

Presidential Character and Judgment: Obama's Afghanistan and Health Care Decisions

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Presidential character affects decision making. It influences cognition, deliberation, and judgment. It also contributes to beliefs and interpersonal relations that shape the process and product of presidential decision-making process. President Obama's decisions on the war in Afghanistan and health care reform made during his first 13 months in office are consistent with his general character orientation, basic beliefs, and operating style, although they show different dominant attributes. The Afghanistan decision reflects Obama's incisive, calculating, consensus-oriented style; it also demonstrates his need to fight back when he feels threatened. His health care decision in the aftermath of the 2010 Senate election in Massachusetts shows his determination, perseverance, and political skills; it also indicates his willingness to go the extra mile when he personalizes an issue.

Character matters. Presidents cannot escape being themselves. Their character shapes their beliefs and behaviors and conditions their relationships with others. It is not the only factor that affects their thinking, speaking, deciding, and interacting, but it is relatively constant and almost always relevant. Winning candidates do not discard their personalities when they enter the White House. Traits that they exhibited in the past affect their current behavior and anticipate their future thoughts and actions. That is why the study of presidential character and its derivatives, beliefs and style, are so important.

The growth in the power of the presidency, the reach of a president's decisions and actions, and the impact they can have all over the world make it essential to examine character and the ways in which it can and does influence policy making and implementation. The problem, however, is that the goals of contemporary political science research and its quantitative modes of analyses are not well suited for the examination of complex, and somewhat idiosyncratic, case studies, particularly those in which personality traits are inferred from observable behavior and then used to explain particular outcomes and anticipate others that might occur in similar situations.

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The presidential decisions and actions in which character is likely to play a larger role are those that tend to be the most important and controversial; they also tend to be the most complex with many interrelated variables potentially affecting the final decision. The character of the president, the external environment, the particular situation, and the timeframe for the decision must also be considered. It is difficult to identify all these variables, much less discern their individual and collective impact on decision making.

But political scientists want to do more than understand a single decision. They want to provide a broader explanation of how a president or presidents decide; they also would like to anticipate future decisions. To achieve this objective, they need to generalize. A single case study cannot be the basis for a generalization. Comparative case studies are necessary. To facilitate comparison, idiosyncratic details must be excluded. But when they are, the comparative cases may lack external validity if those factors, independently or collectively, affected the final outcome. External validity versus comparability is the trade-off social scientists must make when designing their research projects. The more detail they include, the more likely the case will reflect the real world, but also the more difficult it will be to generalize from one decision or action to another.

That said, however, ignoring the influence of character on judgment and performance because the discipline of political science finds it difficult to study flies in the face of conventional wisdom that people can and do affect the decisions they make and the actions they take. It also ignores a body of psychological literature that postulates theories of personality on the basis of clinical observation, experimental design, psychometric measurement, social interaction, organizational leadership, and environmental influences on individual and group behavior. Finally, it neglects a newer area of research in which genetic components of attitude formulation and political activity are being identified and measured.

Studies of character, however, have their research problems as well. One stems from the psychological inferences drawn from observable behavior. Such inferences, even those based on psychological theory, are inherently speculative. Another difficulty results from the specification of particular psychological facts on performance. If situational and environmental variables are not considered or are not constant, the outcome may be different even though the character of the person making the decision or taking the action has not changed. Character itself may also be variable although it tends to be more stable than most other factors. Nonetheless, the fluidity of variables can make conclusions case specific. A third problem pertains to the fallacy of reductionism, attributing the explanation to only psychological factors. In short, researchers have to be careful in drawing conclusions and using those conclusions to generate hypotheses for further testing.

In this article, I examine aspects of Barack Obama's character that have led to his political beliefs and policy decisions. My objective is to discern how those beliefs and that operating style have affected his judgment to send 30,000 additional American military forces to Afghanistan and to proceed with comprehensive health care reform after Democrats lost their 60-seat majority in the Senate. In the next section, I discuss the relationship between character, beliefs, and operating style. I then examine the decisions themselves, noting Obama's prior statements and beliefs, public opinion during the

period when he made his judgments, and the president's decision-making style. In my conclusion, I briefly discuss the similarities and differences in how Obama's character affected these two important judgments made during the first two years of his presidency.

What Is Character?

James David Barber in his book, *Presidential Character*, defines character as a basic orientation toward life, how people view themselves (1972, 5). Character is based on self-awareness and unconscious feelings; it is developed from personal experience. That experience affects cognition, deliberation, and judgment. It also has something to do with the proclivity for sticking to judgments or changing them in the light of public disapproval, new evidence, or changing conditions.

