becomes commonplace, routine, and boring. Attention then turns to subjects that are more interesting. The problem may not be solved, concern with it might still be just as important, approaches to the problem might still be as valid as they ever were, but the idea just isn't novel any longer.

Softening Up

To some degree, ideas float freely through the policy primeval soup. But their advocates do not allow the process to be completely free-floating. In addition to starting discussions of their proposals, they push their ideas in many different

forums. These entrepreneurs attempt to "soften up" both policy communities, which tend to be inertia-bound and resistant to major changes, and larger publics, getting them used to new ideas and building acceptance for their proposals. Then when a short-run opportunity to push their proposals comes, the way has been paved, the important people softened up. Without this preliminary work, a proposal sprung even at a propitious time is likely to fall on deaf ears.

The respondent quoted at the beginning of this chapter expressed the point well when he described the years and years of discussion that it would take to obtain serious consideration of his landmark proposal. But this respondent was not alone in my interviews by any means. Consider the following expressions of the same idea:

> It takes a long time to educate people. And then once you get them educated, you have to build up some power to do something. Educating people is very time consuming and energy consuming.

> What you have in these things is a group of dedicated advocates who work long hours and expend a lot of energy to get an idea talked about.

> A proposal like airline deregulation has to go through a gestation period. It takes a number of years.

> All the talk over the last several years in congressional hearings and elsewhere has been a deliberate attempt to create a climate that will allow you to introduce change.

There are many common language expressions of the same idea, phrases like "greasing the skids" and "getting your ducks in a row."

Case histories underline the same point. The passage of Medicare, for example, was the culmination of years of agitation—publicizing the health and financial problems of the aged, introducing draft bills, making speeches, and holding hearings. Discussion of some version of public passenger rail service started back in the 1950s; enactment did not come until 1970. Receptivity for Health Maintenance Organization legislation was built throughout the 1960s by a drumfire of prominent talk about a health care crisis that was then channeled into the HMO debate. Deregulation proposals in transportation were enacted only after years of academic economists "educating" various policy makers and activists about the issue, followed by years of presidential initiatives that "failed" but paved the way for eventual success.

Who are policy entrepreneurs trying to soften up? Some of the time, they speak of educating the general public. Presidential speeches, for instance, are used to "bring the public along," in the words of one bureaucrat. Repeated attention to medical care costs serves to heighten general public sensitivity to the problem. A second target is a more specialized public, peculiar to a particular issue. As with the general public, the purpose of the softening up is to insure that the relevant public is ready for a certain type of proposal when its time does come. Railroad groups try to educate shippers, to make them sensitive to the ways that public policy decisions affect their interests. National health insurance advocates try to create an aura of inevitability so that physicians will

become accustomed to the idea of insurance even if they don't like it. The final target is the policy community itself. Even specialists might not be sensitive to a problem or aware of a given proposal, so entrepreneurs try to educate their fellow specialists. One health policy activist, noting that even specialists were not working on long-term care, said, "It's a difficult thing to get people to concentrate on, and we haven't got them to concentrate on it very much yet. But we'll still work on it. We'll plug away at it. It has to come as an issue."

Entrepreneurs use many different means of educating, often several of them at once. On the Hill, introducing a bill can "get people to talking," and "get people to face the issue," in the words of a lobbyist and a congressional staffer. Holding congressional hearings can also dramatize a problem or a proposal. Senator Kennedy's repeated hearings on drug problems, for instance, while not necessarily aimed at a given legislative outcome each time they were held, paved the way for eventual serious consideration of food and drug regulatory reform. Or as a congressional committee aide told me about medical fraud and abuse legislation, "Members sat through those hearings that showed really fantastic things—people ripping off the public with the greatest of ease, intermediaries who were either inept or co-opted. It was a real education for them. Then when it came around to fraud and abuse legislation, they were not going to poo-poo the problem as something that wasn't there."

Bureaucrats have their channels as well. Prominent appointees and civil servants make many speeches around the country. As one told me, "All of us have a lot of speaking engagements around the country—the administrator, the deputy, me, and others here. If we're promoting something, we make sure it shows up in all the speeches we make." Bureaucrats and analysts constantly issue studies, reports, and other papers, some mandated by statute and some done on their own; these can play a part in preparing the policy community for some future direction, even though no immediate result is evident. Reports of presidential commissions, White House conferences, and advisory panels to presidents and secretaries can serve the same purpose. Some of the softening up is quite specialized, but some of it is aimed at rather general audiences and carried through the mass media. As one high-level bureaucrat summarized the effort, "You have to create the right climate to get people to focus on the issue and face the issue. The lead time for that sort of thing is two to six years."

Softening up sometimes consists of floating trial balloons. A bureaucrat tries out an idea by slipping a paragraph into a secretary's speech to see what the reaction is. Or a senator introduces a bill, not because it will pass that year but because he tests the water and gauges the state of receptivity to an idea. Many of these trial balloons don't survive the scrutiny. As a journalist put it. "You let an idea float up, and see how it goes. If it's shot down, it's shot down." Thus Senator Edward Kennedy's idea of a doctor draft and Congressman James Howard's idea of financing mass transit through a corporate income tax never got very far. But advocacy may have been worth the effort anyway; attention was focused on specialty maldistribution and transit financing, and on themselves. Some trial balloons are taken more seriously; people notice the idea, debate it, or at least file it away in their minds for future reference. One of my re-

spondents summarized the process beautifully: "There's an idea floated, and it gets thrown in the wastebasket. Then it comes back. Somebody fishes it out of the wastebasket and floats it again."

