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Who Should Replace Tom Daschle?

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Who can best help President Obama push through health care reform? The Post asked some Beltway observers for their thoughts, now that tax troubles have aborted the nomination of Thomas A. Daschle for secretary of health and human services and White House health czar. Below are contributions from Robert Shrum, Robert Moffit, Ruy Teixeira, Frank Micciche, William A. Galston, John Seigenthaler, Robert J. Blendon, John Goodman, Georges C. Benjamin and John Dingell.

ROBERT SHRUM

Democratic strategist and senior fellow at New York University's Wagner School of Public Service

President Obama needs to nominate someone who presents a minimal risk of confirmation trouble. Believe it or not, a sitting senator or member of Congress, at least one without a conspicuous spouse and lavish speaking fees from corporate or foreign sponsors, could be the best bet. Second, the choice has to know the issue already and have the stature to negotiate with legislative grandees in both parties. That's what Daschle so plainly offered that no one else was even considered. But there are front-rank possibilities: Democratic Sens. Tom Harkin of Iowa, Barbara Mikulski of Maryland and, if Rhode Island didn't have a Republican governor, Jack

Reed. Or there's Democratic Representative Rosa DeLauro of Connecticut. The president may prefer a governor such as Kansas's Kathleen Sebelius, also a Democrat. She's a compelling choice, but there's a drawback: She'd have to learn on the job -- both the issue and the legislative branch.

The real out-of-the-box possibility is Al Gore. He's mastered the complexities and politics of health policy -- something I saw up close during the 2000 campaign. He would vet; he's made money since Bush v. Gore deprived him of the presidency. But he's done it outside Washington. Finally, he has presidential-level stature; he could carry the case in the country and negotiate the bill in the Congress.

ROBERT MOFFIT

Director of the Center for Health Policy Studies at the Heritage Foundation

Judd Gregg, the Republican senator from New Hampshire, would be a bold and imaginative choice to replace Tom Daschle.

Among the leaders of the Senate, the president's New Hampshire colleague has earned a reputation for personal integrity and can make an indisputable claim to be a champion of fiscal responsibility. Of course, we know that Gregg enjoys the confidence of President Obama, who has already nominated him for commerce secretary. But rather than having Gregg serve as another trusted advisor, the president should give him direct managerial responsibility for the largest domestic problem we face: the

mounting fiscal challenge posed by Medicare and Medicaid. Tough times deserve bold action -- and health and human services is where the action will be, not the Commerce Department.

RUY TEIXEIRA

Senior fellow at the Center for American Progress and co-author of The Emerging Democratic Majority

There are a variety of solid candidates President Obama could consider for health and human services secretary. Gov. Kathleen Sebelius, by dint of managerial competence, relevant experience and an unproblematic personal profile, seems like a good choice. There are others, too.

But I honestly don't think this change in personnel will have much of an effect on Obama's strategy for passing health care reform. Doing so was always going to be difficult, requiring all of Obama's political skills, a big investment of political capital and a willingness to mobilize the public behind the proposed plan. Switching Daschle for, say, Sebelius, changes none of that. If anything, the Daschle episode should underscore that the battle for health care reform will be a political fight played out in the public arena, not a backroom deal made among old Washington hands.

FRANK MICCICHE

Deputy director of the Next Social Contract Initiative at the New America Foundation

Putting Mitt Romney forward as the face of health care reform would be extraordinary, controversial and risky. But no more so than the decision by this famously audacious president to tackle the issue amidst a

crippling economic crisis and a looming meltdown of federal finances.

As Massachusetts governor, Romney drove the unprecedented effort to ensure access to quality, affordable insurance for all residents, deftly tapping the assistance of one-time political opponent Sen. Edward Kennedy (D-Mass.) at crucial moments.

True, presidential candidate Romney consistently attacked President Obama's health care proposal as a government takeover. But the president has forgiven such campaign trail criticism before -- witness Secretary of State Hillary Clinton. The harder sell will be to liberal Democrats, in Congress and the blogosphere, who have already chafed at the nomination of so many moderates to Obama's team. This is where Kennedy's imprimatur would be invaluable.

At almost any other time, Romney's candidacy might be unthinkable. But in the face of crises, and opportunities, on a scale not seen in generations, these strangest of bedfellows may yet be the answer to real health care reform.

WILLIAM A. GALSTON

Senior fellow at the Brookings Institution and former adviser to President Clinton

It will be difficult for administration officials to find a comparable replacement for Tom Daschle, unless they were willing to dip into the Senate pool yet again and select someone like Ron Wyden, a Democrat from Oregon, who has spent years working on the issue across party lines.

But each replacement of a Democratic incumbent with an appointee increases the risk of electoral setbacks down the road. It would be preferable to accept the fact that

Daschle's unique mix of responsibilities died with his withdrawal and that he will have to be replaced with at least two people: a health and human services secretary and a White House health czar who would function as the convenor of an inter-agency and inter-branch task force.

An obvious choice for the latter would be Jeanne Lambrew, a health care expert with executive branch experience who had already been tapped as Daschle's deputy. Elevating her to the top post would allow the administration to move quickly, sending a signal that Daschle's withdrawal has neither derailed nor significantly delayed health reform.