Stanley Renshon views character as "the basic foundation upon which personality structures develop and operate" (1998, 184). He sees it as shaping the processing of information, the making of decisions, and actions that follow from those decisions.

The personal experience from which character is developed also affects beliefs. As people become aware of the world around them and seek to understand it, they formulate views that frame the mindset from which their judgments are made. Their views and beliefs also shape their perceptions of reality; they are guides to decision making.

Presidential candidates go to great lengths to articulate their beliefs and the systems that tie those beliefs together. In doing so, they create expectations about their future decisions and actions in office. Ronald Reagan and George W. Bush were guided by their conservative views throughout their presidencies. They knew what they believed, and, for the most part, did not question those beliefs or the assumptions on which they were based. Bill Clinton and Barack Obama were less certain and less ideological. They were also more open to competing observations and recommendations, more inquisitive, more deeply involved in the decision-making process, and more nuanced in their judgments. They seemed to be more confident of their ability to figure out complex problems than were Reagan or Bush but at times also seemed less decisive than their Republican predecessors.

Style, another derivative of character, is the way we go about doing things: how we interact with others and the manner in which we make, implement, and communicate judgments. A personal operating style is patterned behavior designed to project one's most desirable attributes and hide the least desirable ones. It is an instrument for protecting and enhancing a person's self-image.

According to Barber, political style is developed at the time of a person's first political success. The style worked to achieve a particular goal and will be used again until it no longer works or seems inappropriate. During the first 15 months of his presidency, Obama's penchant for delegating the details of his policy goals to Congress tarnished the leadership image he wished to project and the policy goals he sought to achieve. He soon found that to appear to be in charge, he had to take charge.

The challenge for presidents is to demonstrate the personal qualities that helped get them elected and, at the same time, be able to learn on the job and adjust their behavior

accordingly. It is not easy. If presidents find that their beliefs need to be modified and their operating styles changed, they must do so in a way that does not undermine their credibility, sincerity, and strength of character.

Presidential advisors sometimes try to reshape a president's image, the new Richard M. Nixon and the old Nixon, for example. But they cannot change their president's personality, which is why the image game usually fails. Nor have presidents sought professional therapy as an antidote to their own travails or the unpopularity of their policies and actions.

The bottom line is that character, beliefs and behavior are relatively stable. They are the product of years of experience and development. They are in Barber's words, "what life has marked into a man's being" (Barber 1972, 8).

Obama's Afghanistan Decision

Who would have predicted that a Democratic president, who had opposed the war in Iraq, including Bush's troop surge in 2006, whose partisan base had become increasingly antiwar, who had assembled a group of advisors who were initially divided over what to do and how to proceed, would expand a costly military operation twice in Afghanistan, a country with limited strategic importance to the United States, few exportable resources, and a weak, and by American standards, corrupt government? The answer is that anyone who studied Obama's public pronouncements before, during, and after the campaign, his determination to establish and maintain a strong leadership image, and his careful, comprehensive decision-making process would not have been surprised by his decision. They might have been surprised, however, that Obama, an advocate of participatory democracy, would disregard the opinions and emotions of his electoral supporters.

Beliefs and Policy Positions

Obama's statements before and during his presidency reiterate the need to engage the Taliban and al Qaeda successfully in Afghanistan:

October 2, 2002: "I don't oppose all wars. . . . What I am opposed to is a dumb war. What I am opposed to is a rash war. . . . You want a fight, President Bush? Let's finish the fight with Bin Laden and al Qaeda, through effective, coordinated intelligence, and a shutting down of the financial networks that support terrorism, and a homeland security program that involves more than color-coded warnings."¹

August 01, 2007: "We did not finish the job against al Qaeda in Afghanistan. We did not develop new capabilities to defeat a new enemy, or launch a comprehensive strategy

1. Unless otherwise noted, all Obama's speeches and remarks quoted in this article and given before he became president can be found by date on the following Web site: <http://www.asksam.com/ebooks/releases.asp?file=Obama-Speeches.ask>. Speeches and remarks after he became president can be found by date on the White House Web site: <http://www.whitehouse.gov>.

to dry up the terrorists' base of support. We did not reaffirm our basic values, or secure our homeland. It is time to turn the page. When I am President, we will wage the war that has to be won, with a comprehensive strategy . . . getting out of Iraq and on to the right battlefield in Afghanistan and Pakistan."

July 15, 2008: "As President, I will pursue a tough, smart and principled national security strategy—one that recognizes that we have interests not just in Baghdad, but in Kandahar and Karachi, . . . I will focus this strategy on . . . ending the war in Iraq responsibly; [and] finishing the fight against al Qaeda and the Taliban."