Some of the bill introduction and speech making without immediate results have the purpose of keeping an issue alive in lean times.[10] Long-time advocates of national health insurance, for example, characterize the parade of bills, proposals, and analyses of the 1940s, 1950s, and early 1960s in those terms—"in there just for the purpose of keeping something alive," as one put it. My analysis of subjects of congressional hearings revealed many, many topics that were not prominent in the interviews, indicating that somebody, somewhere was keeping issues alive and floating their ideas, even though they were not at the moment very hot items. As one committee staffer said of an admittedly losing effort, "We'll probably report it out of the committee, and they'll tear us apart on the floor. But that's to be expected." The issue gets attention anyway, the point is made, and the proposal is aired once more in the hope that it will eventually pass. Another respondent said, "It isn't futile to try and to lose because at least it brings attention to a problem."

Softening up seems to be necessary before a proposal is taken seriously. Many good proposals have fallen on deaf ears because they arrived before the general public, the specialized publics, or the policy communities were ready to listen. Eventually, such a proposal might be resurrected, but only after a period of paving the way. One political appointee stated the importance of this preparation extremely well:

> A lot of preconditioning has to happen. This town does not respond instantaneously to a new idea. There has to be a lot of preconditioning, a lot of maneuvering in the first place. There's a lot of talk going on right now about prevention, the limits of medical care, and so forth. Nothing specific, no specific proposals, but just a vague feeling. Suddenly, maybe tomorrow, maybe six months, maybe longer, out of the wind will come someone with an idea. It doesn't make a lot of difference where it comes from. The critical thing is that the preconditioning has taken place.

Despite the fact that ideas sweep policy communities like fads, a phenomenon we discussed in Chapter 5, government does not act on ideas quickly. To become a basis for action, an idea must both sweep a community and endure. This situation is frustrating to those who promote the idea, but reassuring to those who value stability. Using transportation deregulation as a case in point, a Carter administration appointee provided an apt summary:

> The Ford administration deserves due credit. The Ford administration laid the groundwork for this, softened up opinions, got people interested in the issues. Then we slugged it out. But it does take that period of softening up first. You can go up to the Congress and you can hit them over the head with a baseball bat once, then you have to allow them a period of time to recover from that before you can hit them again. It takes a while.

[10]Polsby's discussion of the Senate as incubator makes a similar point. See Nelson Polsby, "Strengthening Congress in National Policymaking," *Yale Review* (Summer 1970): 481–497; reprinted in Polsby, ed., *Congressional Behavior* (New York: Random House, 1971), pp. 3–13.

CRITERIA FOR SURVIVAL

We have conjured up a picture of ideas floating about in the policy primeval soup. But, as we have hinted, they don't simply float. They bump into one another, they combine with one another; some survive, some die out, and some survive in a form quite different from their origins. Even if the beginnings are somewhat haphazard, the survival is not. As in any selection system, there is a pattern to the elements that endure. Let's now reflect on the characteristics that enhance the odds of an idea's survival.

Some of the criteria for survival, such as technical feasibility and value acceptability, are internal to the policy community itself. Specialists develop a sense for the "right" type of policy direction and for the technical characteristics that make a proposal viable. Specialists must also anticipate what might happen should the proposal be advanced in the larger political arena. They concern themselves with the cost of a proposal, for instance, in anticipation of a budgetary constraint. They ask themselves whether the proposal stands a prayer of passage on the Hill, and whether it will meet a test of public acceptance. Proposals that fail to meet these criteria—technical feasibility, value acceptability within the policy community, tolerable cost, anticipated public acquiescence, and a reasonable chance for receptivity among elected decision makers—are not likely to be considered as serious, viable proposals. If a proposal initially fails one or more of these tests, it might be reworked or combined with something else, and then floated again. A proposal that survives usually satisfies these criteria.

Technical Feasibility

Even faulty ideas can be trial balloons. But eventually, advocates of a proposal must delve deeply into details and into technicalities, gradually eliminating inconsistencies, attending to the feasibility of implementation, and specifying the actual mechanisms by which an idea would be brought into practical use. It is a bit difficult to specify precisely what policy makers mean by technical feasibility, but they all sense, as they react to a proposal, whether it is "worked out," "staffed out," "worked through," or "ready to go." Many a good idea is sent back to the drawing board, not because it isn't a good idea, but because it isn't "ready" or "all worked out." As one bureaucrat said, "You don't want some stupid fatal flaw to come to light on the first day of hearings and have the whole thing discredited." Or as a researcher put it, "It's important to do your homework, to be prepared, to do in-depth research, and don't sell people on something that won't work." Or to quote a congressional staffer who would have liked to tackle a particular issue, "A lot of people advocated it. We seri-

ously considered doing it in the bill, but we had to drop it because we didn't have enough time to work up a proposal on it in the press of the other things."