It's harder to identify a leading candidate for health and human services secretary. One option would be to reach into the private sector. Another would be an improbable idea that I hereby float: Howard Dean. Yes, he and the president's chief of staff have had titanic clashes. But the president prides himself on his magnanimity, and choosing Dean (which would make sense, given his medical background and public skills) would also correct the shabby treatment meted out to him during the transition. After all, Dean's 50-state strategy, which political insiders initially ridiculed, turned out to be the precursor to Obama's own successful expansion of the playing field.

JOHN SEIGENTHALER

Founder of Vanderbilt University's First Amendment Center

As the former CEO of a highly successful HMO, Gov. Phil Bredesen, a Democrat of Tennessee, mastered the complex economics of health care during the managed-care boom of the 1980s. As Mayor of Nashville in the 1990s, he presided over a city that

emerged as one of the country's leading health care hubs. And so, from experience inside the health care industry and as a close observer from outside, he knows that the system has become fatally flawed.

Meaningful change will upset diverse, competing special interests that have stakes in the status quo. Their lobbyists inevitably will criticize and condemn the initiative. Bredesen knows this because as governor he inherited a Medicaid program called TennCare that was beyond cure. He made tough, unpopular decisions and faced a barrage of criticism from those who complained about the skyrocketing cost of TennCare and those who condemned him because funding was inadequate to provide coverage to everyone. But Tennesseans trusted him to make the tough decisions, and later returned him to office by a vote of historic proportions.

Bredesen understands, as certainly Tom Daschle did, that superficial tinkering and tampering with a failed multi-faceted system is no answer. Only a new, different dynamic will make health care what the president has declared it to be: a citizen's right.

ROBERT J. BLENDON

Professor of health policy and political analysis at the Harvard School of Public Health and Kennedy School of Government

President Obama is about to launch the fifth major effort since World War II to reform the nation's health care system. The prior efforts failed, some quite dramatically. The reasons for failure were not lack of technical expertise, managerial competence or good intentions. Rather, the presidents who initiated these reform efforts underestimated the political difficulties involved in reaching

an agreement on a specific reform plan. Political leaders became swept up in the sense that the nation wanted reform without realizing that the term meant different things to different groups.

To avoid a fifth major failure requires someone who has extraordinary political insight and experience negotiating difficult, conflictual issues; who can communicate effectively with the public; and who has a deep understanding of the history and traditions of the Congress, the ultimate decider of the reform effort's fate.

Sixty years of experience show that if the secretary does not have these skills, the health reform initiative ends up relying on the president and senior staff to play this critical role. Past efforts suggest that this is not always the good thing. The president can become distracted by other major crises, leaving health reform in limbo at critical moments, with no one investing the time in finding compromise among all these groups on a workable health plan.

I wish George Mitchell were available for the role.

JOHN GOODMAN

President of the National Center for Policy Analysis

In Tom Daschle, President Obama had a talented individual who could well have led major health care reform. But the reform Daschle envisioned was a health care system shaped and molded by government. We would have increased taxes and increased government health insurance, turning the private insurance market upside down. And yet at the end of the day, we would have made little progress on the triple problems

of rising cost, inadequate quality and lack of full access to care.

Fortunately the opportunity now exists to move in a much more promising direction. Instead of command and control, let us hope that Daschle's replacement tries to implement reforms to promote consumer choice and competition in the marketplace. Instead of trying to force doctors and patients to do what is not in their self interest, we should seek to free them from the straitjacket of an unworkable, unsustainable, bureaucratic system.

GEORGES C. BENJAMIN

Executive director of the American Public Health Association

The secretary of health and human services needs to have a broad range of skills. First, she or he needs to be a proven leader with a comprehensive understanding of the health care and public health enterprise of the United States. Strong familiarity with the issues surrounding global health is a plus. He or she should be a proven, experienced manager of large multidisciplinary organizations at the state or national level, have strong political and collaborative skills and a firm understanding of the legislative process. The secretary also needs to share the president's vision for comprehensive reform and his passion for quality, affordable and accessible care for all.

It is often said that everyone has a first choice to which no one else can agree. But their second choice for health reform is the status quo. The next secretary will need to negotiate a plan that becomes everyone's best choice if they can not get what they want. This will require a good listener, compromise and the kind of shuttle

diplomacy usually reserved for major affairs of state.

A West Wing office is not essential; but West Wing clout and presidential access is.

JOHN DINGELL

Democratic congressman from Michigan and former chairman of the House Energy and Commerce Committee

While it will be hard to replace Tom Daschle, it is my hope that President Obama's next pick for health and human services secretary is able to hit the ground running and able to provide the leadership necessary to help navigate a health reform package through Congress. That person should be well versed in the policy, keenly aware of the politics and able to build consensus. Too much is at stake not to get this right.

While we do not have a secretary of health and human services in place, the work of health care reform continues on under the leadership of Jeanne Lambrew in the White House Office of Health Reform. Jeanne is a well respected voice on health care reform and has been working non-stop on the issue. I am confident Jeanne can continue working with Congress on the movement to reform our health care system, and the next health and human services secretary must be able to coordinate with Jeanne in this effort.