October 22, 2008: "It's time to heed the call from General McKiernan and others for more troops. That's why I'd send at least two or three additional combat brigades to Afghanistan. We also need more training for Afghan Security forces, more non-military assistance to help Afghans develop alternatives to poppy farming, more safeguards to prevent corruption, and a new effort to crack down on cross-border terrorism. Only a comprehensive strategy that prioritizes Afghanistan and the fight against al Qaeda will succeed, and that's the change I'll bring to the White House."

February 17, 2009: "The Taliban is resurgent in Afghanistan, and al Qaeda supports the insurgency and threatens America from its safe-haven along the Pakistani border. . . . To meet urgent security needs, I approved a request from Secretary Gates to deploy a Marine Expeditionary Brigade later this spring and an Army Stryker Brigade and the enabling forces necessary to support them later this summer."

Public Opinion

The American people were divided over the best course of action to take in Afghanistan. They did not think the U.S. military action was a mistake (Gallup Poll 2010a), but were split on the merits of General Stanley McChrystal's request for 40,000 additional troops. Prior to the president's decision on whether to commit more U.S. forces, less than half the populace indicated that they favored increasing the number. The president's partisan base was far less supportive than Republicans and independents. Only 17% of Democrats approved the 40,000 troop increase compared to 36% of independents and 65% of Republicans (Newport 2009).

With his party opposed, Americans divided, the country still in the midst of a deep economic recession, and the government having spent \$1.5 trillion bailing out too-big-to-fail companies and stabilizing and stimulating the economy, why would Obama, in office for less than a year, agree to a policy that would cost billions, perhaps trillions more,² increase the potential for greater U.S. casualties, and stretch the military even further for a longer period without ostensible increases in the terrorist threat level in the United States?

Part of the answer to that question has to do with Obama's long-standing belief that Afghanistan harbored a great threat to the U.S. security than did Iraq. Part also has

2. The Office of Management and Budget estimated to the president during October 2010 that 40,000 additional troops along with those already there and reconstruction efforts could cost \$1 trillion a year from 2010 to 2020. Peter Baker of the *New York Times* wrote that the president "seemed in sticker shock" when he read the report (2009).

to do with his extended decision-making process and the consensus he generated among his national security advisors.³

Decision-Making Style

Obama is a believer in the deliberative process. In *The Audacity of Hope*, he wrote that decisions made in such a manner are better substantively and politically (Obama 2006, 92-96). The collective manner in which such judgments are reached build support for them, not only within the advisory group but also outside of it.

Obama is also a person who strives for consensus. His style is to assemble policy experts; hear them out; encourage debate; ask detailed, substantive questions; and move the discussion toward a resolution. Although he likes “to keep the process crisp,” (Zeleny and Rutenberg 2008) he does not rush to make a final judgment.⁴

The strategic meetings on Afghanistan began in late September 2009 and continued through early December of that year. There were 10 sessions that lasted a total of 25 hours. They were contentious and at first, somewhat discursive. Vice President Biden, Chief of Staff Emanuel, and several of the president’s campaign advisors who were appointed to top national security positions in the administration expressed concern about expanding the war, fearing another quagmire like Vietnam or Iraq. Their views mirrored the concerns of many Democratic partisans. Taking a more aggressive military stand were Secretary of Defense Gates and Secretary of State Clinton and the military commanders who believed that additional troops were necessary to conduct a successful counterinsurgency operation. Although leery of expanding U.S. involvement in Afghanistan, the president also ruled out withdrawal. He had previously approved a request for 17,000 new forces to be sent to Afghanistan within the first month of his presidency to which he added 4,000 trainers a few weeks later. Now the commanders were requesting thousands more, and they were doing so in a way that seemed to force the president’s hand.

The report of General Stanley McChrystal, the person designated by the Pentagon to replace the previous commanding officer in Afghanistan, General David McKiernan, had been intentionally leaked to Bob Woodward of the *Washington Post*. The White House assumed the leakage was designed to pressure the president to add the 40,000 additional troops that McChrystal said he needed to meet the strategic goal of defeating

3. The president’s national security team included Vice President Joseph Biden, Secretary of State Hillary Clinton, Secretary of Defense Robert Gates, the president’s National Security Advisor James Jones and his deputies, Special Consultant on Afghanistan and Iraq Richard Holbrook, American Ambassador to Afghanistan Karl Eikenberry, White House Chief of Staff Rahm Emanuel, and the nation’s top military commanders: Admiral Mike Mullen, chairman of the Joint Chiefs of Staff, General David Petraeus, head of Central Command, and General Stanley McChrystal, commander of U.S. forces in Afghanistan. Eikenberry and McChrystal participated from Afghanistan via secure conference call.