Feasibility, as policy specialists talk about it, is heavily involved with implementation. The word "actually" constantly comes into their conversation as they discuss feasibility. "Will it actually accomplish what we want to accomplish?" "Can it actually be administered?" Proposals for nationalizing rail roadbed form a case in point. One solution to the problem of roadbed deterioration discussed during the 1970s was nationalization of the roadbed only, and then allow many users to run trains over the common roadbed, much as trucks, buses, and cars use highways. This proposal was discarded for several reasons, including a serious doubt in the minds of many railroad specialists that the analogy to highways was apt, that the idea could technically be implemented. Several respondents told me in some detail about the difficulties of constructing switching and signaling equipment that would be compatible with rolling stock, how roadbed and rolling stock must go together in an integrated package, and thus why a proposal to separate roadbed from trains would be extremely difficult and costly to implement.

Attention to the technical aspects of a proposal can become extremely detailed. As one presidential staffer put it:

> Just attending to all the technical details of putting together a real proposal takes a lot of time. There's tremendous detail in the work. It's one thing to lay out a statement of principles or a general kind of proposal, but it's quite another thing to staff out all the technical work that is required to actually put a real detailed proposal together.

A serious proposal eventually receives that detailed attention, and is worked on until the obvious bugs are ironed out. As an informed observer summarized the development of one committee chairman's proposal for transportation financing:

> His first proposal, as it was reported in press releases and so forth, was all garbled up. It just seemed to be a bundle of earth-shaking ideas, and we sat here looking at it, trying to figure it out, chuckling to ourselves, and noticing that it was quite a can of worms. Gradually, this has evolved into at least a coherent package. I'm not sure I favor it all, but at least it is coherent.

Attention to the details of implementation does not necessarily result in enacted programs that work. Policy makers do not always anticipate all of the consequences that will flow from their actions, issues are often extremely complex, and in retrospect even advocates of a proposal may conclude that it was a futile attempt right from the beginning. To be seriously considered, however, policy makers believe that a proposal will work if enacted, even if the idea seems far-fetched in hindsight. Without that belief in its technical feasibility, the proposal is not likely to survive to the point of serious consideration.

Value Acceptability

Proposals that survive in the policy community are compatible with the values of the specialists. Obviously, all specialists do not have the same values, and in

the instances of disagreement among the specialists, conflicts spill over into the larger political arena. But in some respects, the bulk of the specialists do eventually see the world in similar ways, and approve or disapprove of similar approaches to problems. One respondent told me that a proposal that had received a great deal of press attention was not being taken seriously among the specialists because "it doesn't really represent any mainstream thinking." Their thinking is composed not just of ordinary liberal-conservative dimensions, but also of such concepts as equity and efficiency. Proposals that don't fit with specialists' values have less chance of survival than those that do.

Some of the participants' values are composed of their view of the proper role or size of the federal government vis-à-vis the states and localities, and their view of the proper size of the public sector vis-à-vis the private sector. Their views on these issues directly affect the alternatives they propose or oppose. Those we usually classify as liberals support larger government roles while those we usually classify as conservatives oppose them. Within the health area, for example, a knot of ideological liberals believes in more ambitious social welfare programs in general, and in more ambitious national health insurance in particular. They have a view of the proper package of social insurance that every advanced country should offer its citizens, and they work to fill in the gaps in that package, piece by piece, as the appropriate opportunities arise. First they support social security pensions, then the expansion of death benefit and disability coverage, then the enactment of Medicare and Medicaid, and then the same advocates for all of those initiatives push for eventual enactment of comprehensive national health insurance. As one of them told me, "Ours is not really a response to a perceived need, but it's ideological, if you will. People like me have this concept of what ought to be done in the area of social insurance, and we want to fill in the logical gaps in that program."

This component of ideology, based on the participants' view of the proper size of government, has a cross-national aspect. Some writers argue that a distinctive ideology or political culture dominates American politics, one that places much more emphasis on the virtues of private sector activity and the evils of government than the thinking that dominates the politics of other industrialized countries.[11] Programs that are commonplace in other countries, such as nationalized railroads, national health insurance, and public ownership and operation of sizable portions of the housing stock, are not even considered live options in the United States, according to this argument. One of my transportation respondents illustrated graphically the different mind set:

> I was just talking to somebody from Sweden. In Sweden, they designed their system so that they would have various modes of passenger transportation all coming into the same terminal, and various modes of freight transportation all coming into the same terminal. They coordinate these things very nicely. When I asked this man how they do that, he replied, "How else would you do it?"

[11]For example, see Samuel P. Huntington, *American Politics: The Promise of Disharmony* (Cambridge, MA: Harvard University Press, 1981), Chapter 2: Louis Hartz, *The Liberal Tradition in America* (New York: Harcourt Brace, 1955), Chapter 1: and Anthony King, "Ideas, Institutions, and the Policies of Governments," *British Journal of Political Science* 3 (July and October 1973): 291–313 and 409–423.

If there is such a national culture or dominant ideology, it affects different policy arenas differently. In this study, health seems to be affected by the ideological biases in the American political culture much more than transportation. Fully 36 percent of my health interviews contained an unprompted, prominent reference to such ideological biases, compared to only 7 percent of transportation interviews. The health interviews contained many references to a distinctive American distrust of governmental solutions, such as the following:

> There are possible solutions that would never fly here. This country is built on private initiative, and that runs very deep in our thinking.

> Personal lifestyle is a matter of personal choice. I hope the federal government won't get in the business of telling me whether I can smoke or drink or what to eat.

But transportation interviews had far fewer such references, suggesting that transportation is a less ideologically laden arena. One transportation respondent confirmed this impression in his own experience:

> Compared to a lot of government activity, transportation is relatively insulated from emotional content. It's true that you get a lot of protest about pollution and you do get emotional protest against certain highway projects. But almost everybody sees the need for good transportation, and they are willing to put money into it. There is no Republican or Democratic position on transportation, no liberal or conservative view. You don't get bound up in a lot of ideological conflict. I say that because I came over here from the Department of Defense. Over there, there is a large emotional and moralistic content to everything you do. Shall we have a strong national defense, peace, and all that.

Debates over nationalization illustrate the point. Nationalization does not have serious agenda status in either health or transportation. Only 7 percent of the transportation interviews included a prominent mention of railroad nationalization. There was some flurry of interest, particularly in the idea of nationalizing roadbeds, during the Penn Central crisis, but it quickly died. Similarly, socialized medicine, in which providers would be employees of the government, was prominently discussed in only 3 percent of the health interviews.

On the face of it, these figures might argue that a dominant national ideology that emphasizes the virtues of limited government controls the agenda in both health and transportation. But digging a bit deeper, it becomes apparent that the arguments used in the two policy areas are sharply different. In health, particularly in response to my questions about why some version of a national health *service* is not seriously considered, in contrast to the widely discussed national health *insurance*, people often responded in terms of national political ideology, culture, or symbolism:

> Our ethic is personal initiative, and when the government tries to do anything, people cry socialism.

> If you think things are bad now, see what happens when the government controls everything. I don't think that a health service would be acceptable to most of the population.

> I think the words are too frightening.

As one source close to the American Public Health Association wryly observed of many members' advocacy of a national health service, "Well, it's not exactly the shot that's been heard round the world."

There was a similar reaction in transportation when nationalization was mentioned; respondents talked about "national traditions" and "general opposition to the idea." But these general mentions were overshadowed by a much more pragmatic discussion about the disadvantages of nationalization: high cost, such problems with roadbed nationalization as incompatibility with rolling stock, the skimming of profitable traffic by large corporations that would leave common carriers with the dregs, and the administrative problems that would overtake the system. A typical response was the following: "There is no great political clamor for nationalization. The primary reason is that it is expensive, and we may be able to do the job much more inexpensively." When asked why nationalization did not win out during the Penn Central crisis, another respondent summarized the general thinking:

> The administration's opposition to nationalization was not over the philosophy of nationalization or anything like that. It was not an ideological thing. The problem for the administration was that they didn't want to put the funds into it. Nationalizers want funds, and very large quantities of funds. The question is really over money, not ideology. Nationalization isn't unthinkable. That's not it at all. But it won't resolve the underlying problem.

Thus, to the extent that a dominant ideology affects public policy outcomes in the United States, it does not do so very simply. The differences between health and transportation suggest that ideology may be more at work in some domains than in others, more at work under some circumstances than others. In some cases, we might be tempted to attribute great power to a dominant national ideology, when it may not really be at work at all.

We have been discussing ideology as if it were completely conceived as people's attitudes toward the size and role of the federal government, vis-à-vis the states and localities and vis-à-vis the private sector. But the ideologies of government officials or people close to them have other components, including the theme of equity. Proposals sometimes come to be prominent on governmental agendas because they would serve to redress inequities, imbalances, or unfairness. Governmental officials and those around them sometimes perceive an inequity so compelling that it drives the agenda. Even if a principle of equity is not a driving force, fairness or redress of imbalance is a powerful argument used in the debates for or against proposals.

One example of the principle of equity as a driving force is the case of the government's renal dialysis program.[12] As soon as the technology for convenient dialysis was perfected, it became clear that some people were receiving this life-giving treatment and others were not. The selections of patients to re-

[12]For an account of the progress of the issue, see Richard A. Rettig, "The Policy Debate on Patient Care Financing for Victims of End-Stage Renal Disease," *Law and Contemporary Problems* 40 (Autumn 1976): 196–230. An interesting classroom exercise that plays out the policy dilemmas is in Ronald Brunner, *The Kidney Problem* (Boston: Intercollegiate Case Clearing House, 1977).

ceive treatment were made on the basis of ability to pay, qualification for experimental study groups, proximity to the few centers where dialysis was being performed, and the happenstance of personal health insurance coverage. Gripping stories appeared in the popular media about "death committees" of physicians that were charged with deciding whose lives should or should not be saved. Such a fundamental, dramatic difference of treatment was more than decision makers' values could bear. The Senate passed a short rider introduced right on the floor which provided that renal dialysis and kidney transplants be financed by Medicare, and the House quickly followed suit. So compelling was the inequity that had thrust this item onto the agenda that Congress really did not consider the cost of the program in any detail, a cost that exceeded a billion dollars within a few short years. As one knowledgeable respondent summarized the forces that led to such sudden agenda status and passage, "When there is serious inequity, that is politically and socially unstable. Once a technology is developed, everybody will want it." The moral pressure to avoid letting people die, when a procedure was available to save them but for its cost, was simply irresistible.