4. In the first year of the Obama administration, major policy-making sessions generally exceeded the amount of time originally set aside for them, for which Obama usually apologized (King and Weisman 2009).

the Taliban. Obama was peeved. He believed the military was “really cooking the thing in the direction they wanted”⁵ (Woodward 2010, 280, 195).

In his book, *Obama's Wars*, Bob Woodward chronicled the discussions at the meetings and the diverse perspectives that drove them. The president was an active participant. “I was more involved in the process than it was probably typical,” Obama told Woodward (2010, 279). Peter Baker of the *New York Times* reported, “Mr. Obama peppered advisers with questions and showed an insatiable demand for information, taxing analysts who prepared three dozen intelligence reports for him and Pentagon staff members who churned out thousands of pages of documents” (Baker 2009).

But the president also realized that his options were quite limited. The deteriorating situation on the ground indicated that more human and material resources were necessary to reverse the gains the Taliban had made after U.S. and coalition forces had removed them from power and turned their military priorities to Iraq.

Obama had another objective. He wanted to demonstrate that he was commander in chief in theory and practice. He believed that his predecessor had been too deferential to the military (Alter 2010, 379). Lacking military experience, Obama knew he was dependent on people who had it, but he did not want them to take advantage of him. He felt that he needed to push back.

In the end, the president accepted the recommendation for 40,000 additional troops, but he set limits: the United States would send 30,000 with the rest to be requested from America's coalition partners in North Atlantic Treaty Organization (NATO); the strategy was to be more narrowly defined. Instead of the broad goal of defeating the Taliban, Obama redefined it to degrading them and convincing some of their leaders to join or support the Afghan government.⁶ An exit strategy was put into place which anticipated a reduction of American forces beginning July 2011, if conditions on the ground merited. Finally the president ordered a reassessment of the war and U.S. military operations in it in a year's time, December 2010. Woodward reports that the president personally spelled out these strategic objectives in a six-page, single-spaced order (2010, 315).

The final step in the decision-making process was to secure the support of every one that was involved in the formulation and would be involved in the execution of the plan. Obama told the group, “If you have any personal misgivings or any professional doubts about what we're going to do, tell me now because I need to hear it. If you don't think this is the right approach, say so now” (Woodward 2010, 326). But he also quickly limited the military options by adding, “The only alternative is just to go with trainers,”

5. The McChrystal report contained three troop-level options, adding 10,000-11,000, 40,000, or 85,000 more. The smallest number would be used primarily for training Afghan security forces. The larger numbers would also be able to protect the population and engage the enemy. The first option would be insufficient to achieve the objective of defeating the Taliban; the third one was unrealistic, given the political environment at home and the military effort still underway in Iraq (Woodward 2010, 213). Obama was miffed at his Hobson's choice.

6. The redefined goal was also designed to reflect the relatively short period during which the president believed he would have public support for his decision. Obama thought he would have support for only two years, no more (Woodward 2010, 110).

10,000 to 11,000 troops, an option that the military viewed as the most risky and the least likely to be successful (Woodward 2010, 326).

The value Obama placed on achieving a consensus explains why he made sure that each of the participants agreed to his final strategic judgment before he announced it publicly in a televised address at West Point on December 1, 2009. In the words of one of his advisors, "It was his assessment that everyone could and should get behind it" (Kornblut, Wilson, and De Young 2009). The president wanted to protect himself from further military criticism, interpretation, and additional requests for troops. He was drawing a line in the sand.

The new strategy was consistent with Obama's previous statements on the war. Although not driven by public opinion, it was also not inconsistent with that opinion. Nonetheless, Obama still had to convince antiwar Democrats that his policy made sense, was appropriate, but also sufficiently limited. Polls taken in the aftermath of the president's decision indicated that a majority of Democrats and Republicans supported the new policy. And they continued to do so over the next several months.⁷

Finally, the decision was the product of a style Obama preferred: initially expansive, increasingly structured, with the end being a consensus among his policy advisors. It reflected his pragmatic, nonideological perspective and his penchant for deciding with his head, not his heart or gut. The emotion, if any, was conveyed in the president's presentation at West Point and during his earlier visit to Dover Air Force base to view the return of the remains of the fallen. He had flown back to Washington in the early morning hours without saying a word (Woodward 2010, 255-56).

In short, Obama's Afghanistan decision was in character. It coincided with his beliefs and his operating style. It was a rational judgment and his to make. Congress's role was minimal. But it also showed his tenacity, his refusal to be hurried or bullied, his political muscle, and his need to reassert his authority when he perceived it being challenged by others.