There is even more discussion of equity in transportation than in health. Overall, equity considerations were important in 28 percent of the interviews. But they were prominently discussed in only 13 percent of the health interviews, as compared to 45 percent of the transportation interviews. In addition, 20 percent of the transportation interviews contained some side mention of equity, compared to only 8 percent of health interviews.[13]

Much of the discussion of equity in transportation concerns comparisons across the various modes. Railroads complain that waterways have an unfair disadvantage because of the free use of the Corps of Engineers' navigation projects, and they claim that truckers are not paying their fair share of highway construction and maintenance. Buses complain that the huge amount of taxpayers' money poured into Amtrak unfairly diverts traffic from buses. Without taking a position here on the validity of various claims, we can point out that the frequency of such discussion is noteworthy. The different transportation modes operate to some degree in similar markets, placing them in potential competition with one another for the traffic. Yet their technologies differ, the governmental regulatory programs differ, and the government subsidies differ. Inevitably, those who feel at a disadvantage raise questions about inequity, arguing that they are put at an unfair competitive disadvantage because of government action.

A final component of policy makers' values has become a principle of efficiency. They increasingly concern themselves not only with the cost of a program but with the benefits that are being realized from that expenditure, whether these benefits justify the costs, and whether the benefits could be achieved at a lower cost. Some of this concern is attributable to short-run economic and budgetary problems. But it also probably reflects a long-range trend toward more economists (and people receptive to their thinking) in government. Economists' language is everywhere: references to cost-effectiveness, tradeoffs, efficiency, cost allocation, and cross subsidy. As one health respondent said of the concern with the efficacy of medical care, "That efficacy issue is coming along, and that's an important development because it puts the cost issue in a new perspective. People are starting to ask what they're *getting* for the cost. Part of the concern about cost is not really about cost *per se*, but rather, are we getting anything for all the money we're spending?"

[13]In the case studies, there is no substantial difference between health and transportation. Equity considerations were coded as very or somewhat important in prompting agenda prominence in 9 of the 23 cases.

Sometimes, the concern with efficiency is reflected in formal cost-effectiveness evaluation studies. At other times, the concern is less formal. Respondents would talk about Amtrak in cost-benefit terms, for instance, as in the following passage: "The costs are going to get astronomical, and you're not providing a public service in return for that cost. There are trains running around all over the place and nobody is on them. You have them in place for rail buffs." The same type of reasoning was applied by others to the proposed construction of new subway systems: "People are increasingly coming to the view that urban mass transit is a rathole down which money shouldn't be pissed any more than it has. Take the Washington METRO system. It's a beautiful system, but Jesus Christ Almighty, is it expensive!"

As some of these cases illustrate, efficiency does not always carry the day, particularly as an issue moves from the community of specialists we have been discussing into a larger political arena. Some respondents even argued that political processes systematically favor inefficiency. In the health area, for instance, the pressure to opt for heroic treatment and heroic expenditures to save lives seems nearly irresistible. As one health respondent put it, "The concentration on the cost of Medicare and Medicaid is reflected in the thinking of almost all the people in HEW now. That's as long as they aren't sick. Of course when they're sick, then cost be damned, I want to have the best care, and full speed ahead." Or as a transportation respondent said:

> Economists somehow think that waste is a politically potent issue. But they get to the Hill, and they discover that congressmen favor waste. You know, "What do you mean, waste? You mean small town service is waste? Do you mean servicing the beet growers in my district is waste?" The very place that there is waste is also the toughest thing to handle politically.

Another spoke of large-scale, expensive subway systems: "It has always been apparent to me that subways are not the way to go. But they take so much money, they are so inefficient, that there is a great deal of support for them." Then he added, in an absolute masterpiece of pithy summary, "*For a politician, the costs are the benefits.*"

Anticipation of Future Constraints

Specialists in policy communities know that as an initiative's saga unfolds, some constraints will be imposed on proposals that are adopted or even seri-

ously considered. Down the line, decision makers need to be convinced that the budgetary cost of the program is acceptable, that there is a reasonable chance that politicians will approve, and that the public in its various facets—both mass and activist—will acquiesce. Anticipation of these constraints within a policy community forms a final set of criteria by which ideas and proposals are selected. Some ideas fail to obtain a serious hearing, even among specialists, because their future looks bleak, while others survive because specialists calculate that they would meet these future tests.