Factors, other than character, such as the intelligence he received, past and current U.S. policy commitments, the president's declining job approval ratings, and the substance of the policy debate itself also could have affected his judgment. Although the decision might not have been predictable, given the opposition of Obama's base of electoral support, the president's personal attributes, prior beliefs, the need to take charge, and the desire for consensus help explain it.

The Decision to Pursue Health Care Reform in January 2010

Health care had been a major priority for Obama even before he launched his presidential campaign. But at two critical points in his pursuit of this objective as president, major hurdles threatened to derail this goal: the first was the severe economic

7. A CBS News poll conducted March 29-April 1, 2010, found 49% approving the president's handling of the situation in Afghanistan, 34% disapproving, and 17% unsure (http://www.pollingreport.com/obama_ad.htm). Americans remained supportive during the summer of 2010 according to the Gallup Poll. "Topics A-Z: Afghanistan" (2010a)

downturn and the huge amount spent by the government to stabilize and stimulate it, and the second was the Democrats' loss of their 60 vote, filibuster-proof Senate majority in the special election in Massachusetts in January 2010. Either of these hurdles could have been sufficient to induce the pragmatic Obama to modify, delay, or abandon his health care reform initiative. But he chose to pursue it despite unified Republican opposition; angry protests by conservative activists; and a much-divided American public, the majority of whom did not view health care as a crisis, who were skeptical of large-scale government programs and growing budget deficits.

Trust in government was also declining. According to Gallup polling data, distrust of government reached its highest point in 1993 and 2010 when national health care reform was being considered. Only 19% believed that they could trust "the government in Washington to do what was right just about always or most of the time" (Gallup Poll 2010c).

With the House and Senate enacting different bills, with each institution leery of the other's policy formulation, with the political climate becoming less hospital to the Democrats and Obama's job approval ratings declining to under 50%, why would the president pursue such an initiative and risk further erosion of his political capital and leadership image?

This case study answers that question by looking at how Obama's character and political goals combined to shape his decision to maintain course, increase his behind-the-scenes activities, and ultimately achieve passage of the legislation.

Beliefs and Public Positions

Obama believes that government must help those who are unable to help themselves, those who have few other options. In *The Audacity of Hope*, he wrote, "I am angry about policies that consistently favor the wealthy and powerful over average Americans, and insist that government has an important role in opening up opportunity to all" (Obama 2006, 10). He also argued that health care was a right, not a privilege—hence the government's obligation to extend that right to all its citizens.⁸

Obama's quest for health care reform began in the Illinois state legislature and continued in the U.S. Senate. He promised health care reform in no uncertain terms during his presidential campaign. It remained a top priority of his administration during his first year in office.⁹ Although his emphasis on the role of government as a force for equal opportunity lessened, and his talk of a government option for those without insurance faded, Obama continued to advocate health care reform and used increasingly populist language to do so. He spoke of the clash between the special interests of the

8. In a 2006 interview in the *American Prospect*, Obama said

My values are deeply rooted in the progressive tradition, the values of equal opportunity, civil rights, fighting for working families, a foreign policy that is mindful of human rights, a strong belief in civil liberties, wanting to be a good steward for the environment, a sense that the government has an important role to play, that opportunity is open to all people and that the powerful don't trample on the less powerful. (Enda 2006).

9. Obama had told Tom Daschle, a few days after he took the oath of office, that he was determined to pursue major health care reform. "This [health care reform] is more important to me today than ever been before. It will stay that way" (Alter 2010, 115).

insurance industry and the public's interest, the high costs of premiums, and lapses in coverage to make his point. Deficit reduction also became a principal argument after the Congressional Budget Office indicated the amount of savings that the various House and Senate plans would produce. Throughout the debate, the president reiterated his targets of expanding coverage, reducing costs, and limiting the discretion of insurers to exclude people based on preexisting conditions. Obama's statements show a shift in emphasis but not change in his goal or resolve.

January 25, 2007: "On this January morning of two thousand and seven, more than sixty years after President Truman first issued the call for national health insurance, we find ourselves in the midst of an historic moment on health care. . . . The federal government should be leading the way here."

January 21, 2008: "The problem is not that folks are trying to avoid getting health care; the problem is they can't afford it. My plan emphasizes lowering costs . . . setting up a government plan so that people who don't have health insurance can buy into it and will get subsidized" (Congressional Black Caucus 2008).

August 28, 2008: "My core belief is that people desperately want coverage, and my plan provides those same subsidies. If they are provided those subsidies and they have good, quality health care that's available, then they will purchase it. . . . Now is the time to finally keep the promise of affordable, accessible health care for every single American."