One of these tests is a budget constraint. Members of a policy community know that somewhere along the line a proposal must be shown to have a tolerable cost, at least a tolerable cost to the federal budget. So they spend untold hours costing out proposals, paring them down to manageable proportions, and floating the slimmed-down version again. If they cannot come up with a proposal that is financially acceptable, the idea may be dropped. As one respondent said of an administration proposal, "They went back and did their cost estimates right, and discovered that it was going to cost a lot more money than they'd figured to do it right. When they discovered that, they became less interested in it." Some proposals never really see the light of day because of anticipated cost. Many health respondents cited long-term care as an example. As one put it:

> Long-term care is a back burner item. I have heard people talk about it for years, but nobody can decide what to do. None of the health insurance proposals take it on. There is a simple reason for that. Nobody can figure out how to handle it, and they're scared to death of trying. The numbers rise so fast when you crank in the demographic facts plus the cost of long-term care, it really boggles the mind when you think of taking on this additional financial commitment. So people play around with the alternatives and they fuss about doing something about home care, but that's about it.

A second test is public acquiescence. Specialists in a policy community know that ultimately their proposals must be acceptable to the public. They may conceive of the public as the bulk of the people in the country, as a more narrow set of activists who have a special stake in the outcomes, or as both. It would be a mistake to argue that proposals more or less well up from the public, but it would be equally in error to argue that advocates ignore public reaction as they design their proposals. The case of health habits is an appropriate example. Health policy makers know that people's own habits—smoking, diet, sleep, exercise—have a great deal to do with both the population's health and the population's medical care bill. Many of them fairly itch to do more in the area of habits, but their experience with public reaction has convinced them that aside from education and warnings, not much more can be done. Public outrage over seat belt interlocks, for instance, is often cited as the major cause of the very quick repeal of a proposal that had actually been enacted.

Sometimes, a broad, general public is being considered; at other times, it is a more specialized public. Proposals to require physicians to work in rural areas, for example, run afoul of anticipated physician opposition. As one respondent observed, "Physicians just don't want to go to Horse's Ass, Idaho, to practice, and there isn't any way you can force them to."

Policy specialists often interpret the support or opposition of elected officials as closely tied to or indicative of public sentiment. The reactions of senators and House members, congressional staffers, the president, and presidential advisors are anticipated as proposals are formed and debated in the policy community. Many ideas are discarded because specialists cannot conceive of any plausible circumstances under which they could be approved by elected politicians and their appointees. Some ideas are kept alive in the hope that the larger political climate will change, even though the ideas might not be currently in favor. Other ideas are actively pushed to the forefront in anticipation of approval by elected politicians. One health committee staffer summarized his problem: "It's a matter of arithmetic. You need eight votes in subcommittee, fifteen in full committee, and fifty-one on the floor." When asked if he dropped ideas when he felt he didn't have the votes, he replied, "Yes, often."

THE SHORT LIST OF IDEAS

A policy community produces a short list of ideas. Through the selection process we have described, some ideas are formulated, survive the process of softening up, and largely satisfy the criteria by which specialists evaluate proposals. There may or may not be a single proposal on which all specialists agree, but at least a set of a few prominent alternatives has risen to the top of the policy primeval soup, ready for policy makers to consider. Ideas have been sharpened and changed, combinations have emerged that serve the purpose better than the original proposals, people have become accustomed to thinking along certain lines, the list of alternatives under discussion has narrowed, and a few ideas have emerged as the leading candidates for further serious consideration.

In the rest of this chapter, we discuss the emerging consensus, the general knowledge that results, and the importance of an available alternative.

The Emerging Consensus: Of Bandwagons and Tipping

Through the processes we have been describing in this chapter, consensus spreads through a policy community. This diffusion among specialists involves two different kinds of subject matter: awareness of problems, and agreement on solutions or proposals. We discussed the awareness of problems in Chapter 5. People who are aware of health policy questions, for instance, come to a rough agreement that rising Medicare costs, overbedding, physician surplus or maldistribution among specialists, and the spread of high-cost technology are serious problems. Some agreement on the short list of alternatives also diffuses in a policy community. Health specialists start to agree that increased emphasis

on prevention and on promotion of good health through changed personal habits would be a good idea. Transportation specialists start to reach consensus on the desirability of user charges, and on the necessity of cutting back on funding for Amtrak and Conrail. If most specialists do not reach agreement on one alternative in a given domain of problems, they at least reach some understanding on the fairly narrow set of alternatives from which some authoritative choice might be made.

Within the policy community, and according to the principles of diffusion and acceptance we have discussed in this chapter, something akin to a bandwagon effect often occurs. As two respondents put it:

> It's a very complex process, almost like a snowball. It starts with a voice or two in the wilderness. That voice in the wilderness recruits somebody else. You talk to people and keep hammering at it.

> I know a lot of the important people. These people meet in various places—conferences, parties, and so forth—and they all talk to each other. There is a grapevine. If you have a new idea, you can enter that idea into the grapevine. If it has anything going for it, it will spread.

Gradually, the idea catches on. People in and around government speak of a "growing realization," an "increasing feeling," a "lot of talk in the air," and "coming to a conclusion." After some degree of diffusion, there seems to be a take-off point: Many people are discussing the proposal or idea. At that point, knowledgeable people refer to a "widespread feeling," or, as another respondent put it, "by now, this is orthodox thinking." This process of take-off looks similar to Thomas Schelling's "tipping" model, which is used to describe the process of change in racial mix in neighborhoods.[14] A few minority families move into a previously all-white neighborhood until a "tipping" point is reached, after which the neighborhood progresses very quickly to one in which very few whites reside. In this case, an idea starts with a few people, and its diffusion rises rapidly from those few to the point where the idea becomes commonplace. The more a proposal is discussed, the more seriously it is taken. As Robert Axelrod says:

> Problems that are raised only once are probably not often regarded as serious, and it seems that proposals that are suggested by only one person are not often retained as salient options. So the problems and proposals that are regarded as most significant have been brought to the respondent's attention in many different ways and therefore rarely have distinct sources.[15]

[14]Thomas C. Schelling, *Micromotives and Macrobehavior* (New York: W. W. Norton, 1978), pp. 99–102.

[15]Robert Axelrod, "Bureaucratic Decisionmaking in the Military Assistance Program: Some Empirical Findings," in Morton Halperin and Arnold Kanter, eds., *Readings in American Foreign Policy* (Boston: Little, Brown, 1973), p. 160.

As respondents discuss this process of diffusion, it is sometimes unclear exactly to which population they refer. When they refer to a "growing realization" or a "widespread feeling," one often has little but an intuitive feel among *whom* the realization or feeling is spreading. Usually, however, they are referring to the specialists we have been describing in this chapter—researchers, bureaucrats, academics, congressional staffers—all of whom specialize in a policy domain such as health or transportation. Within that set of people, the bandwagon or tipping phenomenon is quite different from a similar phenomenon that one might find in a more political arena. As we will describe it in Chapter 7, tipping in politics is a process of coalition-building; bargains are struck, concessions are given in return for participation in a coalition, and as the bandwagon gains momentum people join out of fear of being excluded from participation in the goodies to be obtained. Here, the process emphasizes persuasion and diffusion: An idea with something to recommend it, according to the criteria for survival, becomes accepted by ever larger numbers of specialists. The diffusion may be fully as explosive as in the political stream, but the process by which the growth takes place is quite different.

"There is no new thing under the sun." (Ecclesiastes 1:9)

People in and around government are fond of calmly and patiently pointing out to the novice that nothing is new. Various respondents described a given proposal with versions of that reaction: "Everybody knows about that." "It's been kicking around for a long time." "That one is as old as the hills." "Everything seems like the same old stuff to me." Perhaps expertise is demonstrated by showing familiarity with an idea, familiarity approaching boredom. In some respects, in fact, there *is* no new thing under the sun. As we pointed out in Chapter 4, everything has its antecedents, trapping one who attempts to track down an ultimate origin into an infinite regress. And as we pointed out in that same chapter, the agenda may show a great volatility at the same time that the alternatives being seriously considered might be quite familiar to the participants.

This familiarity is the logical outcome of the processes we have been describing in this chapter. If alternatives change not by mutation but by recombination, there will always be familiar elements in the new combinations. And if the softening up process is as critical as we have claimed, it would be exceedingly surprising if wholly new ideas suddenly appeared on the scene in the policy primeval soup and immediately received a serious hearing. When the time for action arrives, when the policy window described in Chapter 8 opens, it is too late to develop a new proposal from scratch. It must have already gone through this long process of consideration, floating up, discussion, revision, and trying out again.

Ideas, proposals, or issues may rise into or fall from favor from time to time. One respondent described them as perennials—flowering in one season, then lying dormant, only to flower anew. Or as another put it, "Issues fade in and fade out, but they never, ever go away. They always come back—always." Proposals may not come back in the same form; rather, they are recast, com-

bined with something else, or attached to a problem different from the one they started with. After a subject has been through the lengthy gestation period of most major issues, the alternatives become familiar, the options narrow to a few well-understood possibilities, and a limit is reached on the ability to introduce new material. A new recombination, a new twist—yes—but not wholly new material. Advocates pull old proposals out of drawers, cut and paste them, rehashing old ideas in response to new demands.[16] Consider and sympathize with the exasperation of one respondent who took exception to the reaction of the Carter inner circle to the old, old national health insurance issue: "HEW sent up a package to the White House, and the White House complained that they had worked up the same old hash. Well, there isn't anything around *except* the same old hash."

The Importance of the Available Alternative

In Chapter 1, we distinguished between governmental and decision agendas. Governmental agendas include subjects to which people in and around government are paying serious attention. Decision agendas include only those subjects that are moving into position for some sort of authoritative decision, such as legislative enactment or presidential action. Items are sometimes found on a governmental agenda without a solution attached to them. People might worry about a particular problem without having a solution to it, for instance, and forces in the political stream might prompt attention to an item even though there is no viable proposal connected to it.