July 14, 2009: "For decades, Washington failed to act as health care costs continued to rise, crushing businesses and families and placing an unsustainable burden on governments. But today, key committees in the House of Representatives have engaged in unprecedented cooperation to produce a health care reform proposal that will lower costs, provide better care for patients, and ensure fair treatment of consumers by the insurance industry."

September 9, 2010: "The problem that plagues the health care system is not just a problem for the uninsured. Those who do have insurance have never had less security and stability than they do today. More and more Americans worry that if you move, lose your job, or change your job, you'll lose your health insurance too. More and more Americans pay their premiums, only to discover that their insurance company has dropped their coverage when they get sick, or won't pay the full cost of care."

December 24, 2009: "If passed, this will be the most important piece of social policy since the Social Security Act in the 1930s, and the most important reform of our health care system since Medicare passed in the 1960s. And what makes it so important is not just its cost savings or its deficit reductions. It's the impact reform will have on Americans who no longer have to go without a checkup or prescriptions that they need because they can't afford them; on families who no longer have to worry that a single illness will send them into financial ruin; and on businesses that will no longer face exorbitant insurance rates that hamper their competitiveness."

March 22, 2010: "Today's vote answers the prayers of every American who has hoped deeply for something to be done about a health care system that works for insurance companies, but not for ordinary people. . . . If you have health insurance, this

reform just gave you more control by reining in the worst excesses and abuses of the insurance industry with some of the toughest consumer protections this country has ever known—so that you are actually getting what you pay for.”

March 25, 2010: “Three years ago, I came here to this campus [University of Iowa] to make a promise. Just a few months into our campaign, . . . I promised that by the end of my first term in office, I would sign legislation to reform our health insurance system. On Tuesday, after a year of debate, a century of trying, after so many of you shared your stories and your headaches and your hopes, that promise was finally fulfilled.”

Public Opinion

The president lost control of the health care debate in June 2009 when angry protests at town meetings commanded national news media attention. Accusations of government interference in individual and family matters were fueled by the “tea party” movement, a loose coalition of people unhappy with large, expensive, and invasive government programs. During this period, the president was unable to maintain his focus on health care because of a host of other issues at home and abroad that required his attention. Moreover, the long drawn out, public negotiations among members of Congress, even within the Democratic majority, evidenced disagreement rather than consensus, tarnished the president’s leadership image, and reduced the level of public support for the various legislative proposals that Congress was considering.

Support for policy change had given way to skepticism. When President Obama took office, 64% believed it to be a government responsibility to make sure that all Americans had health care while 33% did not (Gallup Poll 2010b). By the time of the health care vote in March of 2010, the percent in favor a government obligation slipped to 50% with 47% opposed (Gallup Poll 2010b). The week before the House voted to accept the Senate bill and then enacted modifications through the reconciliation process, slightly more people opposed the Obama plan (48%) than supported it (45%; Jones 2010); right after the vote approving the legislation, the percentage thinking that the bill was a good thing increased to 49% while 40% thought it a bad thing (Saad 2010a). One week later, however, the public reaction was slightly more negative than positive and has remained so through the 2010 midterm elections (Newport 2010). In short, public opinion remained divided with slightly more people opposed to the administration’s efforts than in favor of them.

Opinions also continued to be highly polarized with 81% of Democrats favoring the legislation, 86% of Republicans opposing it, with independents more negative, 54%, than positive, 43% (Saad 2010b). In general, those who lacked coverage, younger and poorer segments of the society, were more supportive than people that had private insurance or were covered by Medicare. With the exception of his base, Obama obviously was not responding to a ground swell of public support.

The Democrats obviously believed that no action would have been more detrimental than some action even if overall support was tepid at best. This judgment was undoubtedly conditioned by their experience in 1994 after the Clinton health care proposal died in Congress, and the Democrats subsequently lost control of both houses of

Congress. The Obama administration also made the case that once health care had been enacted, people would benefit from the legislation and become more supportive of the reform as a result. Republicans, influenced by their base's intense opposition, believed that either way, if the legislation passed or if it did not, the Democrats would lose. And they did in the 2010 midterm elections.

Decision-Making Style

On the evening of January 19, 2010, before the actual results of the Massachusetts election were reported by the news media, President Obama met with House Speaker Nancy Pelosi and Senate Majority Leader Harry Reid at the White House. The topic was health care or more precisely, how to achieve the House-Senate compromises necessary to enact the legislation in the light of the political defeats the Democrats had suffered in the gubernatorial elections of 2009 and the Massachusetts' Senate defeat in January 2010.

Pelosi and Reid had built majorities in their respective chambers and passed health care bills. However, the differences between the two bills were substantial. The president was frustrated. Not only had his legislative strategy not produced his desired outcome, but Democrats were questioning his leadership, specifically his failure to take charge and exercise sufficient legislative influence to get a bill enacted. In retrospect, the White House had come to believe that Obama had delegated too much to Congress; now his chief of staff was recommending that he reopen debate and salvage what he could from the health care package that each house enacted. The president was determined not to give up when he had gotten so close. He had told his Cabinet earlier in January during the football playoffs that he was on the two-yard line and did not want to settle for a field goal (Cohn 2010, 14).

Obama was scheduled to attend a televised House Republican caucus in Baltimore at the end of January. By most accounts, the president did well debating his opponents, so well in fact that he scheduled a televised, bipartisan White House Health Care Summit a month later to keep the initiative alive, much to the dismay of congressional Democrats who had seen little success in the president's previous bipartisan efforts.

The White House event (held at the Blair House across the street from the White House) lasted seven hours and attracted considerable media attention. Although the president accepted about 20 GOP suggestions at the meeting, he won no Republican converts. But he was energized, nonetheless. A proposed rate hike of almost 40% by Anthem Blue Cross of California also gave Obama a concrete illustration to use when explaining why the status quo in health care was unacceptable.

Stimulated by his own rhetoric and by polls showing some shift in public sentiment in Obama's direction, the president, congressional leaders, and lobbyists representing groups that favored the legislation—labor unions, the pharmaceutical industry, the AARP, and Moveon.Org—began to work Capitol Hill. They identified reluctant and on-the-fence Democrats, mounted a \$6 million advertising campaign directed at these representatives' electoral constituencies, and organized an outreach effort with the help of Governing America, an organization his campaign directors established to help him

mobilize public support for his policy priorities. Prominent individuals within the constituencies of these representatives were contacted and asked to call their members of Congress and urge them to support the legislation (Zeleny 2010).

The president met or spoke with 64 members of the House in the month following the White House Summit. To Blue Dog Democrats, he stressed the savings that the Congressional Budget Office said the legislation would produce; to the liberals, he warned of the political fallout that a health care defeat would reap on their other policy priorities as well as their party's electoral fate in the 2010 midterms (Stolberg, Zeleny, and Hulse, 2010).

During this campaign, Obama's most important convert was Dennis Kucinich (D-Ohio), a liberal activist unhappy with the absence of a government option in the Senate plan. On a flight on Air Force I from Washington, DC, to Cleveland, OH, Obama convinced him to support the legislation. Kucinich's backing led other liberals to join the health care bandwagon. Momentum was shifting among Democrats to vote for the Senate bill and then modify it by using the reconciliation process in which only a simple Senate majority would be required for enactment. There was little Republicans could do but cry foul and threaten retaliation at the polls, a threat that the president tried to mollify by his public campaign to give Democrats political cover and by his promise to help them in the forthcoming congressional elections.

Obama, his cohorts, and Speaker Pelosi snatched victory from defeat. The president had gotten personally involved, albeit late in the game. Several of his personal traits fueled that involvement.

Obama tries hardest when he personalizes issues. He did so with health care by using the stories of everyday Americans to bring the issue home to himself, congressional Democrats, and the general public. A very analytic and rational man, Obama sometimes allows his intellect and nonemotive temperament to get in the way of the emotional appeal of his message with the result that people often have difficulty identifying with him and his policy pronouncements. Obama is aware of his "philosopher-king" tendencies and tries to compensate for them by staying in touch. He holds town meetings in which he listens to the personal travails of others and regularly reads a representative sample of the mail he receives, chosen by his communication aides.

He uses stories from these accounts to illustrate and amplify his message. But some of them also have an impact on him, penetrating his stoic temperament. On January 8, 2010, Obama read a letter from Jennifer Cline, a young woman from Michigan who had voted for him, gotten pregnant, lost her job, and subsequently developed melanoma and basal cell skin cancer. Her story, which she wrote in a three-page letter, moved Obama. It touched an emotional cord within him and heightened his resolve. He wrote back to her (Saslow 2010).

David Axelrod tells a similar story. After indicating to the president in the summer of 2009 that enactment of health care reform was looking more and more dubious, Axelrod said that Obama turned to him, patted him on the shoulder, and replied that he had met a woman in Wisconsin whose ovarian cancer was not covered by her health insurance. "So you know what? We've got to keep on fighting" (Axelrod 2010).