But normally, before a subject can attain a solid position on a decision agenda, a viable alternative is available for decision makers to consider. It is not enough that there is a problem, even quite a pressing problem. There also is generally a solution ready to go, already softened up, already worked out. As Paul Light says in his study of the president's agenda, the subject with an "available alternative" is the one that rises on the agenda, crowding out equally worthy subjects that do not have a viable, worked-out proposal attached.[17] One congressional committee staffer told me, when asked how they choose the items they work on from the long list of items they could consider:

> It's partly a matter of what's ready. If there's a bill already drafted, we can go ahead with it fairly easily—tinker with it, amend it, and so forth. If we have to draft a bill, then sometimes it waits, and gets shoved aside in the press of things that *are* ready.

The availability of a viable alternative is not a sufficient condition for a high position on a decision agenda, since many good proposals kick around the system for a long time before the lightning strikes. But the chances for a problem to rise on the *governmental* agenda increase if a solution is attached to the

[16]See Polsby, ed., *Congressional Behavior*, op. cit., p. 7.

[17]Paul C. Light, *The President's Agenda* (Baltimore: Johns Hopkins University Press, 1982), pp. 147–149.

problem. The chances for a problem to rise on the *decision* agenda are *dramatically* increased if a solution is attached.

In the health area, for instance, long-term care, the desirability of getting people to alter their own health habits, and persuading physicians to settle in underserved areas are three subjects that could conceivably be prominent on the governmental agenda. But when asked why such major problems were not getting more attention, one bureaucrat replied, "Because we don't know what to do about them." As another health respondent said, "It's difficult to get mileage out of something that we don't have any approach to solving." The lack of a consensus proposal for national health insurance at the beginning of the Carter administration was a major reason for the stall in the first couple of years. Even genuine advocates disagreed fundamentally over how comprehensive the benefits should be, the extent of mandated private as opposed to governmental coverage, the acceptability of deductibles and copayment, and a host of other issues. The proposal, in other words, was not ready to go. In marked contrast, airline deregulation immediately took off. The Ford administration proposals had laid the groundwork, Senators Howard Cannon and Edward Kennedy had agreed on a proposal, and the administration simply adopted that bill wholesale as their own. The alternative was available, worked through, and ready to go.

CONCLUSION

This chapter has considered the processes by which proposals are generated, debated, redrafted, and accepted for serious consideration. Much of this process takes place in communities of specialists. These communities can be quite tightly knit or quite fragmented. Among the consequences of fragmentation are disjointed policy, lack of common orientations, and agenda instability.

We have portrayed the progress of ideas and policy proposals as a selection process in which a large number of possible policy initiatives is narrowed to a short list of proposals that are seriously considered. Getting the policy community receptive to a new idea takes a long period of softening up. Policy entrepreneurs—people who are willing to invest resources of various kinds in hopes of a future return in the form of policies they favor—push their ideas in many ways. They aim to soften up the general public, more specialized publics, and the policy community itself. Only after years of effort are proposals brought to the point where they can be seriously considered. During this consideration, recombinations of already-familiar elements are as important as fresh initiatives: There is nothing new under the sun at the same time that there is substantial change. Ideas themselves turn out to be as important as political pressure.

Proposals that meet several criteria enhance their chance of survival. They are technically feasible—worked out and capable of being implemented. They are acceptable in the light of the values held by members of the policy community. These values include not only notions of the proper role and size of government, but also concepts of equity and efficiency. Specialists in the policy

community also anticipate the constraints that their proposals will face. They tailor their proposals to an anticipated budget constraint, they consider whether their proposals will gain the acquiescence of the mass public and specialized publics, and they alter their proposals to gain the approval of elected officials.

The policy stream thus produces a short list of proposals. This short list is not necessarily a consensus in the policy community on the one proposal that meets their criteria; rather, it is an agreement that a few proposals are prominent. Having a viable alternative available for adoption facilitates the high placement of a subject on a governmental agenda, and dramatically increases the chances for placement on a decision agenda.

CHAPTER 7

The Political Stream

Flowing along independently of the problems and policy streams is the political stream, composed of such things as public mood, pressure group campaigns, election results, partisan or ideological distributions in Congress, and changes of administration. Quite apart from what happens in the community of specialists, and quite apart from bringing problems to the attention of people in and around government, such events as a new majority in Congress or a new administration occur. These developments in the political stream have a powerful effect on agendas, as new agenda items become prominent and others are shelved until a more propitious time. The new Reagan administration, for example, set agendas all over town, making some things possible that were impossible before, making other things out of the question, and creating a receptivity to some ideas but not to others.

Let us be clear of our language. When I use the word "political" in this context, I use the word in its colloquial Washington sense. Political science defines "political" very broadly, including just about any activity related to the authoritative allocation of values,[1] or to the distribution of benefits and costs.[2] The intra-Washington definition, implicitly, is more narrow. "Political" factors in such parlance are electoral, partisan, or pressure group factors. As one talks to practitioners of the art, they use "political" motivations, for example, to refer to politicians' attention to voter reactions, their skewering of members of the opposite political party, and their efforts to obtain the support of important interest group leaders. I employ this more narrow usage here.

[1]David Easton, *The Political System*, 2nd ed. (New York: Knopf, 1971), p. 129.

[2]For example, Harold Lasswell, *Politics: Who Gets What, When, How* (Cleveland: Meridian Books, 1958).