Obama also personalized the issue. He remembered the difficulties that his mother had in getting her insurance company to pay for her cancer treatments. Pushed to the brink, he fights back.¹⁰ There is a toughness about him, a steeliness that is masked by his conciliatory attitude, cool temperament, easy manner, and polished style, but the toughness is there nonetheless, hardened by the experience of Chicago politics.¹¹

Obama prefers carrots to sticks, which is the reason that he was willing to negotiate the details of policy to gain his objective. He seeks common ground. But thus far, the priorities themselves have been nonnegotiable, a point he reemphasized with his belated lobbying on health care.

Obama is a messenger who believes in his message. He loves to go public and seems to get a high from it. He seems exhilarated by the crowds he draws, feels “cleansed” by his interaction with every day folks (Obama 2006, 102), and glorifies in the virtue of his appeal (Obama 2006, 8-9). After losing control of the health care debate in the summer of 2009, he regained it with the Health Care Summit in late February 2010 and maintained it through the enactment of the legislation on March 30, 2010. During that period, he made 11 speeches on health care in addition to his occasional remarks and briefings by his press representatives (White House 2010).

Not only did his belated public campaign begin to reframe the issue successfully within the public arena and energize the Democratic base, but it also got him going. Obama raised the political stakes for himself and House Democrats, thereby making defeat that much more unacceptable. In other words, he challenged himself and, by so doing, finally demonstrated the leadership skills that had been promised but were not evident to most members of Congress and the American people. He seemed to be responding to something inside of himself.

It may have been the personal stories he heard or read, the urgency with which he reiterated the health care appeal publicly and privately, or the political stakes that threatened to undermine his influence and jeopardize his and his party’s other legislative policy priorities. It may have been the criticism he received from fellow Democrats in Congress for not providing more direction and resolve; his own beliefs when he finally was able to focus on health care to the exclusion of other problems; or the end of the first year when he started evaluating his presidency, his powers, and, though early, his legacy. But somehow, the issue became personal for Obama, and that made him work harder to achieve it. He went the extra mile and was successful.

10. He attributes this lesson to his stepfather. In *Dreams from My Father*, he writes, “The first thing to remember is how to protect yourself,” his stepfather told the young Obama after Barack returned home with an “egg-sized lump” on his head from a confrontation with another boy. The next day his stepfather bought boxing gloves, and taught him how to box” (Obama 1995, 35).

11. When Illinois state legislator, Alice Palmer, whose seat he was seeking in 1996 asked him to step aside after she was defeated in the Democratic primary for Congress, he refused to do so and went so far as to challenge the signatures on her petition to get back on the ballot, a challenge that was successful. When the Rev. Jeremiah Wright defended what Obama described as incendiary remarks at a speech at the National Press Club, Obama repudiated the reverend and cut his ties with a man he considered a personal and family friend who had presided over his marriage to Michelle, baptized him and his children, and with whom he had socialized on occasions. When Obama realized that his pledge to accept government funding for the general election if the Republican nominee did the same would be to his disadvantage, he opted out of his promise.

Conclusion

We have examined two different cases in which character mattered, but it mattered in different ways. In the Afghanistan decision, it was Obama's way of deliberating, thinking, and striving for consensus that shaped the policy judgments he made, although his need to assert his authority as commander in chief was also evident. In health care, it was his refusal to give up, his determination to succeed because it meant so much to him personally and politically that resulted in the enactment of the legislation.

In both cases, Obama's previous positions, statements, and addresses were generally consistent with the policy outcome with the possible exception of the absence of a government health care option, a proposal he made and emphasized during the campaign but downplayed once he saw growing public and Senate opposition to this provision.

Surprisingly, public opinion did not seem to have a discernible effect on either decision, although the president obviously was aware of Democrats' concerns about Afghanistan and Republicans' dissatisfaction with his health care initiative. Public opinion was important to the president, not to follow but to lead.¹² The president needed to activate his base, particularly in districts held by Democratic representatives. He needed to provide cover to Democrats who represented more conservative constituencies and pressure for those who represented liberal ones but were unhappy with the compromises in the Senate bill.

Obama's failure to control the public debate must have been very disappointing to a candidate who had mobilized millions of volunteers, contributors, and voters, a president with considerable rhetorical skills who uses the bully pulpit so frequently, and an advocate of participatory democracy. That failure also gives rise to a special paradox for Obama—the travails of a leader within a democratic society. It gives credence to the charge of elitism that plagued him during his campaign and now in office.

The cases illustrate two personality dimensions of the man, the thoughtful, careful, rational decision maker who deliberates with experts and uses his intellectual skills to arrive a consensus and then acts on it; and the other, the passionate proponent of transformational change, redistributive politics, and activist government. Both Obamas were elected, and at different periods, both seem to be governing.

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12. Lawrence R. Jacobs and Robert Y. Shapiro (2000) describe a similar reaction by President Clinton and his aides to the health care debate in 1993-1994.

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